Workshop Evaluation – rationale behind scores

C8: Centralise elective upper gastrointestinal to Cheltenham General Hospital (CGH) – Models G & H

1.1 What is the likely effect of this solution on N		on - Evidence from Workstreams	Pre Works	hop Scores			Pre Workshop Scorer Comme			op Scores				Workshop Scorer comments	
	What would be better	What would be worse	Table 2		Table 7	What would be better	What would be worse	Other comment	Table 2	Table 3	Table 6	Table 7	What would be better		Other comment
patients receiving equal or better outcomes of	to cancellations for planned care	A few patients who have had planned care and need urgent re-admission might be admitted to GRH and	Don't Know	Don't Know	21 Retter	Reduction in cancellations. Concentration of experienced staff at	1	Reduction in cancellations is offset by looking after the deteriorating patient. The	or worse	arg Worse	ong eVersa	smilar	Protected electives, away from EGS would be beneficial (reduced risk of	Deteriorating Pt, split site with EGS, transfer risks	3 county centre, spec comm - Glos chosen as resection centre.
patients receiving equal or better outcomes or page?	upported by the findings of the New	need to be transferred to CGH.				one location		"deteriorating patient" model does not					cancellations)	Failure to rescue could lead to poor	Enhanced recovery implemented
Z ^j	ealand report Strategy 10 – Improving	Planned patients who become unwell in hospital after	1			Slightly better for colorectal pts if		describe surgical input. There is an					Reduced risk of SSI (Surgical Site	outcomes - 24/7 emergency	100 complex cases 25 - 30%
el	lective care through separating acute and	their operation would not have on site access to the	1			centre established at CGH. Colorectal		increased risk to patients safety.					Infection) and MRSA	Reduction in cancellations	return rate
el	lective surgery, 2012.	EGS team.	1			cases are increasing nationally,		Strategy 10 document suggests that high						Complication rate for upper GI is high -	Existing cancer centre for S/Wes
L		The 'deteriorating patient' model would support all	1			especially cancer, and more advanced		volume, non-complex cases are best suited							(at GRH)
li li	nis would be evidenced by patient pathways ind for cancer patients, the cancer patient	patients on the CGH site with 24/7 specialist care including resident overnight ITU consultant cover. This	1			testing (genomic medicine) and treatments emerging. This will require		to geographical separation from EGS Difficult to judge as unclear about the						make worse for access to out of hours theatre / diagnostics.	No benefit of centralisation, as already centralised (to GRH)
e	experience survey.	team would rapidly identify and liaise with the surgical	1			different skills and competencies as		ability to staff the model with Consultant						Would disrupt existing, effective, well	uncady contrained (to diarr)
	-,	team in GRH, should review or surgery be required.	1			well as support from AHPs, e.g.		and foundation year doctors so would this						established pathways (and specialist staff	
		While under the expert care of the deteriorating patient				dietitians.		model we able to deliver improved quality						eg ITU re Oesophageal patients)	
		team, a Standard Operating Procedure would define				If dedicated theatre time for planned		of care?						Significant concerns around safety of a	
		the clinical circumstances under which a surgeon would	1			surgical lists this should improve wait								deteriorating patient out of	
		travel to the CGH site, or the patient would be transferred to GRH	1			times for surgical pts.								hours/weekends	
1.2 What is the likely effect of this solution on	Redicated planned care team protected from		SI Retter	Don't Know	Cin Dathar	Dedicated team - not called away to		Elective patients are currently seen by the	SI Worse	SI Worse	Sir Werse	Similar		Significant concerns on model regarding	Significant concerns on model
atients being treated by the right teams with the		No impact	Si Better	DON L KNOW	sig better	emergencies.		unner GI team						surgical cover overnight and at weekends	regarding surgical cover overnig
right skills and experience in the right place and at	as demands.		1			For colorectal pts it is a clearer case to		apper or team						- May be a hybrid model.	and at weekends - May be a
	supported by the findings of the Royal		1			assess.								increase in major elective surgeries	hybrid model.
	college of Surgeons – separating emergency		1			For other surgical specialities it will									Do all UGI patients get reviewed
	nd elective surgical care Report, September		1			take time to establish especially with								interventional surgery	at weekends now?
20	007.		1			staff movement and upskilling requirements								·	
			1			requirements. It should improve wait times								· '	
3 What is the likely effect of this solution on Pl	lanned in-patients in upper GI surgery	CGH patients would need to be seen at weekends and	Don't Know	Don't Know	Cl Bottor	it should improve wait times.	Misskand consultant ravious would	Evidence accumulating since 2007 that	SI Worse	SI Worse	SI Worse	Similar		No w/e cover	dependent on case mix.
continuity of care for patients?	vould have a dedicated specialist team led	this would possibly require additional weekend	DON E KNOW	DON L KNOW	21 Better		not take place with current	separating planner from emergency care is						No w/e cover	Royal College guidance suggest
	w a consultant week to week whilst	working.	1				staffing levels.	effective if there is sufficient theatre.						·	that this model may be
re	emaining under a single consultant's care.		1				If no Consultant available at	staffing and support services capacity. Will						·	contradictory to advice
			1				weekend to support board round	be able to gain reputation as 'surgical						· '	
			1				it is difficult to comment on	centre' for Gloucestershire.						· '	
			1				impact on continuity of care							· '	
1.4 What is the likely effect of this solution on the	lo impact	No impact	Simila-	Similar	Cimilar		 		Similar	Similar	Similar	SI Better		separated from emergencies	
1.4 What is the likely effect of this solution on the No opportunity to link with other teams and agencies	to impatt	NO Impact	Similar	Similar	Similar		İ						1	separated from emergencies	
to support patients holistically?			1											· '	
,			1											· '	
			1											· '	
1.5 What is the likely effect of this solution on the W	Vard environment dedicated to planned care	No impact	SI Better	Don't Know	Similar	dedicated ward	Planned care minimises disruption	No evidence to suggest capacity to deliver	SI Better	Don't Know	Similar	SI Better	Planned is ring-fenced		New risk of transfer but can be
quality of the care environment?	vithout being adversely impacted by the		1				and disturbance which is	this has been identified					Benefits of being away from the	·	done safely.
d+	lelivery of EGS		1				particularly important to						emergency site.	·	
			1				dementia patients and those with certain mental health conditions							·	
							certain mental health conditions.								
	lo impact	No impact	Similar	Similar	Similar	Planned nature would mean advice etc.			Similar	Similar	Similar	Similar		· '	
encouraging patients and carers to manage self-			1			would be automatic.								·	
care appropriately?			1											· '	
			1											· '	
			<u> </u>												
	lo impact		Don't Know	SI Worse	Sig Better	all specialised staff at one hospital	Deteriorating patients may require transfer	Further work needed on what happens to	SI Worse	Sig Worse	SI Worse	Similar		Deteriorating Pt, split site with EGS, transfer risks	
enabling patient transfers within a clinically safe time frame?		their operation may require transfer to GRH (if stable). The 'deteriorating patient' model would support all	1				transfer	re-admissions following surgery in terms of medical continuity/responsibility.						Concerns over complex patients	
une name:		patients on the CGH site with 24/7 specialist care	1					Increased number of transfers between						concerns over complex patients	
		including resident overnight ITU consultant cover. This	1					sites for deteriorating pts? Will there be						·	
		team would rapidly identify and liaise with the surgical	1					dedicated theatre time and expertise?						· '	
		team in GRH, should review or surgery be required.	1					OOH cover?						·	
		While under the expert care of the deteriorating patient	1											·	
		team, a Standard Operating Procedure would define the clinical circumstances under which a surgeon would	l											·	
		travel to the CGH site, or the patient would be	1											·	
		transferred to GRH	1											·	
			1				1	1					I	1	
L8 What is the likely effect of this solution on No	to change to current as already centralised	An acute or deteriorating nations at CGH may require													
			Don't Know	SI Worse	Sig Better		Patients may require transfer,	Presuming existing protocols for	SI Worse	Sig Worse	Sig Worse	Sig Worse		1	Can be done but could be more
	o one site (GRH).	transfer to GRH or the surgeon to travel to CGH.	Don't Know	SI Worse	Sig Better		access to emergency theatre may	deteriorating pt will be reviewed and	SI Worse	Sig Worse	Sig Worse	Sig Worse			complicated. More complex
enabling emergency interventions within a to clinically safe time-frame?	o one site (GRH).	transfer to GRH or the surgeon to travel to CGH. The 'deteriorating patient' model would support all	Don't Know	SI Worse	Sig Better		access to emergency theatre may be compromised		SI Worse	Sig Worse	Sig Worse	SigWorse			
	o one site (GRH).	transfer to GRH or the surgeon to travel to CGH. The 'deteriorating patient' model would support all patients on the CGH site with 24/7 specialist care	Don't Know	SI Worse	Sig Better		access to emergency theatre may be compromised weekend issue of staffing may	deteriorating pt will be reviewed and	SI Worse	Sig Worse	Sig Worse	Sig Worse			complicated. More complex
	o one site (GRH).	transfer to GRH or the surgeon to travel to CGH. The 'deteriorating patient' model would support all patients on the CGH site with 24/7 specialist care including resident overnight ITU consultant cover. This	Don't Know	SI Worse	Sig Better		access to emergency theatre may be compromised	deteriorating pt will be reviewed and	SI Worse	Sig Worse	Sig Worse	SigWane			complicated. More complex
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9 What is the effect of this solution on the likelihood of travel time impacting negatively on satient outcomes?	Ho Impact	transfer to GRH or the surgeon to travel to CCH. The 'detenizating patient' model would support all patients on the CGH site with 24.75 specialist care including resident owneight ITU constitutant cover. This team would rapidly identify and lisse with the surgical team in GRH, should review or surgery be required. While under the expert care of the deteniorating potent team, a Standard Operating Procedure would define the clinical oriconstances under which a surgeon would transferred to GRH Access to emergency intervention may be compromised by lack of dedicated emergency theatre in CGH This would be evidenced by monitoring Key Processing patients of the control of the control patients of the control of the control patients of the control patie	Don't Know	St Worse	SI Better	transfers between sites. If planned, information should be provided to pts realternative travel available and car parking costs. Fewer cancellations means less likelihood that patients' condition will deteriorate and become an emergency	acces to emergency theater may be compromised weekend issue of staffing may prove a problem Increased travel times for some should not affect outcomes. Out of hours cover is not in place	deteriorating pt will be reviewed and revised if changes supported? as the treatment is elective, prior planning by the patient and their family/zeres	Si Worse Similar	31 Worse	Tag Weberson	Tag We come	Reduced elective cancellations	Lack of w/e planned review	complicated. More complex
.9 What is the effect of this solution on the kelihood of travel time impacting negatively on attent outcomes?	Ho Impact	transfer to GRH or the surgeon to travel to CCH. The 'detenizating patient' model would support all patients on the CGH site with 24.75 specialist care including resident owneight ITU constitutant cover. This team would rapidly identify and lisse with the surgical team in GRH, should review or surgery be required. While under the expert care of the deteniorating potent team, a Standard Operating Procedure would define the clinical oriconstances under which a surgeon would transferred to GRH Access to emergency intervention may be compromised by lack of dedicated emergency theatre in CGH This would be evidenced by monitoring Key Processing patients of the control of the control patients of the control of the control patients of the control patie	Don't Know	St Worse	SI Better	transfers between sites. If planned, information should be provided to pts re alternative travel available and car parking costs. Fewer cancellations means less likelihood that patients' condition will deteriorate and become an emergency centralized staffing should improve centralized staffing should improve	acces to emergency theatre may be compromised weekend issue of staffing may prove a problem Increased travel times for some should not affect outcomes. Out of hours cover is not in place weekend cover is not in place weekend cover is succould create.	deteriorating pt will be reviewed and revised if changes supported? as the treatment is elective, prior planning by the patient and their family/zeres	Si Worse Similar	Si Warse	Taj Weleron	Sa evilar	Reduced elective cancellations	Lack of w/e planned review	complicated. More complex
What is the effect of this solution on the elibiood of travel time impacting negatively on dient outcomes? What is the likely effect of this solution on Rule of the elibiood of travel time impacting negatively on the elibiood of travel time impacting negatively on the elibiood of travel time impacting negatively on the elibiood of the elibiood o	Ho Impact	transfer to GRH or the surgeon to travel to CCH. The 'detenizating patient' model would support all patients on the CGH site with 24.75 specialist care including resident owneight ITU constitutant cover. This team would rapidly identify and lisse with the surgical team in GRH, should review or surgery be required. While under the expert care of the deteniorating potent team, a Standard Operating Procedure would define the clinical oriconstances under which a surgeon would transferred to GRH Access to emergency intervention may be compromised by lack of dedicated emergency theatre in CGH This would be evidenced by monitoring Key Processing patients of the control of the control patients of the control of the control patients of the control patie	Don't Know	St Worse	SI Better	transfers between sites. If planned, information should be provided to pts realternative travel available and car parking costs. Fewer cancellations means less likelihood that patients' condition will deteriorate and become an emergency	acces to emergency theatre may be compromised weekend issue of staffing may prove a problem Increased travel times for some should not affect outcomes. Out of hours cover is not in place weekend cover is not in place weekend cover is succould create.	deteriorating pt will be reviewed and revised if changes supported? as the treatment is elective, prior planning by the patient and their family/zeres	Si Worse Similar	Sij Worse	Taj Welenus	lag Woman	Reduced elective cancellations	Lack of w/e planned review	complicated. More complex

Access 2.1 What is the likelihood of this solution meeting it the requirements of the NHS Constitution and The t NHS Choice Framework?	What would be better		Table 2		Table 7		Pre Workshop Scorer Comments What would be worse	Other comment	Table 2	Table 3	Table 6	Table 7	What would be better	Workshop Scorer comments What would be worse	Other comment
the requirements of the NHS Constitution and The	Improve ability to achieve national waiting						Wildt Would be Worse	Other comment	Table 2	Table 5	I able 0	Table /		Wildt Would be Worse	Other comment
the requirements of the NHS Constitution and The					Similar	Improved waiting times			SI Better	SI Better	SI Better	Similar	Reduced elective cancellations		Centralised now (at GRH) so largely 'sam
		No impact	Don't Know	Don't Know	Sillillidi	improved waiting times							neduced elective cancellations		as now' but affects different cohort of
	This would be evidenced by comparison with														neonle
ľ	national standards and internal audit.														Interdependencies noted
															Tech: robot in CGH (might need another
															one)
									Similar	Clarifor	Cimileo	Cimiles			
	No change to current as already centralised	No impact	SI Better	Similar	SI Better		no choice of hospital for the patient to decide		J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2111100				
simplifying the offer to patients?	to one site (GRH).														
2.3 What is the likely effect of this solution on the	Travel analysis the but any conice moving	Travel analysis the but any sonice moving from	Similar	Similar	Don't Know			No TIA to determine exactly	Similar	SI Worse	Similar	SI Worse	Can be mitigated as planned.		Further analysis on # required
			Stillia	Sillillai	Don't know								can be intigated as planned.		i di thei analysis on w required
		GRH to CGH will increase travel times for						as the treatment is elective planning							
	residents of Cheltenham, the Cotswolds, and	residents of Gloucester, the Forest of Dean and						should have taken place before							
2	some areas of Stroud and Berkley Vale.	parts of Tewkesbury/Newent/Staunton						admission							
I							1							1	1
							1		Ci Battan	Cinema	Ci Dates	Ci Datter			
2.4 What is the likely effect of this solution on	Improve ability to achieve national waiting	No impact	Similar	Sig Better	Similar	Improved ability to achieve national	1	No true evidence to substantiate this	oi petter	o setter	a detter	30 detter	Reduced elective cancellations		
	time standards.					waiting times	1	assessment					1		
	This would be evidenced by monitoring Key					Less cancellations		dependant on allocated bed space							
F	Performance Indicators (cancellations)														
2.5 What is the likely effect of this solution on the	See 2.3	See 2.3	Similar	Similar	SI Worse		further and more expensive for people in the		Similar	Sig Worse	Similar	SI Worse			Further analysis on # required
travel burden for carers and families?							west of the county and FOD								
2.6 What is the likelihood of this solution	No impact	No impact	Similar	Similar	Don't Know	only one hospital to equip			Similar	Similar	SI Better	Similar			
supporting the use of new technology to improve															
access?															
titis.															
2.7 What is the likelihood of this solution	No impact	No impact	Similar	Cincilno.	C' - Datter			What about cover at weekends	Similar	SI Worse	Smilar	Similar			No. above.
	No impact	No impact	Similar	Similar	Sig Better			What about cover at weekends	J	31 11 12 13 1	,				No change
improving or maintaining service operating hours?															
2.8 What is the likelihood of this solution	Planned inpatient upper GI service at CGH.	No planned inpatient upper GI service at GRH.	Similar	Similar	Sia Batter		1	Swapping single site from GH to CGH	Similar	Similar	Similar	Similar		+	
	г ютте и правень иррег GI service at CGH.	no pianneu inpatient upper GI service at GRH.	Sellilidi	Jiiiilaf	oig better	I	1						1	1	1
improving or maintaining service operating						l	1	Remains on one site just a different					1		
ocations?						I	1	one.					1	1	1
1						l	1	l					1		
1						I	1						1	1	1
1						l	1	l					1		
1						l	1	l					1		
							1		Cimiles	Circles	David No.	ri wan		+	
2.9 What is the likelihood of this solution having a	Further analysis required	Further analysis required	Similar	Similar	Similar	I	1	further analysis required	omilar	Sintiar	Don't Know	SI Warse			insufficient information
positive impact on equality and health inequalities						I	1							1	1
s set out in the Public Sector Equality Duty 2011						I	1	[
and the Health and Social Care Act 2012?						I	1	[
I						l	1	1							
1						l	1	1							
1						l	1	1							
1						l	1	1							
1.0 Miles in the likelihood of this colus"	Croudb modelling not not a nilabli-	Crousth modelling not ust auxilable	Don't Know	Don't Kno	Dan't Ka		 		Similar	Don't Know	SI Better	Si Better		+	insufficient information
2.10 What is the likelihood of this solution	Growth modelling not yet available	Growth modelling not yet available	Don't Know	Don't Know	Don't Know		1	1					1		insumicient information
counting for future changes in population size					1		1	1					1		
nd demographics?			1		1		1						1	1	1
			1	1	1		1	1					1		
I															

Deliverability	Pre Workshop Information Pa	ack - Evidence from Workstreams	Pre \	Workshop Sco	res		Pre Workshop Scorer Comment			Works	hop Scores			Workshop Scorer comments	
Deliverability	What would be better	What would be worse				What would be better	What would be worse	Other comment	Table 2	Table 3			What would be better	What would be worse	Other comment
3.1 What is the likelihood of this solution being delivered within the agreed timescale?	Subject to consultation and statutory notice period, this option could be delivered within the agreed timescale. This would be evidenced by statutory immescales and indicative implementation timetable.		Don't Know	Similar	Don't Know			What is the timeframe? Currently the model is undeliverable in terms of staffing, theatre space	SI Worse	Similar	Sig Worse	Sig Worse	Capacity moves to free up. Elective rota cover. Interventional Radiology would be available Nutritional team would/could still accompany on ward rounds	some concerns around staffing Junior and lower grade rotas	Priorities 1) EGS 2) Daycase 3) colorectal 4) Upper GI GRH is dedicated cancer centre; would we need to be reaccredited or just "lift and shift" to CGH? Low priority on the list as already benefits from centralisation
3.2 What is the likelihood of this solution meeting the relevant national, regional or local delivery timescales?	No impact	No impact	Don't Know	Don't Know	Similar			need to ensure sufficient trained staff are available	Stendar	Don't Know	Si Worse	Similar			Cancer centre - designated at GRH - would this need to be looked at again
the implementation capacity to deliver?	Bed capacity already exists to deliver this option. Staffing capacity at middle grade medical staff level already exists to deliver this option.	insufficient foundation year doctors to provide 24/7 rota at CGH. Insufficient consultant numbers to support weekend review (ward rounds) of elective patients in CGH.	Don't Know	Don't Know	Don't Know		Insufficient F1 staff. Insufficient consultants to provide weekend review of patients		SI Worse	SI Worse	SI Better	SI Worse			
3.4 What is the likely effect of this solution on access to the required staffing capacity and capability to be successfully implemented?	See 3.3	See 3.3	Similar	Don't Know	Sig Better				Sig Worse	Si Worse	Sig Worse	Similar		Staffing requirements F1 and consultants split across sites	
3.5 What is the likelihood of this solution having access to the required support services to be successfully implemented?	All support services for elective Upper GI currently exist at CGH site.	The impact on access to Department of Critical Care would need to be assessed.	Don't Know	Similar	Similar				Similar	SI Worse	Sig Worse	Similar			Theatre capacity? DCC element, DCC transfer, IR hub Genomics GRH Access to DCC
3.6 What is the likelihood of this solution having access to the required premises/estates to be successfully implemented?	No impact	Beds and theatre capacity would need to be identified on the CGH site to deliver this option	Don't Know	SI Worse	Si Better		Theatre capacity is lacking		SI Worse	Don't Know	Sig Worse	Den't Know			Theatre capacity required - req further modelling
3.7 What is the likelihood of this solution having access to the required technology to be successfully implemented?	No impact	No impact	Similar	Similar	SI Better				Similar	Similar	Smilar	Similar			No additional requirement
3.8 Does this solution rely on other models of care / provision being put in place and if so, are they deliverable within the timeframe?	Agreed middle grade rota would provide full cover for planned care centre at CGH	Consultant on-call rota for elective centre would need to be agreed as insufficient consultant numbers to support weekend review (ward rounds) of elective patients in CGH (IF EGS in GRH). Insufficient foundation year doctors to provide 24/7 rota at CGH.	Don't Know	Don't Know	Similar			Consultant and F1 rotas would need to be developed. Requires additional staff	SI Worse	Don't Know	S Worse	SI Worse			Staffing needed Significant interdependencies bu insufficient info.

Acceptability	Pre Workshop Information Pack - Evidence from Workstreams	Pre	Workshop	Scores	Pre Workshop Scorer Comments		Worksh	op Scores		Workshop Scorer comments
, ,		Table 2	Table 3	Table 7	comment	Table 2	Table 3	Table 6	Table 7	comment
7.1 What is the likelihood that this solution has	All solutions have been developed with reference to the Outputs of Engagement Report.	SI Better	Similar	Similar	Many respondents will have identified elective surgery cancellations as an issue though many	SI Worse	Similar	Sig Worse	Sig Worse	Engagement Report - No specific questions but supports future of CGH
satisfactorily taken into account and responded to	Solutions included/adapted as a result of public feedback are:				will expect such service to be provided on both sites.					Pitch - c.f to current: No clear clinical benefit to change; elective separation
the Fit for the Future Outcome of Engagement										positive. Lack of data on deliverability.
Report?	Re-open CGH ED overnight									A lot of upheaval for potentially less gain
	IGIS centralised to CGH site									Not really suggested/supported by UGI team (weekend rota/return to theatre ratio
	IGIS hub options									(20-30%) (colocation with EGS)
										In line with 'pure' CoEx of Elective / Emergency Split
										Old 'option 4' has been considered (full Eiective / Emergency split)
										Benefits of EGS/EI split, but negatives is staff impact/workforce restrictions

Workforce	Pre Workshop Information Pack	- Fyidence from Workstreams	Pro V	Workshop !	Scores		Pre Workshop Scorer Comments			Worksho	p Scores			Workshop Scorer comments	
workforce	What would be better	What would be worse				What would be better	What would be worse	Other comment	Table 2			Table 7	What would be better	What would be worse	Other comment
4.1 What is the likely effect of this solution on improving workforce capacity resilience and reducing the risk of temporary service changes?	A single centre would provide more efficient and flexible use of planned care resources jaractically related. Supported by the findings of the New Zealand report Strategy IC improving elective care through separating acute and elective surgery, 2012. A single unit would deliver group working optimising the ability to cost cover and back fill sections.	Potential for GRH Upper GI nursing staff to be reallocated from current wards. Specialist nursing teams would continue to be required to cover both sites.	Don't Know	Sig Better	Don't Know	Better use of resources workforce, theatres etc.		A single unit already exists. The efficiencies of single unit are offset by the inability to staff the elective and EGS rotas at F1 and consultant level if the unit is on a separate site from EGS. need for transport and staff parking at CGH	Si Worse	Similar	Sig Worse	SI Worse		Split from EGS Not attractive to existing team, and would be hard to attract/retain new people.	Complex patients/specialist skills (already in 1 place) and could risk loss of cancer network status. Similar themes to Colorectal to CGH
4.2 What is the likely effect of this solution on optimising the efficient and effective use of clinical staff?	Sec 4.1	See 4.1	Don't Know	Sig Better	Sig Better	Specialist nursing staff have significant workloads with patients undergoing both panned and emergency care. Separation of EGS from inpatient CR work will result in inefficiencies with increased travel between sites Planned care without fear of disruption			Si Worse	SI Worse	Sig Worse	Simil or		Split from EGS reduces efficiency	
4.3 What is the likely effect of this solution on supporting cross-organisational working across the patient pathway?	No impact	No impact	Similar	Similar	SI Better				Similar	Similar	Similar	Similar			
4.4 What is the likely effect of this solution on supporting the flexible deployment of staff and the development of innovative staffing models?	Option to expand the role of nurse specialists and practitioners for delivery of planned care Opportunity to introduce Physician Associate roles to support the delivery of planned colorectal care within the timeframe	No impact	Similar	SI Better	Don't Know	Option to expand role of specialist nurses May be able to incorporate expanded roles for nurses within the team			Si Worse	Similar	SI Worse	Smilar		Split from EGS	
4.5 What is the likely effect of this solution on supporting staff health and wellbeing and their ability to self-care?	Ward environment dedicated to planned care without being adversely impacted by the delivery of EGS This would be evidenced by staff well-being metrics.	Potential for existing GRH nursing staff to be reallocated from current wards. This could impact morale and staff health and well-being. This would be evidenced by staff rotas and staff well-being metrics.	SI Better	Similar	Don't Know	Dedicated environment Work load predictability promotes stability			Smilar	Similar	Sig Worse	Smilar		Split from EGS	
4.6 What is the likely effect of this solution on improving the recultiment and retention of permanent staff with the right skills, values and competencies?	ward environment dedicated to planned care without being scheerly-impacted by the delivery of CSs would improve desirability to work as an upper GI specialist. The expanded/improved open runniles as described above in terms of training and development and advancement of new roles highly likely to have a positive impact on staff retention and the ability to recruit new staff. This would be evidenced by staff rotas, recruitment and retention merics.	There may be some staff dissatisfaction in respect of staff who prefer GRH as base.	SI Better	Don't Know	Sig Better	Workload predictability promotes stability.		Need to make the county an attractive place to live. Affordable housing etc.	Similar	Similar	Sig Worse	Similar	Positive for Cheltenham staff	negative for any GRH nurses	
4.7 What is the likely effect of this solution on retaining trainee allocations, providing opportunities to develop staff with the right skills, values and competencies?	No change to current as already centralised to one site (GRH).	No impact	Don't Know	Similar	SI Better	Planned exposure to clinical procedures ensures training needs will be met.	If on a separate site from EGS this will reduce the learning experience. Feedback likely to be worse. Lack of viable F1 rota puts retention of F1s at risk.		Si Worse	Similar	Similar	Similar		Destabilise F1 rotas	
4.8 What is the likely effect of this solution on maintaining or improving the availability of trainers and supporting them to fulfil their training role?	No change to current as already centralised to one site (GRH).	Separation of planned Upper GI from the EGS site would reduce time trainers and trainees are on the same site.	Don't Know	Similar	SI Better		Trainees and trainers may frequently be working on different sites		SI Worse	Similar	Similar	Similar		Education supervision split on 2 sites	
4.9 What is the likely effect of this solution on enabling staff to maintain or enhance their capabilities/ competencies?	Ward environment dedicated to planned care without being adversely impacted by the delivery of EGS This option would optimise the learning environment for all staff	No impact	SI Better	Similar	Similar				Similar	Similar	SI Worse	Similar			Cancer status risk
enabling staff to fulfil their capability, utilising all of their skills, and develop within their role?	See 4.1, 4.8, 4.9	No impact	Don't Know	Similar	SI Better				Similar	Similar	Similar	Smiler	Less cancellations better for a volume of activity		
4.11 What is the likely effect of this solution on the travel burden for staff? e.g. relocation time and cost.	Further analysis required	Further analysis required	Don't Know	Similar	SI Worse			Need for ample transport and staff parking at hospital	Smiler	Don't Know	Similar	Si Worse			Lower number of cancer Pts in this cohort so impact on CNS less so GRH - CGH but could offset.
4.12 What is the likely effect of this solution on maintaining clinical supervision support to staff?	No change to current as already centralised to one site (GRH).	No impact	Similar	Similar	SI Better			Clinical supervision will be similar, educational supervision will be diminished	Similar	Similar	SI Worse	Si Better			

A4 - Re-open Cheltenham Emergency Department overnight, with corresponding transfer of capacity from GRH to CGH for acute medical admissions overnight – Model C

Quality	Pre Workshop Information - E	vidence from Workstreams	Pre Works	hop Scores		Pre Workshop Scorer Com	ments	Worksh	op Scores		Workshop Scorer comments	
. ,	What would be better	What would be worse	Table 1	Table 5	What would be better	What would be worse	Other comment	Table 1	Table 5	What would be better	What would be worse	Other comment
	No better or worse than the current model. Small number of residents in the Cheltenham locality may		Don't Know	SI Worse	It will be better for those in urgent A and E need overnight but care is still	It's clear that getting the right clinical staff in CGH will not happen	National guidelines are separation of emergency care and to have two centres would not be feasible in terms	SI Worse	SI Worse	If it can be staffed it would improve	Much lower throughput Speciality service access not there	
patients receiving equal or better outcomes of care?	number of residents in the Cheltenham locality may access EM services overnight more quickly, but this				and E need overnight but care is still available overnight and statistics	Staffin CGH will not happen Staffing issues will affect patient care	and to have two centres would not be feasible in terms of co and available staff. Anyone need emergency care				Speciality service access not there may increase transfers to Glos	
care?	does not address the issues of access to specialist				seem to indicate that there has been	lack of middle grade and senior staff to	for life threatening conditions is likely to be blue				Lack of senior medical practitioners -	
ľ	advice				insignificant mortality consequences	provide 24/7 cover at both CGH & GRH	lighted anyway. My caveat would be post op for				worse. National standards for	
ľ	Evidence – performance against 4 hour target				with the current system.	There is insufficient demand, opening at	families to visit as this 'feel good' helps recovery.				sepsis, unwell children not met -	
ſ							There must be good cause behind closing/ reducing the				worse outcomes. Also no Gynae or	
						CGH	ED from 8pm, surely if patient care being impacted was				paeds on CGH. MH liaison team	
						The department cannot me staffed	occurring or it was felt that patients were being put at				capacity. Walk-in that are v unwell	
						appropriately. Furthermore appropriate	risk- then surely it would have stayed open. I would				better services at GRH; no 24 hr	
						support behind the ED will unlikely be	need more information about patient care, before the				MRI. Pts behaviours have changed	
						available meaning delayed and poorer	ED closed versus reopening it. From reading the pack it				already. Also negative impact on	
						standard of care	suggests that there would not be enough staff to				GRH/ overall County compliance	
							provide adequate care.					
	see 1.1		SI Worse	SI Worse	Could lead to quicker diagnosis and	It's clear that getting the right clinical	Dependent on other service reconfiguration	SI Worse	SI Worse			
patients being treated by the right teams with the					reduced hospital stay.	staff in CGH will not happen	Focusing acute unplanned care in one place is the only					
right skills and experience in the right place and at					If the full ED team is there overnight there is a much better chance of	Could be delays in accessing suitably	option with available resources.					
the right time?					swifter and therefore better care.	qualified specialisms	I would expect the approach of getting it right first time would reduce double handling, thus using time more					
					switter and therefore better care.		efficiently. The end result being that the patient					
							receives a good level of service and care.					
							receives a good level of service and care.					
		1				<u> </u>		CI Warre	CI WILLIAM			
	Potentially this option may reduce the number of	1	Similar	SI Worse		May increase transfers. Unlikely that a	There will be a mixture of less transfers from CGH at the	or Worse	or Worse		1	
continuity of care for patients?	residents in the Cheltenham locality being admitted					single clinician would be available to	walk-in clinic but more within hospital once a patient is				1	
	overnight at GRH and transferred to CGH the next day. Evidence – patient transfers	1				provide singular cover Specialties increasingly centralise to	admitted. Hard to quantify and also figures should be weighted by the impact of such a transfer				1	
ľ	day. Evidence – patient transfers					deliver high quality high volume care.	Better on site care is clearly better but patients may					
						This will result in delay and increased	still be in the wrong place for their specialist needs. I					
						transfer.	think that emergency cardiac surgery would still need					
i l							to go out of county at night.					
1.4 What is the likely effect of this solution on the	No impact	No impact	Similar	Cia Morro		ongoing treatment based on different	Depends on where the other teams are but few	Similar	Similar			No impact
opportunity to link with other teams and agencies	No impact	No impact	Sillillai	Jig Worse		sites	(probably none) can appropriately staff services 24/7					NO IIIIpact
to support patients holistically?						Again the lack of sufficient middle &	supporting unplanned access to services on both sides					
,						senior staff cover would compromise	of the county.					
						holistic care	,					
1.5 What is the likely effect of this solution on the	N - b - tt		Cimilan	Similar		Manager August State Company	land and the land and an allow the state of the smaller	Cimilar	Similar			No observato observatori
quality of the care environment?	No better or worse than the current configuration		Similar	Similar		be harder	Impossible to meet needs on two sites in a high quality timely fashion.		J			No change to physical environment
quality of the care environment:						all aspects are seriously affected by	tillely lasilion.					environment
i l						staffing issues						
i l						Two A&E departments would increase						
i l						the financial impact on all aspects of						
						care.						
1.6 What is the likely effect of this solution on	No impact	No impact	Similar	Similar		Availability 24/7 of ED cover will mean	Knowing that both hospitals are open 24h will mean	Similar	Similar			Not relevant for this cohort
encouraging patients and carers to manage self-						that more minor illnesses & injuries will	patients don't try to hang on until morning to avoid					
care appropriately?						need to be treated at CGH due to lack of	going to Gloucester					
i l						patient understanding of the other						
i l						alternatives such as MIIU, GP, Pharmacist						
1.7 What is the likely effect of this solution on	No better or worse than the current model. This		Similar	SI Worse	Patients in the Cheltenham area	More patients will need to be transferred	At night the distance between the two hospitals is not	SI Worse	SI Worse	For urology and vascular pts at CGH will	If stroke patient in Cheltenham -	Assuming protocols are same as
enabling patient transfers within a clinically safe	option may reduce the number of residents in the				would access appropriate care sooner	Chaos across the county	poor anyway, during the day blue lighted patients			reduce transfers	worse	GRH for SWAST
time frame?	Cheltenham locality admitted overnight at GRH and				due to close proximity		should not be seriously affect by traffic.				Interdependent with radiology, spec	
ľ	transferred to CGH the next day						IF they are taken to the right, most appropriate centre				at GRH only incl stroke, paeds,	
ľ	Evidence: patient transfers						in the first place it would be better. The best place				gynae & frailty so increase transfers.	
							might indeed be Cheltenham which is fine but if their				Need to model # impact.	
							speciality is Gloucester then they are in the wrong					
							place					
	No better or worse than the current model. Patients		Sig Worse	Sig Worse		There would not always be appropriate	it would require specialist staff to be at both hospitals	SI Worse	SI Worse		Takes longer to do a CT at CGH.	
enabling emergency interventions within a	requiring emergency care would receive the same					senior staff at CGH	24/7				Cascade effect on resources, to	
clinically safe time-frame?	service					lack of middle & senior staff cover for	Better for the emergency intervention but not				work well need to "open entire	
						24/7 working	necessarily for immediate follow up.				hospital". If not staffed and you fill	
						Getting patients to services or clinicians					it - worst of all	
		1				to patients will inevitable cause delay.					1	
						1					1	
1.9 What is the effect of this solution on the	For some patients accessing services overnight, the		Don't Know	SI Worse	Less travel time for those in the East	Would result in confusion regarding		Similar	SI Worse	<u> </u>	Introduces risks	
likelihood of travel time impacting negatively on	travel time to the ED may reduce. However the key		DOIL KILOW	J. Worse	at night	where paramedic & other emergency					If just ED resource then Pts	
patient outcomes?	influence on patient outcome is the time from arrival	1				ambulance staff take patients					requiring full range of services that	
	to being seen and treated by an appropriate clinician										attend CGH will need onward	
ľ	with the right competencies. Arguably this will be	1				1					transfer to GRH	
	the same at both hospitals					1					1	
	Evidence: travel time analysis	1				1					1	
			i .			There would not always be appropriate		Se Worse	SiaWore		Introduces new risks	
	Lvidence, traver time analysis	Existing difficulties in recruiting sufficient	SI Worre	Sig Mosso								
1.10 What is the likely effect of this solution on	Evidence, traver time analysis	Existing difficulties in recruiting sufficient	SI Worse	Sig Worse					38,002			
	Lividence, traver time analysis	medical and nursing staff. This would not be	SI Worse	Sig Worse		senior staff at CGH			Jag Wo. 22		Negative impact on GRH rotas.	
1.10 What is the likely effect of this solution on	Livence, traver time analysis	medical and nursing staff. This would not be improved with this option.		Sig Worse					34,110.22			
1.10 What is the likely effect of this solution on	Louience, traver time analysis	medical and nursing staff. This would not be		Sig Worse		senior staff at CGH			2,110.11		Negative impact on GRH rotas.	
1.10 What is the likely effect of this solution on	Linderice, travel unite alianysis	medical and nursing staff. This would not be improved with this option. Evidence: 2 recruitment drives over the past year		Sig Worse		senior staff at CGH			2,1141		Negative impact on GRH rotas.	

Access 2.1 What is the likelihood of this solution meeting Arg the requirements of the NHS Constitution and The cap	Pre Workshop Information Do	ack - Evidence from Workstreams	Pro Most	shop Scores		Dro Morksho	p Scorer Comments	Worksh	op Scores		Workshop Scorer comments	
2.1 What is the likelihood of this solution meeting Art the requirements of the NHS Constitution and The	What would be better	What would be worse	Table 1	Table 5	What would be better	What would be worse	Other comment	Table 1		What would be better	What would be worse	Other comment
the requirements of the NHS Constitution and The	rguably this ontion would provide more	Wilat would be worse	Don't Know	Similar	Wilat Would be better	Overnight choices limited with	I personally think that a lot of confusions exits over what constitutes	SI Better	Similar			Pt choice not relevant to this
	enacity to improve performance against this		DOI! CKIIOW	Jiiiidi		some patients having to go outside						service. Impact on 4 hr is in NHS
NHS Choice Framework?	reet					the county	accident and emergency care when in fact only true emergency car is					constitution
	vidence: performance against 4 hour target					departments split between two	impacted by the closure The overriding opinion of Cheltenham					
						hospitals within the county	based patients is that CRH is a general hospital and should be kept as					
							such and for that reason not reopening reduces their choice. Whilst					
							recognising the local pride I believe it is however misplaced e.g.					
							pregnant mothers not wanting Gloucester on birth certificates as					
							Cheltenham is regarded as' superior' This is however not a valid reason					
							for making a choice of venue. I believe that showing how the care					
							would be better, quicker etc. could re-educate					
							If ED treatment is quicker overnight in Cheltenham then great but the					
							follow up care needed might be in Gloucester. All depends on					
							individual medical demand. Even if CGH ED was open overnight then it					
							still might make more medical sense to go to Gloucesteror indeed					
							out of county.					
2.2 What is the likely effect of this solution on Pol	otentially makes the offer simpler, as the		SI Retter	Don't Know	Patients will know they can		. If it is opened it stops patients having to think of options but this	SI Better	Similar			If changed could simply message
	ime service description. However some				always go to their nearest		would not necessarily improve care or flow. Wider education on these					but can ED do everything that Pts
	mergency activity e.g. paediatrics, stroke				hospital		matters would help.					need
an	nd gynaecology would still go to direct to				nospital		Maintaining two ED sites 24/7 is just what the public are demanding					Current perception is that ED is
GE	RH						given the engagement feedback					closed from 20:00
							Difficult for patient to weigh up the offerthey just want to be					20.00
							mended					
							mended.					
2.3 What is the likely effect of this solution on the Tra			SI Better	Don't Know	Better for Cheltenham area		Clearly less travel to get to nearest hospital, though this will be	SI Better	Similar	I		Depends on the presentation
	loucester to Cheltenham will reduce travel	burden for patients in the Gloucester catchment			residents		reduced because some patients will need to be transferred to			1	1	either +tive or -tive
	me for residents of Cheltenham, the	area.					Gloucester anyway			1	1	
	otswolds, and some areas of Stroud and			I		l	It is purely dependent on the availability travel options of patients and			I	1	
	erkley Vale.			I		l	family. This could be overcome with sway increased 99 bus service			I	1	
				I		l	so many different factors influence this issue			I	1	
							Outpatient services will not change. With the exception of a small					
							number of patients who live in walking distance of CGH, most will					
							have travel times for unplanned care but efficient service on arrival.					
								71.Warra	CI D		 	
	ee 2.1. No better or worse than current		Don't Know	Sig Worse		Much harder to properly staff two	It is possible that if only true emergency services are closed at	or Worse	or Better	May improve RTT	If pulled from GRH, would be worse	Depends on staffing - not as
patients' waiting time to access services?	odel for accessing specialist services		1		reduce but I have no idea	ED.	Cheltenham and correct triage is in place with supporting services e'g			If fully staffed	could lead to cancelled planned care	efficient.
					how this would impact on	Unlikely to achieve waiting times	AMII that ED waiting times could be reduced. Referral to treatment,				CGH	
					other waiting times.		especially with new electronic patient records could be faster with					
						24/7	specialist teams in place.					
						unable to staff and manage patient						
						flow.						
2.5 What is the likely effect of this solution on the See	ee 2.3	See 2.3	SI Better	SI Better	Would reduce travel for		Admitted patients will be transferred to the most appropriate hospital	SI Better	Similar			As per 2.3
travel burden for carers and families?					Cheltenham area		anyway and this will be the determining factor, rather than which ED					
					IF Cheltenham is nearer for		they chose					
					the patient then it makes							
					sense to assume its easier							
					for relatives.							
2.6 What is the likelihood of this solution No.		No better or worse than the current option				Harder to resource two locations		Cimitor	Clasifor			
	o better or worse than the current option	No better or worse than the current option	Sig Worse	Don't Know			it would be wrong to assume that Gloucester would have better					
supporting the use of new technology to improve access?						cost implications and specialist staffing.	technology, it depends on the medical need and available technology.					
access?												
						Cost of maintaining two A&E could						
						limit technological advancement						
2.7 What is the likelihood of this solution Thi	nis option would increase the service		Similar	Don't Know		Staffing issues	The public is demanding 24/7 ED in CGH & perceive that CGH ED is	Similar	SI Better	Increase in hours		
	perating hours for a consultant led ED at			1		Impossible to support busy out of	closed between 8pm & 8am currently			If fully staffed	1	
ce	SH					hours service on multiple sites.	Better because ED staff would be there but not necessarily other			in runy stance		
Ca	-			I			'follow up' staff. This issue could be the same in Gloucester			I	1	
				I						I	1	
				I						1	1	
				I						1	1	
				I						1	1	
											1	
	o better or worse than current option	No better or worse than current option	SI Worse	SI Worse			Two easier than one for patients harder for staff	SI Better	SI Better	If fully staffed adds location after		
improving or maintaining service operating							If you open and run an ED department it needs, by its very nature, to			20:00	1	
locations?						l	be staffed and equipped appropriately.			I	1	
										1	1	
						l				I	1	
										1	1	
										1	1	
										1	1	
2.0 Miles Inde Blookend (2011)	ather and train and the '	Front to a section !	Cincilna	Cimiles			Dath day should be smaller as a 1 1 1	Gmilar	Smilar		 	
2.9 What is the likelihood of this solution having a	urtner analysis required	Further analysis required	Similar	Similar			Both sites should be equally accessible. Transport is again key	Amiliar	Amilar .	1	1	
positive impact on equality and health inequalities							This is something that would need to be more fully assessed bit			1	1	
parameter on equality and neural medianties						l	whatever happens may need additional accommodation and this			I	1	
as set out in the Public Sector Equality Duty 2011							would be more fundable on one site than both.			1	1	
as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012?										1	1	
as set out in the Public Sector Equality Duty 2011		I .									1	
as set out in the Public Sector Equality Duty 2011		l .			1					1	1	i
as set out in the Public Sector Equality Duty 2011												
as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012?								mu	Collec			
as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012? 2.10 What is the likelihood of this solution Gro	rowth modelling not yet available	Growth modelling not yet available	Don't Know	Similar			Given the likely countywide population growth particularly in the over	SI Worse	Similar		Reduces resilience	
as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012? 2.10 What is the likelihood of this solution accounting for future changes in population size	rowth modelling not yet available	Growth modelling not yet available	Don't Know	Similar		will make us less able to cope with increasing demand.	Given the likely countywide population growth particularly in the over 70's group more services will be required not less	SI Worse	Similar		Reduces resilience	
as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012? 2.10 What is the likelihood of this solution Gro	rowth modelling not yet available	Growth modelling not yet available	Don't Know	Similar				SI Worse	Similar		Reduces resilience	
as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012? 2.10 What is the likelihood of this solution accounting for future changes in population size	rowth modelling not yet available	Growth modelling not yet available	Don't Know	Similar				SI Worse	Similar		Reduces resilience	
as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012? 2.10 What is the likelihood of this solution accounting for future changes in population size	rowth modelling not yet available	Growth modelling not yet available	Don't Know	Similar				SI Worse	Similar		Reduces resilience	
as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012? 2.10 What is the likelihood of this solution accounting for future changes in population size	rowth modelling not yet available	Growth modelling not yet available	Don't Know	Similar				SI Worse	Similar		Reduces resilience	
as set out in the Public Sector Equality Duty 2011 ind the Health and Social Care Act 2012? 2.10 What is the likelihood of this solution ccounting for future changes in population size	rowth modelling not yet available	Growth modelling not yet available	Don't Know	Similar				SI Worse	Similar		Reduces resilience	

Deliverability 3.1 What is the likelihood of this solution being delivered within the agreed timescale?	Pre Workshop Information	Pack - Evidence from Workstreams	Pre Work	shop Scores		Pre Workshop Score	r Comments		op Scores		Workshop Scorer comments	
20	What would be better	What would be worse	Table 1	Table 5	What would be better	What would be worse				What would be better	What would be worse	Other comment
L What is the likelihood of this solution being		Based on experience over the past few years it will be		Sig Worse		Hard to recruit staff	Not feasible without numerical evidence and	Sig Worse	Sig Worse		Deliverability is subject to	
livered within the agreed timescale?		difficult to recruit the staff needed to support delivery		_		infrastructure inadequate	feasibility studies				recruitment (not easy). Clinical	
		of this model				and no space to improve.	Highly unlikely due to recruitment difficulties 8				view is unanimous and strong	
		Evidence: Recruitment rounds in 2019 unsuccessful in				and no space to improve.	retention of existing staff				feeling against solution. People	
							retention of existing staff					
		recruiting suitable candidates.									would leave	
		NCAT report on Gloucestershire Hospitals May 2013										
2 What is the likelihood of this solution meeting	No impact	No impact	Don't Know	Don't Know		There would not always be		Similar	Similar			
e relevant national, regional or local delivery	No impact	Tro impact	Don't know	Don't know		appropriate senior staff at						
						appropriate senior starr at						
nescales?						ССН						
3 What is the likelihood of this solution having		It is unlikely that there will be the implementation	Sig Worse	Sig Worse		Hard to recruit staff	There appear to be unresolved issues about	Sig Worse	Sig Worse			
e implementation capacity to deliver?		capacity to deliver this option. This is linked to our					guaranteeing consistent stiffen levels through				1	
		historical difficulties to recruit.					recruitment				1	
		Evidence: Recruitment rounds in 2019 unsuccessful in									1	
		recruiting suitable candidates. NCAT report on										
		Gloucestershire Hospitals May 2013; NHS Employers					I				1	
											1	
		Terms and Conditions of Service for NHS Doctors and									1	
		Dentists in Training (England) Updated 2019										
What is the likely effect of this solution on		See 3.3	Sig Worse	Sig Worse			This seems to be an example of spreading	Sig Worse	Sig Worse		Clear requirement for extra staff	
ess to the required staffing capacity and		300 313	Sig Worse	3.g 110.3c			available assets to thinly to be viable in the				to deliver. Recruitment is	
pability to be successfully implemented?							short term				ongoing issue across NHS and	
pability to be successfully implemented?												
							Given the current recruitment and retention				locally. A lot of effort and	
							issues it is highly unlikely that a 24/7 ED at CGH	1			innovation expended. No	
							could be properly & safely staffed				certainty in achieving.	
5 What is the likelihood of this solution having		Additional support staff will be need to be recruited	Sig Worse	Sig Worse			we cannot support all services in all locations.	SI Worse	Sig Worse		CT lack of availability. Sub	
cess to the required support services to be		to support this option overnight, This includes	_	_			An ED without appropriate support will fail.				specialty not on site (Gynae, Obs	
ccessfully implemented?		laboratory, diagnostic and portering staff									Paeds and stroke)	
necessiany implemented.		laboratory, diagnostic and portering stair									r deas and stroke)	
6 What is the likelihood of this solution having	It should be possible to accommodate this		Similar	Similar			Both EDs currently exist. Splitting the load over	Similar	Similar			No change
	option within current estate. Some minor						he two areas will make use of existing facilities				1	
	works may be required						No major changes required to premises at CGH				1	
	Evidence: Estates plan						The space does not exist to develop everything					
	Evidence. Estates plan						that is necessary.					
							that is necessary.					
	No better or worse than current option		SI Worse	Don't Know			If the feeilities (technology are there	Similar	Similar		Staffing issue	No change
cess to the required technology to be					1		If the facilities/technology are there to run				1	
ccessfully implemented?					1		during the day it should be able to run at night				1	
					1		although with greater use there will be greater				1	
					1		deterioration.				1	
B Does this solution rely on other models of care		Yes it would require a range of support services	Don't Know	Don't Know			Per capita population we do not have the staff	SI Worse	SI Worse		Support services/radiology	1
provision being put in place and if so, are they		providing overnight cover		1	1		to achieve this.				staffing	
eliverable within the timeframe?				1	1		more ED patients need more beds and urgent				Transport for assessment	
				1	1		follow up care. The consequences of extending				Impact on HR function to suppor	
				1	1		ED time are far reaching for other connected				recruitment - significant	
				1							recruitment - significant	
				1	1		services				1	
			1	1	1	1						

Acceptability	Pre Workshop Information Pa	ck - Evidence from Workstreams	Pre Work	shop Scores	Pre Workshop Scorer Comments	Worksho	op Scores	Workshop Scorer comments
,			Table 1	Table 5	comment	Table 1	Table 5	comment
7.1 What is the likelihood that this solution has	All solutions have been developed with referer	nce to the Outputs of Engagement Report.	SI Worse	Don't Know	Most of the 'pressure for this has been from 'interested sources' e.g an MP in a marginal seat	Similar	Sig Worse	Responds to engagement
satisfactorily taken into account and responded to	Solutions included/adapted as a result of publi	ic feedback are:			looking to be heard. From talking to people, and from his response in parliament it is clear that			Same position as in 2012 - same problems
the Fit for the Future Outcome of Engagement					possible downgrading and overall closure were confused. When the reality of it affecting only			Engagement Report - Vast majority of concerns was not closing CGH ED rather
Report?	Re-open CGH ED overnight				those patients with life threatening problems, and children is explained the overall			than reinstatement. This solution was added in response.
	IGIS centralised to CGH site				understanding ad feeling is that level of care is more important than place.			Pitch - Considerable negative aspects across all domains
	IGIS hub options				The public will perceive this as a victorious result of their campaigns due to lack of			
					understanding of the complex factors that resulted in CGH ED becoming a nurse-led unit			
					overnight			
								·

Workforce	Pre Workshop Information P	ack - Evidence from Workstreams	Pre Work	shop Score	s	Pre Workshop Scorer Con	nments	Worksh	op Scores		Workshop Scorer comments	
	What would be better	What would be worse			What would be better	What would be worse	Other comment	Table 1	Table 5	What would be better	What would be worse	Other comment
4.1 What is the likely effect of this solution on improving workforce capacity resilience and reducing the risk of temporary service changes?		Worse than current option. There have been difficulties recruiting medical and nursing staff. Evidence: NCAT report on Gloucestershire Hospitals May 2013; Reconfiguration Report to the Health and Care Overview and Scrutiny	Sig Worse	Sig Worse		Overnight cover relies heavily on staff goodwill and availability of agency staff		Sig Worse	Sig Worse		Inability to recruit. Already insufficient staff for current service. Split site more difficult to manage	2
4.2 What is the likely effect of this solution on		Committee March 2014 Worse than current option as there will be a	Sig Worse	Sig Worse		getting a fully effective fully trained staff	Staff work better when given a stable	Sig Worse	Sig Worse		As per 4.1	
optimising the efficient and effective use of clinical staff?		need to extend medical, nursing and support staff cover overnight at CGH. Evidence: staffing establishment				24/7 will be a challenge.	environment, having to travel between hospitals regularly is not sustainable					
4.3 What is the likely effect of this solution on supporting cross-organisational working across the patient pathway?	No better or worse than current option	No better or worse than current option	Don't Know	Don't Know		you will need to do much more multi skilling. Not all staff want to be multi skilled.	Blue and red team. See it first hand, Never good. An institution should have similar things done by similar people in similar ways in similar places.	Similar	Similar			No change
4.4 What is the likely effect of this solution on supporting the flexible deployment of staff and the development of innovative staffing models?		Worse than current model as it will require greater flexibility from staff to cover rotas on both sites.	Similar	Sig Worse		Duplication of services will make this much more challenging.	Staff will need to e more flexible over the two locations, which is good and may help reduce tribalism	Sig Worse	Sig Worse		As per 4.1	
4.5 What is the likely effect of this solution on supporting staff health and wellbeing and their ability to self-care?		Likely to be worse than the current option. Afready have esting apps in middle grade rots and difficulties in recruiting medical and nursing staff. Extending the rotas to include overnight at CGH will place increasing pressure on staff. Highty likely to adversely affect staff morale and health and wellbeing. Evidence: staff rotas		SI Worse			Staff surveys, already highlight stress and workload. I can't see this initiative improving this	Sig Worse	Sig Worse		Staff concern about not practicing to acceptable standards more wait for review/onward management Staff need confidence in a robust rota. This solution increase pressure. Senior decision maker on site. Vulnerability and isolation.	
4.6 What is the likely effect of this solution on improving the recruitment and retention of permanent staff with the right skills, values and competencies?	May support retention of nursing and other staff in CGH.	Likely to be worse than current option. Already experiencing difficulties in recruiting middle grades. Likely to place greater pressures on existing staff, which may affect staff retention. Evidence: Current staff vacancies	Sig Worse	Sig Worse		Pressure on staff from multiple rotas	Staff need stability and a supportive environment not constant stress	Sig Worse	Sig Worse		As per 4.1	
4.7 What is the likely effect of this solution on retaining trainee allocations, providing opportunities to develop staff with the right skills, values and competencies?		EM&AM — One of the drivers for change in implementing the current model in 2013 was the risk of losing trainee posts. It is therefore likely that there will be a risk in securing and retaining these additional posts Evidence: NCAT report on Gloucestershire Hospitals May 2013	Sig Worse	Sig Worse		Harder to staff two small EDs than one larger one Specialist departments spread between two sites make all aspects of training more difficult	R will open opportunities for new roles but this comes with a cost and considerable time.	Sig Worse	Sig Worse		Impact on ability to deliver to professional roles especially trainees Deanery - potential to refuse trainees or not on split site. Jr Drs not fully supported if no recruitment and staff split across sites	
4.8 What is the likely effect of this solution on maintaining or improving the availability of trainers and supporting them to fulfil their training role?	No change		Don't Know	SI Worse		Harder to train staff for staff two small EDs than one larger one	The best trainers are the ones already doing the job, taking them out of the system leads to vital gaps.	Sig Worse	Sig Worse			
4.9 What is the likely effect of this solution on enabling staff to maintain or enhance their capabilities/ competencies?	No change		Similar	SI Worse			If staff are willing to travel to centres specialising in specific areas training could be better. General training is spread across wards not just in ED. Great opportunities for staff but only with time, money and willingness.	Sig Worse	SI Worse		Less provision/ capacity impacts ability to enhance. Less opportunity	
4.10 What is the likely effect of this solution on enabling staff to fulfil their capability, utilising all of their skills, and develop within their role?	No change	Highly likely to experience difficulty in the recruiting of staff which in turn has the potential to compromise ability to fully support and develop staff.	SI Worse	SI Worse		Harder to train staff for staff two small EDs than one larger one, due to less specialisation		Sig Worse	SI Worse		As per 4.9	
4.11 What is the likely effect of this solution on the travel burden for staff? e.g. relocation time and cost.	Further analysis required	May be some staff dissatisfaction in respect of staff who prefer CGH as base.	SI Worse	SI Worse			There is a bus service between the hospitals My belief is that this would only be a real problem for local staff who have specific person ties e.g. caring for elderly relatives with outside carer, or school age children commitments if outside care is time limited	Similar	Similar			Medical workforce alread work at CGH
4.12 What is the likely effect of this solution on maintaining clinical supervision support to staff?		More difficult, as this option increases the need to provide supervision across two sites.	SI Worse	SI Worse		staffing issues make supervision difficult lack of middle & senior staff		SI Worse	Sig Worse			

Revert to original Gastroenterology and Trauma & Orthopaedics configurations – Model A

Quality	Pro Workshan Informa	ation - Evidence from Workstreams	Dro Weste	shop Scores		Pre Workshop Scorer Comments		Worksh	op Scores		Vorkshop Scorer comments	
Quality	What would be better	What would be worse	Table 4		What would be better	What would be worse	Other comment	Table 4		What would be better	What would be worse	Other comment
1.1 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	lable 8	what would be better	Current benefits achieved by development would be	Other comment	l able 4	I able 8	Improvements immediately for Ortho	What would be worse	May need more bleed beds
patients receiving equal or better outcomes of	Some patients would be admitted more locally.	The benefits listed in the 'workshop information pack' summary	DOII CKNOW	31 WOISE		lost. It appears to be a retrograde step.				Trauma incorrectly sent to CGH		Difficult to apply single score
care?	some patients would be admitted more locally.	would be lost– with less Consultant time available to provide				So many things would be lost that impact on the good				avoided		to all 3 domains Gastro,
care:	Trauma & Orthopaedics:	specialist services including endoscopy. Specialist care would be				outcomes, waiting times would increase and staff				avoided		Trauma, Orthopaedics
	Some patients would be admitted more locally.	diluted, impacting on the waiting times for patients and staff				satisfaction would go down, the only good thing might						Would have not much impact
		morale.				be some patients would travel less far, but that would						on emergency but would be
		Trauma & Orthopaedics:				be very few patients.						worse for electives
		The benefits including reduced elective cancellations and daily										
		input to trauma patients would be lost.										
	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse		Dilution of skills across two sites and loss of specialist		Sig Worse	SI Worse			
patients being treated by the right teams with the	Some patients would be admitted more locally. Data	Reversing the pilot would reduce the likelihood that patients with Gastroenterology problems would see a specialist, as the				clinicians availability is reduced. there would be a reduction in the number of patients						
right skills and experience in the right place and at the right time?	snows that just less than one patient a day would not be transferred to CGH.	specialists would need to spend more time seeing patients with				there would be a reduction in the number of patients that would see specialists higher number of						
the right time:	be transferred to Con.	general medical patients. Specialist nursing care would also be				cancellations to accommodate for trauma and some						
	Trauma & Orthopaedics:	diluted.				trauma patients waiting longer.						
	Some patients would be admitted more locally. 767	Trauma & Orthopaedics:				I						
		Yes, the benefits listed in the section above would be lost e.g.										
	patients per year would have elective surgery at GRH.	number of elective cancellations would rise. Trauma patients										
		would wait longer for surgery and the continuity of care would be										
		lost										
	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse	It would appear that there would be			SI Better	SI Worse		If revert back elective services	Emergency - Pros and cons
continuity of care for patients?	Reversal would bring no improvement to continuity of	Continuity of care could be adversely affected if the pilot was				Patients would be less likely to see a senior specialist.					would be worse	
	care Trauma & Orthopaedics:	reversed, with fewer patients seeing a specialist. Trauma & Orthopaedics:			patients, and also reduced travel times for both patients and carers.							
		F Continuity of care could be adversely affected if the pilot was			times for both patients and carers.							
	care	reversed, particularly in trauma with fewer patients seeing a senior										
		specialist daily.										
		,										
1.4 What is the likely effect of this solution on the	No impact	No impact	Don't Know	Similar		with both being across two sites community services		Don't Know	Don't Know			
opportunity to link with other teams and agencies to support patients holistically?						would need two teams to support discharges						
to support patients noistically?												
1.5 What is the likely effect of this solution on the	Gastroontorolomu	Gastroenterology:	Don't Know	SI Worse		less specialist care provided		SI Worse	SI Worse			For planned services, not as
quality of the care environment?	Nothing	Reversing the pilot, would mean Gastroenterology patients once	Doil Cknow	31 WOISE		less specialist care provided						sure for emergency services
quanty of the care environment:	Trauma & Orthopaedics:	again being spread across site and cared for in less specialist										sure for entergency services
	Nothing	environment.										
		Trauma & Orthopaedics:										
		Reversing the pilot, would mean Trauma & Orthopaedic patients										
		once again being spread across site. The change in environment										
		would make the elective arthroplasty (joint replacement) patients										
		more likely to be cancelled for winter pressures.										
1.6 What is the likely effect of this solution on	No impact	No impact	Don't Know	Similar			neither of these relates to self care	Similar	Similar			
encouraging patients and carers to manage self-												
care appropriately?												
1.7 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Similar	Similar	Documents indicate little impact			Similar	Similar			
enabling patient transfers within a clinically safe	Minimal change- as reliable methods to transfer	Minimal change. Existing protocols with ED			not much change because there are							
time frame?	patients to CGH are in place	Trauma & Orthopaedics:			already methods for transport where							
	Trauma & Orthopaedics: Minimal change– as reliable methods to transfer	Minimal change.			needed.							
	patients to CGH are in place											
	patients to corr are in place											
1.8 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse		wait times for trauma would increase, daily review lost		Sig Worse	SI Worse		Trauma going back would be	Services need to be evaluated
enabling emergency interventions within a	There would be no benefit from reversing the pilot, as	Spreading consultants and junior doctors across two sites; means				although there could be a requirement for increased					worse	seperately
	the capacity released through the pilot has enabled	that there would be a detrimental effect to emergency care				trauma capacity which could be done trough having					Ortho going back would be	
	greater provision for emergency Gastroenterology procedures on both acute hospital sites.	Trauma & Orthopaedics: The continuity and availability to sub specialty care would be lost				both sites with the same work, spreading staff across two sites could reduce continuity of care, longer wait					worse Gastro slightly better/same	
	Trauma & Orthopaedics:	and wait times for specialist trauma would increase. Also the				times and lack of daily review.					Gastro slightly better/same	
	There is currently a concern that there is sufficient	guarantee of a daily review would be lost.				times and lack of daily review.						
	trauma theatre capacity. In the pilot capacity was											
	increased from 29.5 lists a week to 32. However the											
	demand has risen in the past two years.		1				1					
1.9 What is the effect of this solution on the	Gastroenterology:	Gastroenterology:	Don't Know	Similar		Slightly longer travel times for patients from the East,	stopping patients to be admitted closer to	Similar	Similar			
likelihood of travel time impacting negatively on	There has been no evidence that this is the case in the	Reversing the pilot would enable some patients to be admitted	1		1	more than mitigated by better clinical outcomes	home doesn't appear to have better			I		
patient outcomes?	years since the beginning of the trial	closer to home, but there has been no evidence that this has	1		1	1	outcomes for this particular situation			I		
l l	Trauma & Orthopaedics: There has been no evidence that this is the case in the	caused problems during the trial	l			1	1			I		
l i	There has been no evidence that this is the case in the years since the beginning of the trial	Trauma & Orthopaedics:	l			1	1			I		
l l	years since the beginning of the trial	There has been no evidence that this is the case in the years since	l			1	1			I		
		the beginning of the trial	l			1	1			I		
	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse		It would clearly negatively impact on staffing levels, morale and the ability to recruit and retain skilled staff.	1	ord Mouse	of Worse			
patient safety risks?	No risks identified since implementation, or anticipated from continuing the change	Reversing the pilot would see a rise in endoscopy waiting times	1				1					
	anticipated from continuing the change Trauma & Orthopaedics:	and a reduction in the specialist Gastroenterology services for	1			rise in waiting times, reduction of specialist services and winter pressures	1					
	No benefits to pilot reversal, initially more support for	Trauma & Orthopaedics:	1			pressures	1					
	junior doctors at CGH but this has been resolved.	Yes, the current process is working well and teething issues have	1				1					
		been resolved. However the unexpected increase in trauma does	1				1					
		lead to pressure during peak demand.	1				1					
		The elective surgery that remains at GRH is adversely affected by	1			1	1					
		winter pressures and cancelation of surgery and there is a case for	ı				1				l	1
		more elective surgery to transfer to CGH.										

Accord	Pre Workshop Informs	tion Pack - Evidence from Workstreams	Pre Work	shop Scores		Pre Workshop Score	er Comments	Workel	nop Scores		Workshop Scorer comments	
Access	What would be better	What would be worse	Table 4	Table 8	What would be better	What would be worse	Other comment	Table 4	Table 8	What would be better		Other comment
2.1 What is the likelihood of this solution meeting		Gastroenterology:	Don't Know	Similar	What would be better	What would be worse	No apparent change.	Similar	SI Worse	What would be better	more cancellations	Offer to patients - cannot
the requirements of the NHS Constitution and The		No change										give 1 answer for so many
NHS Choice Framework?	Trauma & Orthopaedics:	Trauma & Orthopaedics:										aspects
	No change	No change										wait times - elective worse.
	The change	The change										Emergency slightly better
												Emergency siigntiy better
								Collec	diam'r.			
	No impact	No impact	Similar	Similar		could make it more confusing		Similar	Similar			Inequalities too complex to
simplifying the offer to patients?						for patients to have choice						give simple answer
						between two sites.						
2.3 What is the likely effect of this solution on the	Gastroenterology (17/18 pre-pilot analysis)	Gastroenterology (17/18 pre-pilot analysis)	Similar	Similar	some patients would have an			SI Better	SI Better			More locations but worse
travel burden for patients?	Reduced travel time for residents of Cheltenham – both	Increased travel time for residents of Gloucester, Forest of Dean and			improved time to travel as they							wait times
	car and public transport.	Tewks/Newent/Staunton if driving. All of the above plus Stroud/Berkley Vale			would be admitted closer to							
	Orthopaedics (17/18 analysis)	If travelling by public transport.			home							
	Improved travel time for residents of Cheltenham and the	Mitigated by early senior review which means fewer emergency patients are										
	Cotswolds.	transferred than this analysis anticipated.										
		Orthopaedics(17/18 analysis)										
	Trauma (17/18 analysis)	Increased travel impact for residents of Gloucester, Stroud/Berkley Vale and										
	Positive impact for residents of Gloucester and Forest of											
	Dean	Trauma (17/18 analysis)										
		Patients in Cheltenham, North and South Cotswolds would be negatively										
		impacted if they were travelling by public transport. This is unlikely for										
		trauma patients admitted to hospital.										
		trauma patients admitted to nospital.										
2.4 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	Similar		longer waits, non compliance with		Sig Worse	Don't Know	May be slightly better	Planned care worse	
patients' waiting time to access services?	No change from present	Waits for outpatient and endoscopy procedures would get longer, with non-				cancer targets,				A&E Better		
patients waiting time to access services.	Trauma & Orthopaedics:	compliance for RTT and cancer targets.				longer waits, winter pressure				Pide Detter		
	No change from present	Trauma & Orthopaedics:				effects worse.						
	No change from present	Worse as the winter pressures are more problematic at GRH and more				eriects worse.						
		elective cancellations would occur. Also sub-specialty trauma surgeons										
		would be working on one site only and therefore longer waits for highly										
		specialised surgery may reoccur.										
2.5 What is the likely effect of this solution on the	Gastroenterology:	Gastroenterology:	Similar	Similar	most trauma would not be using			SI Better	Don't Know			
travel burden for carers and families?	See 2.3	See 2.3			public transport, but their							
	Trauma & Orthopaedics:	Trauma & Orthopaedics:			families and carers might, and							
	See 2.3	See 2.3 – impact is greater for carers and families who may be reliant on			this could improve traveling							
		public transport for visiting.			times for them							
		· -										
2.6 What is the likelihood of this solution	-							Clariffer	diam'r.	_		
	Gastroenterology:	Gastroenterology:	Similar	Similar				Similar	Similar			
supporting the use of new technology to improve		No change										
	Trauma & Orthopaedics:	Trauma & Orthopaedics:										
	No change	No change										
								et author	et			
2.7 What is the likelihood of this solution	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse		Longer waits.		J	F			
improving or maintaining service operating hours?	No benefit, emergency patients would wait longer	Both emergency and elective patients would wait longer				waiting times would increase						
	Trauma & Orthopaedics:	Trauma & Orthopaedics:										
		There would be no benefit in fact this option would be poorer; reverting to										
l	poorer; reverting to less out of hours operating and ward	less out of hours operating and ward round	1									
l .	rounds		1				1			1		
			ļ									
2.8 What is the likelihood of this solution	Gastroenterology:	Gastroenterology:	Don't Know	Don't Know	1	any benefit for having both sites		SI Better	SI Better			
improving or maintaining service operating		Waits for endoscopy procedures and outpatient appointments would	1	1	1	would be taken away from longer						
locations?	sites, but the overall specialist service would be reduced.		1	1	1	waiting times and poorer service						
l .	Trauma & Orthopaedics:	Trauma & Orthopaedics:	1	1			1					
l		If reversed there would be an Inpatient provision on both sites but the	1	1	1							
l		service would be worse for all. Waits for trauma surgery would increase	1	1	1							
l	would be worse for all.		1	1	1							
			1	1								
2.9 What is the likelihood of this solution having a		Gastroenterology:	Don't Know	Similar			Can't see any indication that it would have a detrimental	Don't Know	Don't Know	1		Too complex
positive impact on equality and health inequalities		Further analysis required	1				effect though ?? T and O on West side of County is located	l	1	1		
as set out in the Public Sector Equality Duty 2011		Trauma & Orthopaedics:	1				closer to higher concentration of deprived	l	1	1		
and the Health and Social Care Act 2012?	Further analysis required	Further analysis required	1				it could allow for easier access for the most vulnerable, but	l	1	1		
			1				that would be access to a poorer service. Needs evidence	l	1	1		
l			1				for lack of access for the most vulnerable.	l	1	1		
			1					l	1	1		
2.10 What is the likelihood of this solution	Gastroenterology:	Gastroenterology:	Don't Know	Similar			2 It's likely that the current pilot can cope better with	SI Worse	Don't Know	1		
	Growth modelling not yet available	Growth modelling not yet available					growth than reversing it.					
	Growen modelling not yet available		1				Brown train reversing it.			1	1	
	Trauma & Orthonaedics:											
and demographics?	Trauma & Orthopaedics:	Trauma & Orthopaedics:										
and demographics?	Trauma & Orthopaedics: Growth modelling not yet available	Trauma & Orthopaedics: Growth modelling not yet available										
and demographics?												

Deliverability	Pre Workshop Information	on Pack - Evidence from Workstreams	Pre Work	shop Scores		Pre Workshop Scorer Comme	ents	Worksh	nop Scores		Workshop Scorer commer	nts
Denverability	What would be better	What would be worse	Table 4	Table 8	What would be better	What would be worse	Other comment	Table 4	Table 8	What would be better	What would be worse	Other comment
3.1 What is the likelihood of this solution being	Gastroenterology:	Gastroenterology:	Don't Know	Don't Know	Wilde Would be better	What Would be Worse	It sounds like it would take	SI Worse	Don't Know			Staffing for T&O would be
delivered within the agreed timescale?	There is currently no agreed timescale	It would take a 6 month period to work up and would impact					significant reconfiguration					difficult to provide on both
	Trauma & Orthopaedics:	other services and reduce beds in medical wards at GRH					0					sites
	There is currently no agreed timescale	Trauma & Orthopaedics										Support services would need
	There is currently no agreed timescale	It would take a 6 month period to work up and would impact on										to duplicate on both sites
		ED delivery										to duplicate oil both sites
		ED delivery										
												1
												1
3.2 What is the likelihood of this solution meeting	No impact	No impact	Don't Know	Don't Know				Similar	SI Worse		increased cancellations	
the relevant national, regional or local delivery	****	. ,										1
timescales?											1	1
time search.												1
												1
3.3 What is the likelihood of this solution having	Gastroenterology:	Gastroenterology:	Don't Know	Don't Know			there is nothing to deliver as it is	Similar	Don't Know		-	+
the implementation capacity to deliver?	Already delivering	Already delivering	DOII CKNOW	DOII CKNOW			already happening.					1
the implementation capacity to deliver?							arready nappening.					1
	Trauma & Orthopaedics:	Trauma & Orthopaedics:										1
	Already delivering. There are initiatives that would	Already delivering									1	1
	further improve the service e.g. more imaging in											1
	theatre. However this would be needed regardless of	f										1
	which sites the work is undertaken.										1	1
	The pilot does mean that if an elective patient at											1
	CGH is cancelled at the last minute the space cannot	t										1
	be backfilled with a trauma patient. Conversely it											1
	has reduced the high number of elective patient											1
	cancellations for trauma patients.											1
3.4 What is the likely effect of this solution on	·	The Control of Control	Darelt Karama	Classes	Alore de Constant de d			SI Worse	SI Worse		ED rota	+
	Gastroenterology:	The Gastroenterology Consultant team have been able to focus		SI Worse	Already implemented	reverting to a previous					ED rota	1
access to the required staffing capacity and	Already delivering, there are no benefits to pilot	on specialist work. Prior to these changes, the Consultants had to	'l			unsatisfactory model					1	1
capability to be successfully implemented?	reversal	care for a large number of patients from a mixture of medical				loss of ability to specialise and						1
	Trauma & Orthopaedics:	specialties. This impacted on the time that they had available to				develop specialised care						1
	Already delivering, there are no benefits to pilot	provide specialist Gastroenterology care (such as outpatient									1	1
	reversal	clinics and endoscopy services). The ability to spend more time										1
		providing specialist care has improved staff morale. This would									1	1
		be reverting to the previous unsatisfactory state if the pilot was										1
		reversed.									1	1
		Trauma & Orthopaedics:										1
		The benefits and improvements described above to nursing, and										1
		junior doctor rotas would be reversed.										1
												1
3.5 What is the likelihood of this solution having	Gastroenterology:	Gastroenterology:	Don't Know	Similar	already in place			Similar	Similar			
access to the required support services to be	Already delivering	Already delivering			, p							1
successfully implemented?	Trauma & Orthopaedics:	Trauma & Orthopaedics:										1
succession, implemented.	Already delivering	Already delivering										1
	raicady delivering	raicady delivering										1
3.6 What is the likelihood of this solution having	Gastroenterology:	Gastroenterology:	Don't Know	Similar	already in place however		1	Similar	Don't Know			Dan't know who has
			DOIL KNOW	эшшаг	already in place however							Don't know who has gastro beds etc
access to the required premises/estates to be	Already delivering	Already delivering			reversing the changes might take							peas etc
successfully implemented?	Trauma & Orthopaedics:	Trauma & Orthopaedics:			some change due to rising						1	1
	Already delivering	Already delivering			demand							1
l					1							
3.7 What is the likelihood of this solution having	Gastroenterology:	Gastroenterology:	Don't Know	Similar		could mean that more equipment		Similar	Don't Know	+		+
			DOIL KIIOW	Sittlidi			`					1
access to the required technology to be	Already delivering	Already delivering			1	will be required to spread across						
successfully implemented?	Trauma & Orthopaedics:	Trauma & Orthopaedics:			1	two sites.						
l	Already delivering	Already delivering			1							
l					1							
3.8 Does this solution rely on other models of care	Gastroenterology:	Gastroenterology:	Don't Know	Don't Know	Already in place			Similar	SI Worse			Other services have moved in
		Already delivering	Sontkilow	JOII C KIIOW	rancady iii piace							Guica services mave moved in
/ provision boing put in place and if so, are they												
/ provision being put in place and if so, are they	Already delivering											1
/ provision being put in place and if so, are they deliverable within the timeframe?	Trauma & Orthopaedics: Already delivering	Trauma & Orthopaedics: Already delivering										

Acceptability	Pre Workshop Information Pa	ck - Evidence from Workstreams	Pre Works	hop Scores	Pre Workshop Scorer Comments	Worksh	op Scores	Workshop Scorer comments
. ,			Table 4	Table 8	comment	Table 4	Table 8	comment
7.1 What is the likelihood that this solution has	No impact as this solution was not specifically	addressed during the Fit for the Future	Don't Know	Similar	there are very good arguments put in place to keep the pilot as it is.	SI Worse	Don't Know	
satisfactorily taken into account and responded to	engagement phase.							
the Fit for the Future Outcome of Engagement								
Report?								

Workforce	Pre Workshop Infor	mation Pack - Evidence from Workstreams		shop Scores				op Scores		Workshop Scorer comm	nents
	What would be better	What would be worse			What would be better What would be worse				What would be better	What would be worse	Other comment
4.1 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse	negative impact on staff morale, staff		Vorse	SI Worse			Could be significanlty worse
improving workforce capacity resilience and	Nothing	The benefits described above would be lost, with a reduction in staff morale			confidence, change for change sake!						Rotas were key driver for change
reducing the risk of temporary service changes?	Trauma & Orthopaedics:	and a potential impact on recruitment.			reduction in staff morale, spreading staff						already disrupted team. Those upset
	A survey was carried out with staff after the pilot.	Trauma & Orthopaedics: The benefits described above would be lost			more thinly						with new location would have left
4.2 What is the likely effect of this solution on optimising the efficient and effective use of	Gastroenterology: None	Gastroenterology: The benefits described above would be lost. More Consultant time would be	Don't Know	SI Worse	dilution of specialist clinicians skills to be used across general areas	<u> </u>	Vorse	SI Worse			
clinical staff?	Trauma & Orthopaedics:	used to provide general care, impacting on the overall efficiency of the			specialists doing more general care or other						
	None	Gastroenterology team to provide specialist care and services.			care						
		Trauma & Orthopaedics: The benefits described above would be lost									
4.3 What is the likely effect of this solution on supporting cross-organisational working across the	Gastroenterology: None	Gastroenterology: The benefits described above would be lost	Don't Know	Similar	less good morale, less training opportunities.	SI W	orse	Don't Know			
patient pathway?	Trauma & Orthopaedics:	Trauma & Orthopaedics:									
	None	The benefits described above would be lost									
4.4 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse	current innovations would be lost	SI W	orse	SI Worse			
supporting the flexible deployment of staff and the development of innovative staffing models?	None Trauma & Orthopaedics:	The benefits described above would be lost. There would be reduced flexibility for the Gastroenterology team to adapt to rising demand for			it would result in the consultants doing two jobs both poorly.						
the development of innovative starting models:	None	services			jobs both poorty.						
		Trauma & Orthopaedics:									
		The benefits described above with a dedicated period working on trauma									
		would be reversed and there would be a return to a conflicted care model	1								
		where a consultant is responsible for patient care when rostered to other duties.									
4.5 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse	poor morale and decrease in wellbeing so	54	Vorse	Sig Worse			
supporting staff health and wellbeing and their ability to self-care?	None Trauma & Orthopaedics:	The benefits previously described with staff unable to concentrate on specialist work, quality of care would decrease with an impact on morale.			back to struggling to recruit.					1	
ability to self-care:	The new 'attending' call rota is more demanding for	Trauma & Orthopaedics:									
	consultants but is undertaken less than 3 times a	If reversed the benefits in patient care would be lost and there would be an									
	year.	impact on morale for all staff groups.									
4.6 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	Don't Know	recruitment has improved since the pilot, so	Sig	Vorse	SI Worse			
improving the recruitment and retention of	None	The benefits described above would be lost. Recruitment would become			reversing it would be doing away with that.						
permanent staff with the right skills, values and competencies?	Trauma & Orthopaedics:	harder, as posts with reduced time to deliver specialist services are less popular with applicants.									
competencies:	None	Trauma & Orthopaedics:									
		Since the pilot there has been an improvement in recruitment for nursing and	ı								
		specialty doctors. A reversal would be likely to affect this adversely.									
4.7 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse	previous configuration had poor feedback	SI W	orse	SI Worse		Issue in ED	
retaining trainee allocations, providing	None	The benefits described above would be lost. Previous trainee feedback was			which seems to have turned around. It is						
opportunities to develop staff with the right skills, values and competencies?	Trauma & Orthopaedics:	poor, due to service pressure and frustration about lack of time for specialist			important for trainees to get the appropriate experience, if they don't then they won't						
values and competencies?	None	training. Trauma & Orthopaedics:			come to Glos to train.						
		Junior Doctors feedback from the deanery was poor in GRH due to heavy									
		workload and patchy supervision. Latest reports are good at both sites and it									
		is believed that the dedicated consultant on trauma allows vastly improved									
		supervision and teaching. As a result of this the service has been allocated an additional GP trainee. These advantages would be lost if the pilot were									
		reversed									
4.8 What is the likely effect of this solution on maintaining or improving the availability of	Gastroenterology:	Gastroenterology: The benefits described above would be lost. Previous trainee feedback was	Don't Know	SI Worse	as above, harder to train across multiple sites	SI W	orse	SI Worse			
trainers and supporting them to fulfil their training	Trauma & Orthonaedics:	poor, due to service pressure and frustration about lack of time for specialist									
role?	None	training									
		Trauma & Orthopaedics:									
		The benefits described in 4.7 would be lost if the pilot was reversed. Previous trainee feedback was poor, due to the structure of the service and frustration									
		about lack of time for specialist training									
4.9 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	Similar	lack of time to train and improve	SI W	orse	SI Worse			
enabling staff to maintain or enhance their	None	The benefits described above would be lost, with a reduction in specialist staff	f								
capabilities/ competencies?	Trauma & Orthopaedics:	competencies due to reduced time spent providing specialist care. Trauma & Orthopaedics:	1								
	None	Trauma & Orthopaedics: If the pilot was reversed allocated training time would be lost.									
4.10 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse	as above	Sal	Vorse	SI Worse			
enabling staff to fulfil their capability, utilising all	None	The benefits described above would be lost. Currently the team are able to	1								
of their skills, and develop within their role?	Trauma & Orthopaedics:	dedicate their skills to patients within their specialty and provide better	1			l 📕					
	none	quality of service and improved training. Trauma & Orthopaedics:	1			l 📕					
		Currently sub specialties are working together, this allows for dedicated									
		teams to undertake sub specialist work, also for support areas e.g. theatres to	-			l 📕					
		be able to rationalise equipment and ensure a better service. This would be lost if the pilot were reversed.									
4.11 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse	possible that staff that have settled on one	Dor	t Know	Don't Know			
the travel burden for staff? e.g. relocation time	Further analysis required	Further analysis required	1		site will be uprooted to another decreasing			1			
and cost.	Trauma & Orthopaedics: Further analysis required	Trauma & Orthopaedics: Further analysis required			morale and job satisfaction						
4.12 What is the likely effect of this solution on	Gastroenterology:	Gastroenterology:	Don't Know	SI Worse	all the good things that the pilot has done	SIM	orse	SI Worse			
maintaining clinical supervision support to staff?	None, it would be detrimental	The benefits to recruitment and junior doctor feedback would be lost.			would be lost					1	
	Trauma & Orthopaedics:	Trauma & Orthopaedics:									
	None, it would be detrimental	The benefits to nursing and medical recruitment and junior doctor feedback would be lost.	1								

C3: Centralise Emergency General Surgery (EGS) to Gloucestershire Royal Hospital (GRH) - Models B & H

O. of the	Des Westerbert Information	- Evidence from Workstreams			na tittanlink				No. Western Comments				Market				Windows Scarce community	
Quality	Pre Workshop Information What would be better	Evidence from Workstreams What would be worse	able 1 Tab	ble 2 Table 3	Table 4	able 5 Table 6	Table 7 Ta	e 8 What would be better	Pre Workshop Scorer Comments What would be worse	Other comment	Table 1 Ta	ble 2 Tab	le 3 Table 4	Table 5	able 6 Table	7 Table 8 What would be better	Workshop Scorer comments What would be worse	Other comment
1.1 What is the likely effect of this solution on	Prompt neview in SAU by senior decision maker	A few patients who self-present to CGH (walk in) would need to be transferred	el Sil	Sig	Sig S	g Sig	Sig SI	ter Specialisation and reducing the number of centres from 2 to 1 will improve quality of care	Less so for surgical specialties patients left at CGH.	Proposal is to centralise EGS to improve the quality of care	Signetter Sign	Mary Sign	Bet Elbeller	Mi Setter B	betw Smile	Mileter Improve outcomes	Sub-spec care	eavily depends on deteriorating patient model
patients receiving equal or better outcomes of	Improved access to sub-specialist care, ensuring equitable pathways for all nations.	to GRH (if well enough to do so, else the consultant would go to CGH).	letter Bett	ter Better	Better 8	etter Better	Better	Greatly improves response to patient by improved availability of relevant medical staff Good for general surgery patients.	Small cohort will be impacted negatively - longer distance/waiting for consultant transferred.(number unknown). Likely bigger impact on those that are unaware of	I need more information as I do not have the specialist knowledge in this I area to provide sufficient answer						Easier links with other specialities Some patients would have to travel	Training centre risk Sub specialist care	Emergency and Elective Pathway examples
	Reduced delays for emergency operations	This would be evidenced by monitoring Key Performance Indicators.						Access to sub-specialist care	pathways/more vulnerable.	Although some might still present at CSH, with careful management this						Right place first time	Mitigatine elective remainers (B CSH Knock on efforts	Ponts in CGH need to consider inter site transfers eg stroke,
	Supported by the findings of the Royal College of Surgeons – separating							Sub-specialist input to care, brings senice in line with best standards of care. Specialist rota will make a significant difference	Increased travelling times from east of the county	shouldn't create a problem						Rapid access Serial review ,14 hours - time to Senior decision maker is the crucial point	e.g. gen surg support for other specialties unplanned Pts On call - sub spec access to care	ptrits transfer Would need to have SOP's for transfers both access to NHS
	supported by the findings of the Royal College of Surgeons – separating emergency and elective surgical care Report, September 2007							Specialist rota will make a significant difference Potential to improve outcomes as consolidated service								Senai renew ,14 hours - time to senior decision maker is the crucial point. (999s direct to GRH 8-8 anyway)	On call - sub spec access to care	Would need to have SCIP's for transfers both access to NHS transport and make own way protocols
																Dementia friendly		transport and make own way protocols Deteriorating patients model is important
	This would be evidenced by monitoring Key Performance Indicators.															Info pack benefits. Opportunity for reduced variation		Access protocols for surgical spk
																Improved quality		
																Seen quicker even at CSH More rapid reviews by the right team		
																More rapid reviews by the right team For emergency patient continuity		
1.2 What is the likely effect of this solution on	Improved access to sub-specialist care (upper gastro intestinal and	A few patients who self-present to CGH would need to be transferred to GRH (if	ig Sig	Sig	Sig S	ie Sie	Sig Sig	Specialisation and reducing the number of centres from 2 to 1 will improve quality of care	May impact other surgical patients by reducing access to junior staff and	Small cohort will be impacted negatively - longer distance/waiting for	Signatur Sign	Better light	Der Sig Selber	Signeter Si	bear lighter	signers: Potential for walk-ins to CGH needing transfer to GRH (but would give an		Little bit of an unknown re numbers arriving through SAU
patients being treated by the right teams with the right skills and experience in the right place and a		well enough to do so, else the consultant would go to CGH).	letter Bett	ter Better	Better 8	etter Better	Better Be	 Availability & access to sub-specialist staff is greatly improved Good for General Surgery Patients. 	anaesthetic support.	consultant transferred.(number unknown). Likely bigger impact on those that are unawane of pathways/more vulnerable.						opinion on the phone before deciding this) Patients at CGH who become EGS (eg Onc/Urology/Gynae/Vascular) would		Not perfect (1.1) could be detrimental to small # Pts. Pt view - access to Upper GI and Cancer GI
the right time?	Supported by the findings of the British Journal of Surgeons - Association	This would be evidenced by monitoring Key Performance Indicators.					1 1	Access to subspecialist care		Increased travelling times from east of the county						need minut nectoonic SOEs		Can CGH ED owenight access CT?
	between surgeon with special interest and mortality after emergency	1 1					1 1	Subspecialist care, dedicated EGS theatre, ambulatory pathways		Unclear re additional bed capacity at GRH?						Avoiding unnecessary planned ops, as treating patients on first admission		
	lapanotomy, 2019. Dedicated 24/7 general surgery emergency theatre						1 1	Potential to improve outcomes as consolidated service Key benefit of subspecialty care 24/7. Outcomes likely to be significantly improved by ear	,	I need more information as I do not have the specialist knowledge in this area to provide sufficient answer						by night sub- Greatest strength of the model.		
	This would be evidenced by monitoring Key Performance Indicators.						1 1	senior decision maker involvement.								Provides rota sustainability 1 x site. Safety improved		
							1 1	Specialists in one place, with all the support and equipment, rather than sub-optimal in be locations	h									
							1 1	and the second s										
1.3 What is the likely effect of this solution on continuity of care for patients?	Emergency (EGS) patients would remain under the care of the appropriate sub-specialist for a complete week before hand over to the incoming sub-	no mpac	eg SIB	letter Sig Berner	Sig S	g Sig	SI Better SI	ter Specialisation and reducing the number of centres from 2 to 1 will improve quality of care continuity of care important to patient and improves their moral & outcome		depending on how senice split and pathways for unplanned events in GS patients undergoing planned interventions.	ng Seder 19 h	en light	an all pages	ng below hi	Better	Challenging to look at in isolation, as does depend where E/L work is (Continuity of care 1.3)	Subject to location of colorectal/upper GI. Transfers between hospitals - relative disbenefit	SAU; does encourage patient self care/management where appropriate
Accessory of care for patients?	sub-specialist for a complete week before hand over to the incoming sub- specialist.			Second 1	- Citer II	- Detail		continuity of care important to patient and improves their moral & outcome Patients would remain on site under the care of the same clinical team whilst their condit.	nis	Further work needed to understand impact on pts presenting to CSH as an						Nes. Ea one team always on ward, 2 x ward rounds/day	Accessed to the party of the pa	Access to senior decision maker earlier has positive impact on
I								acute. Patients will be allocated after initial senior review to the right subspecialist who will manual.	_	emergency. Transfer amangements?						Transfer between wards would still exist.		outcomes; but if people think they have to travel further, they
I	Supported by the findings regarding a 'surgeon of the week' in the Royal College of Surgeons – separating emergency and elective surgical care Report,							Patients will be allocated after initial senior review to the right subspecialist who will man the whole episode instead of the current situation where advice is given but the action is								Early transfer (within 24 hours) to the right team will be better Good for elective, right surgeon		may delay accessing services and would be negative impact
I	September 2007							undertaken by the person on call who may not be the subspecialist.	1	[
l																		
1.4 What is the likely effect of this solution on the	No impact	No impact	imilar Con	ilar Smiler	Similar 6	imilar Simil~	Q Rottor Co	or a	+	No effect	Sigheter of the	eter tests	S Better	units a	better if better	Del'time 1.4 potential to build more relations from single site	1	No difference with current
opportunity to link with other teams and agencies	s	l l			, ,		Series De			No change						An emergency service. Greater availability to discuss Pts as not in theatre.		The same of the sa
to support patients holistically?										I am not sure this will have a material impact on links with the community I need more information as I do not have the specialist knowledge in this						Link to CINAPSIS Better alignment with fruity services for emergency		
I									1	I need more information as I do not have the specialist knowledge in this area to provide sufficient answer						Easier links with other specialities		
l																Centralising offsets the loss of local offer in CGH.		
I									1	[Potential to build relationships better with single base. Pathway transformation		
																Cinapsis advice, direct to 2 ww, liasising with GPs		
																discharge summary improvement use of cinapsis & centralised SAU team having more time to talk to a dual		
																on call team.		
																Improves ability to provide palliative care input / support to GP's.		
1.5 What is the likely effect of this solution on the	This option provides a dedicated Surgical Assessment Unit (SAU), 'Hot clinic'	So inpact	l Better Sig	Don't	Don't S	imilar SI Better	Similar Sir	ar Specialisation and reducing the number of centres from 2 to 1 will improve quality of care	and	Don't see why an SAU & Hot Clinic is relevant to this Q	Signeter Sign	Better Doc't	Diow Si Better	Sinite S	letter li Better	1.5 needs estate strategy to work	Onward flow impacts	Lots of info that we don't know around estate and
quality of the care environment?	and ambulatory emergency surgical care. Specialist nursing skills provided in one place (SAU staff, Advanced Nurse		Bett	ter Know	Know			the ability to cope with special needs SAU would provide a dedicated unit for assessment an initial treatment of patients. Team		Unable to comment in absence of estates strategy It is not clear what the environment is like where EGS is to be provided or if	,					SAU seen much quicker. Dedicated unit Key benefit of SAU - knock on positive impact for ward patients in keeping	Could be an impact on not following elective pathways. Poor relation risk of being in an emergency setting.	environment. Caveat: if new facility
	Practitioner (ANP)).				1 1			available, avoids lone waits in ED		additional improvements will be required / can be done or if it is already						away from IP wards and moving them through ED.		f only emergency
	for in a specialist environment				1 1			Fewer transfers, prompt review and intervention, Consultant delivered Remaining in one place under the same team during the period when they are a cutely un-		suitable I need more information as I do not have the specialist knowledge in this						Ensure privacy / dignity is good in SALL		Needs estates strategy to work Need more information
					1 1			Nemaining in one grace under the same team during the period when they are acutely un would help maintain stability for patients with dementia or some mental health condition	el .	I need more information as I do not have the specialist knowledge in this area to provide sufficient answer								Reed more information
								More patients will be looked after in an ambulatory unit which will reduce the turnover or	the	There are many unknowns in the examples above but the care should be								
					1 1			inpatient unit which will improve the environment.		better with a dedicated SAU								
1.6 What is the likely effect of this solution on	Nimper	No impact	imilar Sini	ilar Smilar	Similar S	imilar Similar	Similar Sir	ar Continuity of specialist & sub-specialist care should result in better patient morale and the		No effect	Silvetor Silve	MON DAYS	Doe Sinite	Sinite S	letter Silletter	switz If seen quickly in SAU reduce admissions, increase self care	Risk of not incentivising as per elective patients.	No difference with current
encouraging patients and carers to manage self-								likelihood that they will feel valued and will self-care more effectively.		Do not think centralising the service will have an effect on this						Dementia friendly environment.		
care appropriately?								Ambulatory pathways encourage patients to manage out of hospital with support I amoult think nations touted in an ambulatory fashion are more likely to be provinced	10	I need more information as I do not have the specialist knowledge in this area to remirie or fifrient arrower						Improves for patients coming in to CGH currently who will be managed in an ambulations environment for self-rare arbitro		
								take responsibility for their own health and patients presenting with conditions that do no								Right ward - specialist nurses with right skills. When changes implemented		
								need admission will be given better advice rather than reinforcement of the need for								will be better. Subject to above in place.		
								Parison.										
1.7 What is the likely effect of this solution on	No impact	This would result in a small number of inter-site transfers for patients who self-	I Worse SI B	letter Sig	Don't E Know K	on't Don't	Similar Sir	ar should be less	Slightly worse for CGH area patients	For those accessing the service in an unplanned way from outside the	Signetter 12 to	ether bimb	Dar't Braw	Sinitr S	Better Similar	1.7 positive on pathway transfer negative on intersite transfer	Issue for CGH ED walk-in patients or deteriorating patient	What is clinically safe?
enabling patient transfers within a clinically safe time frame?		present to the site opposite to the site where a specialist senice is located. A Standard Operating Procedure and patient transfer protocols would be in		BACTAY	Krow K	now Know				organisation. Some challenge with managing similar patient demographic inpatient cnother site.						1.7 similar with potential to 'better' Significantly better for people going to GRH - large majority	on CGH site (<1 per day). Right place first time Small # of transfers for walk-in presenting at CGH	Transfer between upper / lower GI Most transfer times are not clinically critical
		place to ensure best practice.								Fewer transfers between GI surgical units and EGS units for specialist care.						Reduction in pathway transfers		Clarify medical responsibility.
I										Transfers for other things og IGIS may increase depending on other factors. Attenders at CGH ED and inpatients at CGH with acute surgical problem						3 cohorts attend via ED 1) ambulance will go direct to GRH 2) GP referal direct to GRH 3) walk-ins on call team SOP review (at either site dependen	Concerns around 'place of safety' for self presenters to t CGH. Need a robust system to mitigate this.	Use Joe Bennett's example of patient walk in with peritonitis & perforated bowel walking into CSH.
										would need to be transferred						on case) or GRH transfer next day	Contract a room spran or magaze one.	Currently only transfers - renal colic (won't change)
l										The intention of the change is to improve quality and safety in the EGS assessment pathway						inpatients at CSH - urology, gynae - pathways in place - surgeon to move of nationt transfers	r e	Interhospital transfers - not much difference Need operating procedures to cover CGH
l										management bearings)						Potential to be better		need operating procedures to cover con
1.8 What is the likely effect of this solution on enabling emergency interventions within a	Access to 24/7 dedicated general surgery emergency theatre in GRH One consultant team would be ward-based and therefore free to attend a	An acute or deteriorating patient at CGH would be supported by the on-site deteriorating patient team. They may require transfer to GRH if stable, or the	ton't Sy	Sig Northern	SI Better S	ig Sig	Sig SI	Specialisation and reducing the number of centres from 2 to 1 will improve quality of care 24/7 emergency theatre a big plus and having a ward based consultant led team is excelled.	,	I need more information as I do not have the specialist knowledge in this area to provide sufficient answer	Sigtemer Sigt	letter light	Der Dig better	of paper. pl	person princes	time to senior maker is important factor Right person quickly	Caveat: dependent upon the effectiveness of the dteriorating patients model	Discussion around deteriorating patient model at CGH.
clinically safe time-frame?	new or deteriorating patient immediately.	surgeon to travel to CSH.						Again for those who need service who are in appropriate environment.		patient nos impacted from CGH need to be better understood to be able to							, and a second	
i .	This would be evidenced by reviewing time of decision to treat and	This would be evidenced by monitoring Key Performance Indicators.						Team dedicated to running emergency theatre and a separate team sealing with admissio	š.	assess impact								
l	treatment							Addresses the current patient safety risks. 2 teams working in parallel instead of one. Dedicated operative team, subspecialist care		having a deteratoring patient team to support patients is good, but if a surgeon has to travel to CGH that could mean one less surgeon for the rest								
I								Prompt access to surgery and monitoring/care from the same team during the acute phase	of .	of the team.								
l								patients' condition.										
l																		
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on	No impact	For some patients there would be an increase in travel time to GRH. However, the key influence on patient outcome is time from arrival to being seen and	amilar SIB	etter Similar	31 Worse S	etter Better	Don't Sir Know	if time to effective treatment is reduced even if journey times are increased. After arrival at hospital patients will be seen by a senior decision maker free from other	With exception of patients on unplanned site.	More travel from the East Small cohort more affected - numbers affected not cited.	ander 11 h		er Ewas		and a	Outcome impact is assessment by senior decision maker. Travelling to be seen quicker	East of county impact and travel times. Evidence of tansfer impact on outcomes	Not one of the 3 high risk conditions Not one of the 'time critical' conditions - Artoric aneurism.
satient outcomes?		treated. This option would improve access to the senior decision maker.						activities will improve patient outcomes	1	Patients from far east of county will have to travel 7 miles further						Delays to review improve		trauma, MI, stroke. Ambulance transfer not likely to make a
patient outcomes?		This would be evidenced by monitoring Key Performance Indicators.						Some patients would have increased travel time however they are likely to have prompter access to senior decision makers.		increased travelling times from east of county Patient transfers as now against emergency protocols						Balancing of patient outcomes improves v small number of patients travelling further on blue light.		difference.
patient outcomes?								having a deteratoring patient team to support patients is good, but if a surgeon has to tra-	al to	Offset by reduced time to be reviewed.						arrend farme on box light.		
patient outcomes?								CGH that could mean one less surgeon for the rest of the team.		I need more information as I do not have he specialist knowledge in this								
patient outcomes?									For GS though subsequent strain on other surgical specialties not on GRH site.	area to provide sufficient answer. I need more information as I do not have the specialist knowledge in this	Sighetter Sigh	brow light	Der Sig Beller	C Barbar	NAME OF TAXABLE		1	
	Address the eatient safety risk EGS currently faces.	No impact	lon't Su	Sa .	Sie .	Better Sig	Sir Si	tter Specialisation and reducing the number of centres from 2 to 1 will innovae resolve of care									Trainee issue / fraeility of Deanery approval	Quality - sub specialist
1.10 What is the likely effect of this solution on putient safety risks?	Address inequity in treatment pathways.	No impact	ton't Sig	Sig ser Better	Sig S Better	Better Sig Better	Sig SI Better	ter Specialisation and reducing the number of centres from 2 to 1 will improve quality of care Reduces risks to patients by providing improved access & reduced time to treatment	To Consign subsequent state of other surgical speciation for other state.	I need more information as I do not have the specialist knowledge in this area to provide sufficient answer						Workforce issues mitigated	Trainee issue / fragility of Deanery approval Corporate risk reg records, quality, safety & workforce	Quality - sub specialist Safety review
1.10 What is the likely effect of this solution on	Address inequity in treatment pathways. Improve recruitment of medical and nursing staff.	No impact	ton't Sig Inow Bett	Sig ter Better	Sig S Better	Better Sig Better	Sig SII Better	Reduces risks to patients by providing improved access & reduced time to treatment. More staff available to see and treat emergencies will reduce patient safety risks.	to a visugo suempens assisti una sugar sprantes no un anti-	area to provide sufficient answer		Т				Benefits to emergency patients well agreed.	Trainee issue / fragility of Deanery approval Corporate risk reg records, quality, safety & workforce risks.	Quality - sub-specialist Safety review
1.10 What is the likely effect of this solution on	Address inequity in treatment pathways.	No impact	ton't Sig Inow Bett	Sig ter Better	Sig S Better	Better Sig Better	Sig SI Better	Reduces risks to patients by providing improved access & reduced time to treatment Mone stall available to see and toold emergencies will reduce patient, safety risks Stansdatelised pathways, subspecialist care Prompt access to surgery and monitoring/care from the same team during the acuse phase		area to provide sufficient answer						Benefits to emergency patients well agreed. A working deteriorating patient model at CGH is key to achieving significantly better.	Trainse issue / fragility of Deanery approval Corporate risk reg records, quality, safety & workforce risks.	Quality - sub-specialist Safety review
1.10 What is the likely effect of this solution on	Address inequity in treatment pathways. Improve recruitment of medical and nursing staff. Comply with Deanery training regulations.	No impact	ton't Sig Inow Bett	Sig ter Better	Sig S Better	l Better Sig Better	Sig SI Botter	Modesce risks to patients by providing improved access & reduced time to treatment More staff analytic rose and note of emergencies will reduce patient safety risks Standardised pathways, subspecialist care Prompt access to surgery and monitoring/care from the same beam during the acute phase patient's confidence.		area to provide sufficient answer						Benefits to emergency patients well agreed. A working deteriorating patient model at CGH is key to achieving	Frainse issue / Bragility of Deanery approval Corporate risk reg records, quality, safety & workforce risks.	Quality - sub-specialist Safety review
1.10 What is the likely effect of this solution on	Address inequity in treatment pathways. Improve recruitment of medical and nursing staff. Comply with Deanery training regulations.	No impact 6	ton't Sig	Sig per Better	Sig S Better	Better Sig Better	Sig SI Better	Reduces risks to patients by providing improved access & reduced time to treatment. More staff available to see and treat emergencies will reduce patient safety risks. Standardind pathways, subspecialize care Prompt access to surgery and monitoring/care from the same team during the acute place patients's condition. Consolidated despection.	of	area to provide sufficient answer						Benefits to emergency patients well agreed. A working deteriorating patient model at CGH is key to achieving significantly better.	Frainse issue / fragility of Deanery approval Corporate risk reg records, quality, salety & workforce risks.	Quality - sub-specialist Safety moleum
1.10 What is the likely effect of this solution on	Address inequity in treatment pathways. Improve recruitment of medical and nursing staff. Comply with Deanery training regulations.	No impact	ton't Sig Show Butt	Sig par Batter	Sig S Better	Better Sig Better	Sig SI Butter	Modesce risks to patients by providing improved access & reduced time to treatment More staff analytic rose and note of emergencies will reduce patient safety risks Standardised pathways, subspecialist care Prompt access to surgery and monitoring/care from the same beam during the acute phase patient's confidence.	of	Java to provide sufficient answer						Benefits to emergency patients well agreed. A working deteriorating patient model at CGH is key to achieving significantly better.	Trains itsue / tragits; of Dainery approval Capposité risk reg excends, quality, safery & workforce risks.	Quality - sub specialist Safety moleum
1.10 What is the likely effect of this solution on	Address inequity in treatment pathways. Improve recruitment of medical and nursing staff. Comply with Deanery training regulations.	No impact	Section's Sections Section	Sig ber Better	Sig S Better	Eertoer Sig Setter	Sig SI Better	Reduces risks to patients by providing improved access. 8 enduced time to treatment those card available to be and those companies will reduce patient safety risks. Standardised pathways, subspecialist care Prompts access to surgery and monitoring/care from the same team during the acute phase patients' conditions. Consolidated expertise.	of	anna to provide sufficient antewer						Benefits to emergency patients well agreed. A working deteriorating patient model at CGH is key to achieving significantly better.	Traine is use I feelility of Distancy approval Composite risk reg records, quality, safety & workforce risks	Doubly - sub specified Safety makes
1.10 What is the likely effect of this solution on	Address inequity in treatment pathways. Improve recruitment of medical and nursing staff. Comply with Deanery training regulations.	No report	bon't Sig Snow Bett	Sig our Batter	Sig S Better	Better Sig Better	Sig SI Better	Reduces risks to patients by providing improved access. 8 enduced time to treatment those card available to be and those companies will reduce patient safety risks. Standardised pathways, subspecialist care Prompts access to surgery and monitoring/care from the same team during the acute phase patients' conditions. Consolidated expertise.	of	ions to provide sufficient answer						Benefits to emergency patients well agreed. A working deteriorating patient model at CGH is key to achieving significantly better.	Traine inter Englist of Deserve provoil Composate risk reg records, quality, sufery & workforce risks.	Doubly sub-specialist Carloy review
.10 What is the likely effect of this solution on	Address inequity in treatment pathways. Improve recruitment of medical and nursing staff. Comply with Deanery training regulations.	No regard	book Sig Sinow Butt	Sig our Butter	Sig S Better	Eether Sig Setter	Sig SI Better	Reduces risks to patients by providing improved access. 8 enduced time to treatment those card available to be and those companies will reduce patient safety risks. Standardised pathways, subspecialist care Prompts access to surgery and monitoring/care from the same team during the acute phase patients' conditions. Consolidated expertise.	of	ions to provide sufficient answer						Benefits to emergency patients well agreed. A working deteriorating patient model at CGH is key to achieving significantly better.	Trainer interest Fragility of Coursey approval Compositor (six reg records, quality, suffey & workforce risks.	Coulty religion

Access	Pre Workshop Information	n Pack - Evidence from Workstreams			Pre Works	hap Scores				Pre Workshop Scorer Comments				Workshop So	cores			Warkshop Scorer comments	
2.1 What is the likelihood of this solution meeting the requirements of the	What would be better	What would be worse	Table 1	Table 2 Tab	le 3 Table 4	Table 5 Tab	ile 6 Table 7	Table 8	What would be better	What would be worse	Other comment	Table 1 Tab	le 2 Table 3	Table 4 Tab	le 5 Table I	Table 7	able 8 What would be better	What would be worse	Other comment
2.1 What is the likelihood of this solution meeting the requirements of the NHS Constitution and The NHS Choice Framework?	Compliance with national guidelines on Emergency Surgery This would be evidenced by comparison with national standards and	No impact	Don't C	Don't Don'	t Si Better	SI Better ISI Be	etter Sig Rutter	Similar	leduced ED waiting times. Potential positive effect on elective surgery ITT times (fewer cancellations of short stay work if moves to CGH)		would like to see some comparisons I need more information as I do not have the specialist knowledge in this area to	ABSON DING		Managar Ingas	DE SERVI	Name of	Overall improvement to services Flexibility of staff to deal with growth, but site restrictions	Clinical need trumps everything; but the Q is re travel burden, not outcomes	Travel - Glos neutral, some travel for Cheltenham residents Emergency is one off visit
	internal audit.								Centralising emergencies is expected to have a consequent benefit for efective services - in T&O this has been evidenced in better elective		provide sufficient answer						Travel impact by 999/walk ins please and split in & OOHs	dightly worse	Need to manage GP diverts
								4	dective services - in T&O this has been evidenced in better elective serformance								SAU - speeding up assessment process Switch of EGS to GRH reduces elective cancellations and wait:	Residents - Cheltenham getting home	Relies on estate strategy Single point of access fro Primary Care (Direct to SALL/Cinapsis)
									MINITER								Solution provides capacity of right clinician. Able to speak to	Travel looks slightly worse	Some patients assessed in SAU will not need overnight stay, but retur
																	GP, reduce delays. A more robust service to review Pts	More IA required	next day could be deemed as "inconvenient", but nations unice
																	Would improve flow - KPI's		suggests people would rather go home and come back. (Note, woulds send people home in the middle of the night)
																			Not clear on relevance
																			4 hour standard
																			Discussion reached consensus
2.2 What is the likely effect of this solution on simplifying the offer to	Less confusion as EGS service only offered at one site This would be evidenced by patient pathways.	No impact	SI Better	Sig Sig	Similar	Sig Sig	SI Better	SI Better	ipecialisation and reducing the number of centres from 2 to 1 should se easy to communicate	Would required comms and period of change, initially less simple.	I need more information as I do not have the specialist knowledge in this area to provide sufficient answer	Silense light	index (timbr light	Day Silbetter	Silarder Si	Simplifies offer to 1 site Single offer clearer. Also for follow up visits	Some people would rather a local service Will take time	is it not similar to now? Are GP's confused. Felt not.
position	This would be to b								lationts will understand that they are in 'the hest nlare'		Although services are no one site only which should make it less confusing there						angle on the control of the special	111 134 1314	
									Dear where to go ess confusion as EGS offered at one site		will be some who will present to the other site and patients will have to remember which site is which, although if all patients to emergency care are								
									ass contusion as Eus othered at one site ingle EGS hub		remember which site is which, attrough it as patients to emergency care are briased by 111 this should eliminate that problem.								
								9	implified as no emergency surgery on CGH site.										
								i	n an emergency the use of the best facility is imperative										
									lationts will not need to understand the configuration of the EGS envice in detail as they will not self present to it, they will still come to										
									heir emergency department as normal in this model										
2.3 What is the likely effect of this solution on the travel burden for	No further positive impact as service already provided on both sites.	Travel analysis toc, but any service moving from CSH to GRH will increase travel	Similar C	Don't Simil	lar SI Worse	Similar Sig	SI Warse	SI Worse	Whilst travel times will increase for some count areas, the time to	it will affect those that might least be able to cope. They may have	More travel from East	SWater SWa	na SWana	EWose SWo	ne Sinitar	Si Niberon Sin	Discussed cholecystomy pathway and the benefits of hot	Some people travel a bit further	What is split ambulance us self drive. Also if of red dots that were
patients?		time for residents of Cheltenham, the Cotswolds, and some areas of Stroud and		Know		Bett	ter		rement reduction should more than compensate for the additional	been taken to hospital via ambulance but might struggle to get home	OPD remains the same. Minor increased travel for a minority						surgery.	Quality impact on those with a disability concentrated on Cheltenhan	admitted to GRH. Clinical need justifies it
		Berkley Vale.						ľ	ravel time	agan.	Needs further analysis More parking in GRH, slightly longer travel times for East of county patients.							residents. Discussed the cost of getting home.	Some confusion over the travel maps. Further modelling required
											Patients from Cheltenham and the east of the county will be affected.							East to GRH	One off journey
											Patients are likely to go where they go now if self presenting, some people in ambulances may travel further from the east of the county.							Patients impacted during day time	
											environmental charge charge natures from time east of the country.							Patient groups at CGH	1
																		1	1
2.4 What is the likely effect of this solution on patients' waiting time to	Improved waiting time for assessment by senior decision maker.	A few patients who self-present to CGH would need to be transferred to GRH (if	Don't C	Don't Sig	Don't Know	Sig SI Bi	etter Similar	SI Better	pecialisation and reducing the number of centres from 2 to 1 will mprove speed of care	May negatively impact elective targets if EGS adversely affects	Small cohort will be impacted negatively - longer distance/waiting for consultant crandlerred (number unknown). Likely bigger impact on those that are unaware of	Signatur Sign	Shear	bor't trow \$1 Set	ter ing better	Silvar S	Dedicated team. Improve flow, don't require "catch up time" 12 hour standard met	Impact in elective if separate ED and Elective High depending on estates strategy	Relationship between ED in clinical model - would have to be direct admission which is very unlikely for gallbladder unless listed.
ACCESS SETWINST	Reduced delay in access to the operating theatre. This would be evidenced by monitoring Key Performance Indicators.	well enough to do so, else the consultant would go to CGH). This would be evidenced by monitoring Key Performance Indicators.	snow is	MIDW SECTION	Know	Oct Mr			hould greatly reduce waiting times for expert diagnosis	enectine care	pathways/more vulnerable.						12 hour standard met People out of ED	mign superioring on estates strategy	Evidence required. Dan't know
	and of the same of	and the second s							or GS with improved flow and review times		Emergency waiting times significantly reduced. Waiting times for some operations								Potential for improvement in waits but needs detailed theatre
									hortened waiting time for assessment by senior decision maker.		significantly reduced as done on index admission eg, hot gallbladder surgery.								modelling - impact of emergency capacity on elective capacity.
									leduced delay in accessing the operating theatre. iee above. Fewer admissions, reduced ip stay. Rapid treatment of some		Do not have direct evidence it will improve waits but it may be expected to I need more information as I do not have the specialist knowledge in this area to								Further modelling required Need effective pathways
									onditions og biliany/gallstone related conditions.		I need more information as I do not have the specialist knowledge in this area to provide sufficient answer								med encine parmaga
								1	leduced delay in accessing an operating theatre.										
									reatment is essential in an emergency										
2.5 What is the likely effect of this solution on the travel burden for carers	No further positive impact as service already provided on both sites.	Travel analysis thc, but any service moving from CGH to GRH will increase travel time for residents of Cheltenham, the Cotswolds, and some areas of Stroud and	SI Worse S	SI Warse Don'	t Don't	Similar Simi	llar SI Worse	SI Worse		I it will have an impact on those from the east of the county,	More travel from East	SWare SWo	to Signatur	DWose SWo	ne Sinitar	S Nove S	Wisgated by fewer number of attendances with senior	Burden on families / carers is greater than patients as repeat journeys	
and families?		time for residents of Cheltenham, the Cotswolds, and some areas of Stroud and		Knov	w Know					1 it will have an impact on those from the east of the county, especially those without transport, or where the main source of	good for some, not so good for others - eg Chelt area						decision maker; reduced admissions and LoS	particularly carers	
		Berkley Vale.								transport is the patient in hospital.	Slightly worse for a minority Majority of patients will have no change. Minority will have to travel further but							East to GRH More impact on carers than Pts as multiple trips	
											reduction in admissions and shorter hospital stay should outweigh							Parking GRH	
											need more information as I do not have the specialist knowledge in this area to								
											provide sufficient answer								
2.6 What is the likelihood of this solution supporting the use of new	Cinapsis could be implemented allowing GPs to access senior decision	No impact	Don't	Sig Simil	lar Don't	SI Better Simi	llar SI Better	Similar	pecialisation and reducing the number of centres from 2 to 1 will	Currently available	Solution would not improve access on its own, but implementation of the Cinapsis	Shrow Sight	Sinitr	linkr Stet	ter States	Show Si	Access for GPs via CINAPSIS improved		Define technology
technology to improve access?	maker. This would be evidenced by use of Cinapsis (monitored by the		Know	Better	Know				mprove ability to introduce technology irreamlined access to diagnostics		referral system county wide will reduce waiting times significantly Cinaosis						Single Team dedicated to admission assessment (avoidance), facilitate use of CINAPSIS		
	This would be evidenced by use of Cinapsis (monitored by the commissioners)								creamined access to diagnostics		Cinapsis I do not know if any new technology solutions would be involved in a new						Cacalitate use of Calabarata		
											centralised EGS service								
											I need more information as I do not have the specialist knowledge in this area to provide sufficient answer								
											provide sufficient answer								
7 What is the likelihood of this solution improving or maintaining service	No impact	No impact	Sig S	Similar Simil	lar Si Better	Similar Sig	Si Better	Similar	pecialisation and reducing the number of centres from 2 to 1 will		No change	Sighter Solo	r Sintar	Sinky Siles	or Sighton	Sinity Si	CGH doesn't have 24 hour emergency theatre	Cold site (CGH) some challenges	No change to hours during the day
operating hours?			Better			Bett	ar .		mprove speed of care 'OR GS patients it will be improved out of hours		I need more information as I do not have the specialist knowledge in this area to provide sufficient answer						New 24/7 dedicated emergency theatre for GS		Hours
									OH to patients it will be improved out of hours. I teams on therefore one team always available for review of patients.		provide sufficient answer						Hot site (GRH) more robust team		
									ather than being stuck in theatre										
									consolidated staffing With consolidated rotas on one site I would expect there to be stronger										
									into consolidated rocas on one site I would expect there to be stronger I4-7 cover										
																		1	1
2.8 What is the likelihood of this solution improving or maintaining service	No impact	No EGS at CGH	Don't C	Don't Don'	t Similar	Don't Sig Know Bett	SI Better	Similar	pecialisation and reducing the number of centres from 2 to 1 will		Worse for Chelt area patients initially but they should see large senice	Sightest Simo	na Silikana	liwose Sinita	2 Water	Siletter Si	Centralised/better service	Loss of a physical site (2 to 1)	No EGS at CGH. Note no ambulances to CGH after 20:00 currently
operating locations?			Know	Know Know	W	Know Bett	at .		mprove quality of care so emergency surgery at CGH		improvements depends what is done with elective services.						2 sites to 1 SAU unit fir for purpose so positive availability /capacity of	1	But this means Gloucester gets better interpretation of the question is that this is the absolute number of
									so emergency surgery at Lum Consolidated service on one site with more infrastructure to support pt		No EGS admissions at CGH						quality service	1	locations.
				- 1					sutcomes		Does this mean number or quality of SDLs? Number reduced but quality should							1	Current situation could lose Spec Registrars
											improve. need more information as I do not have the specialist knowledge in this area to								
											provide sufficient answer								
											Removes EGS from CGH - may be mitigated by other benefits								
2.9 What is the likelihood of this solution having a positive impact on equality and health inequalities as set out in the Public Sector Equality Duty	Further analysis required	Further analysis required	Don't C	Don't Simil Know	lar Don't Know	Don't Don Know Kno	it Don't w Know	Similar		May disadvantage the homeless outside of the GRH normal catchment	No effect Lam not qualified to answer this Q	tembr binis	Sinter	omer Sinis	Sinisr	pon't trow Si	Remove inequities in treatment		Insufficient information Neutral for Gloucesteshire
equality and health inequalities as set out in the Poolic Sector Equality Duty 2011 and the Health and Social Care Act 2012?				-			-				Further analysis required							1	Would a hub actually benefit disadvantages on disadvantage groups
		1					- 1				There is not enough evidence to say if there is a differential impact, some people					1 1		1	Similar on the basis of infor available.
							- 1				with protected characteristics find it harder to travel but as before patients will not tend to self present to this service as it is not a front door service. The service							1	Needs IIA analysis
							- 1				will need to consider how to provide a suitable environment to ensure the needs					1 1		1	1
							- 1				of people with protected characteristics can be met but this would be true					1 1		1	1
							- 1				whether it is provided on one or on two sites							1	1
																ΙI			
																Ш			
.10 What is the likelihood of this solution accounting for future changes in opulation size and demographics?	Growth modelling not yet available	Growth modelling not yet available	Don't E	Don't Don' Know Know	t Don't w Know	SI Better SI Be	etter Don't Know	Don't S Know i	pecialisation and reducing the number of centres from 2 to 1 will mprove recruitment		Need to see more statistics & predictions on growth modelling, particularly in the over 65 age group	States Sinta	e Shear	Disease Silve	ter States	States of	in their Future prooofed Growth not modelled but increased capacity through	Physical space a bit limiting	Insufficient information Efficiency of having everything in place led the group to think sligh
**											Growth modelling not available						centralisation efficiencies = more flexible to meet demand	1	better.
								l ľ	A consolidated service may be more robust and better able to cope with seaks in demand / plan for future demographic trends		Flexibility of manpower on single site allows increased responsiveness to increases in population. Future planning may need more surgeons which is the case						wealigner.	1	Consolidate and plan for growth
								l ľ			everywhere							1	1
											need more information as I do not have the specialist knowledge in this area to							1	1
											provide sufficient answer							1	1
			ليل					\Box											
			_				_												

Deliverability	Pre Workshop Information P.	ack - Evidence from Workstreams		F	re Workshop	Scores				Pre Workshop Scorer Comments				Wor	kshop Score	s			Workshop Scorer comments	
	What would be better	What would be worse	Table 1 Tabl				6 Table 7		That would be better	What would be worse	Other comment	Table 1	Table 2 Tal	ble 3 Tab	le 4 Table 5	Table 6	able 7 Table	8 What would be better	What would be worse	Other comment
3.1 What is the Billihood of this solution being delivered within the agreed dimeacale?		No impact	Don't Don' Know Know	t Don't Know	Don't Sim Know	lar SI Bett	er Don't Know	Don't De	elementale immediately: mont of it is in place is should be able to be elevered		Could be invested by any secretary estates work. 1 year timeracial any deposition on funding? do not low on with a registration in terms of a commodating (EGS at Gloscotter, and therefore how quickly it is likely to be implemented. It made more information as it do not have the specialist incodings in this area to provide sufficient americal interest and a provid	2 Berner	ing Berner St be	Son's	Sig Better	S Setter 2	Bertier Doo't E	Ready to go		withor enabling change needed handers and staff them to deliver/implement, would need both and OCC people, Plan required Model grader registor in approach (Plan required Model grader registor in approach (Plan required for of them non contention sublinose clarificate), we need to re- source the public Need to be implemented urgently. Could be implemented registly Counter around extens strategy, practicularly in Model 8 Owner around extens strategy, practicularly in Model 8 Owner in a proposal before the concerned about impacts on other services seed subject to public concerned about impacts on other services and subject to public concerned about impacts on other services.
3.2 What is the likelihood of this solution meeting the relevant national, regional or local delivery timescales?	No impact	No impact	Similar Don'	t Sig Better	Don't SIB Know	etter Simila	r Don't Know	Know 2 t	pechikation and reducing the number of certires from to 1 will improve speed of delivery proposed compliance with Royal College of Surgeon, ICE and NSF standards.		No change I am not aware of any national or regional guidelines I understand that the local intention would be to busilitate the delivery of this salestion quickly due to the risks involved. I need more information as if on on the wife specialist knowledge in this area to provide sufficient answer	S Setter	Smilar Sor	't thou don't	Crow Similar	S2 Better S2	Briser Dun't El	 Currently high risk service. GRFT priority #1. Consultants support a single Glouester site 	lack of sufflent info	Dependant on deteriorating patient model in Cheltenham Lack of a estates delivery plan No regional timescales
3.3 What is the likelihood of this solution having the implementation capacity to deliver?	Medical capacity shready exists to deliver this option.	Powerful for executivene of further AMPs run by desirable to further density the sender but not having them would not make the senior sensor.		t Don't Know	Don't Don Know Kno	't Simila	SI Better	as wi	suffing capacity already exists the start already exists the start already exist it can be delivered, but there is the start already exist in the capacity as the serve existence that the obligation that starts over to the new site.		Existing staff numbers it span of grader means that this solution could be staffed without changes, however, the option of recruiting more ARP's however, the option of recruiting more ARP's however, the option of varieties and a series of the series of the series staff of the series st	g Serser	22 Bertier St Be	eter Dor's	Crow Sig Better	St Better 32	Better Out't E		dependent on financial service provision viability	Manarda distriby Transport I Radiology R Reds George Recovery on priorities a privately for GMT
3.4 What is the likely effect of this solution on access to the required staffing capacity and capability to be successfully implemented?	See 3.3	See 3.3	Don't Don' Know Know	t Don't Know	SI Better Don Kno	't Sig w Better	Don't Know	2 t In Re Alr	seculations and reducing the number of centers from to 1 will improve recruitment pace already required manapower exists spread across two EGS rotas ready afficient.	warry about the surgical services left behind	locating cold furnithms. It is goar of graden maters that this solution of could be staffed without changes. However, the option of inscruding more AMP's not only improve the service 1 about wholes up a career path for the nursing staff. A lay part of the actionals for this proposal it is improve the statution with staffing by wastling call not be crossibilized into intent to a lay of the control of the con	Signetur	al Bertler - Rig II	latter Siglie	SI Setter	ing Berther 2	detec Sibeta	Staffing ord an issue Removes staffing problems of covering two sites Mostly redgeleyment of existing staff. Reg some additional staff unifor orbinside gradely forest. Also positive Impact on trainers and development of ANPs.		Note description. No better than current
3.5 What is the likelihood of this solution having access to the required support services to be successfully implemented?	All support services for EGS currently exist at GRH site.	No Impact	Don't SI Bee	tter Similar	Similar SI B	SI Bett	SI Better	2 t Mi be	specialisation and reducing the number of centres from to 1 will improve recruitment. By the lad of medicino in length of admissions due to etter patient outcomes. Rigids central returnes to the patient outcomes. Rigids central return than two		Limited by delivering support on the other site seeds the cooperation of local authority care facilities (ECS shready operates a both afters some support services are available in need more information as i do not have he specialist knowledge in this area to provide sufficient answer	2 Better	M Bertler Stanl	lar Sinila	SI Better	Statter S	Betar Sibeta	Transport stuation		Req surgeons, theatres, anaesthetists and radiology Theatres, anaesthetics, radiology, TIU Discussed 8 patient prod yimpact not diagnostics / ambulance. Centralized bus estate requirements: 1) theatres modeled [Efg. 2] manesthetists modeled [Efg. 3] offices Cure modeled 4] Diagnost modeled (prigle site is helpful) Requires plan for Beds and ITU Radiology
1.6 White is the Blatched of this solution howing access to the required permission features to be successfully implamented?	Additional beth would be provided by ICG on the GRP etc. This would be endemond by the existing plan.	This would be endiment by monitoring by Performance Indication.	Don't SI Be Know	Similar	Don't Sim Know	lar Don't Know	SI Better	Don't Ad Know	ted would be provided		whole need to use the extents plan before shocking a four range to this Q. Will need appropriate modeling for theiring PCU/lyapstems bed used momented dieple caps to the other site. So not have which catasis improvements; charges might be endeded to accommodate to some offered and the control of the con	2 Betser	2 lieter Scri	't Brow Gov't	St Morse	2 Betser 2	Both Burney Don't Bu	Toogh theares if reschedule electric capacity	lled modellig: challengen re zapachy. Day Case or other to CGH	Control to a resumed in Indiations - secular leads to find a way, at all beach changes 12 Sic. India to be the HTTE Gen. Surgery changes an other non HTT services. Asked in centary plan. head, sharene, diagnostic leads of the centary plan. head, sharene, diagnostic leads of the centary plan.
3.7 What is the likelihood of this solution having access to the required technology to be successfully implemented?	No impact	he impact	Similar Don' Know	t Don't w Know	Similar Don Kno	't Don't w Know	SI Better	Know 2 t	seculization and reducing the number of centres from to 1 will improve ability to install technology		seed to load closely at implementing Chaptic county wide tifficient Frouvatile. It states plan and costs not seen and states plan and costs not seen 11 identifies a work of make any difference to the stochoology assistable or if any sportifi- ficientingly in regiment. If the control of the control I need more information as 1 do not have the specialist knowledge in this area to provide sufficient answer	Smile	2 Setter Dor	't Know Bon't	Enow Similar	32 Better S	dis Galler	CINAPSS opportunity diagnostics - better		Selectors (Information) Other changes receded No additional requirements
1.3. Does this cludion rely on other models of care / provision holing part in place and if so, are they deliverable admin the timeframe?			Don't Simili Know	lar Similar	Don't Don Know Kno	t Don't w Know	Don't Know		entralisation of EGS does not require other services to ove on clinical grounds		set mongal mile provided on introdeprendencies. Standardeded priblings in required to Sectitate this it is not dear if other varies change is required to Sectitate this more or whether any sext change would be deliverable there space at GBM? The residence in the residence of the provided more information as if so not have the specialist underledge in this area to provide sufficient assesser?	S Better	Similar Dor'	't Know Bon't	Know SI Warse	dedar 2	Better Con't fo	^{non} requirement for beds and ITU in Glos - A/N other speciality	requirement for deteriorating patients access in CGH Railant on deteriorating patient model Co-dependencies e.g. with in day case to CGH or othe specialities for bed capacity issue with how to create capacity - Radiology.	So germines meg clinically, illuly to be the physical beds but dependent on what hyportun to electure Gen Surg - Inited Haue draft protocols developed No electron of dependencies Needs superation of emergency and electrie care

Acceptability	Pre Workshop Information Pack - Evidence from Workstreams				re Work						Pre Workshop Scorer Comments					orksho					Workshop Scorer comments
, ,		Table 1	Table 5	Table 2	Table 6	Table 3	Table:	7 Table			comment				able 2 Ta						
7.1 What is the likelihood that this solution has	All solutions have been developed with	Sig	SI Better	SI Better	Don't	Don't	Don't	Don't	SI Be	etter	f promoted correctly to the general public this should be seen to be a positive change that is in	SI Bette	r SI Bet	tter SI	Worse Sin	milar S	SI Better	SI Better	Don't K	now Don'	**Engagement Report - limited questions in report
satisfactorily taken into account and responded to	reference to the Outputs of Engagement	Better			Know	Know	Know	Know		16	ine with One Gloucs & ICS initiatives										Pitch - Tough decision but status quo not acceptable. Use of resources for better
the Fit for the Future Outcome of Engagement	Report. Solutions included/adapted as a																				services. Unanimity of consultants for this solution. Linked to emergency for Paeds.
Report?	result of public feedback are:																				Public - need to reassure, provide evidence, mitigations for any disadvantage,
																					offset by improved outcomes.
	Re-open CGH ED overnight																				People opposed in engagment but those who have reviewed it are fully supportive
	IGIS centralised to CGH site																				Strong feedback about availability on both site split between don't know and
	IGIS hub options																				slightly worse.
																					Relationship with CGH ED unknown
																					Engagement - Anxiety re changes at CGH. Is the bed base sufficient. Impact on
																					travel and choice. Solution Fits with CoEx approach. Issues addressed
																					Pitch - strongly positive message, outweigh negatives
																					All GI surgeons agree
						1															Well received at Citizens Jury
						1															Concern about loss of services at CGH
1						1	1	- 1													,

Workforce	Pro Workthan Information	n Pack - Evidence from Workstreams		Dec	e Workshop Son	res			Pre Workshop Scorer Comments			Work	shop Scores			Workshop Scorer communets	
	What would be better By centralising the EGS service, more efficient and effective use can be made of medical	What would be waren	Table 1 Tab	ble 2 Table 3	Table 4 Table 5	Table 6 Tabl	ile 7 Table 8	8 What would be better	What would be worse	Other comment	Table 1 Table :	Table 3 Table	4 Table 5 Table	e 6 Table 7 T	Table 8 What would be better	What would be worse	Other comment
4.1 What is the likely effect of this solution on improving workforce capacity resilience and reducing the risk of	By centralising the EGS service, more efficient and effective use can be made of medical and nursing staff.	Potential for CGH nursing staff to be reallocated from current wards. May be some staff dissatisfaction in respect of staff who prefer CGH as base	Don't Sig	Sig 5	Sig Don't Better Know	Sig Sig Butter See	Si Bette	or Specialisation and reducing the number of centres from 2 to 1 will improve recruitment. Will improve staff morale by reducing the loads imposed by rota planning. CGH staff required.		Good for some. Challenging for others. This is the main rationale for making the change	of spins of spins	of party. plipes	of hear Sight	a albest S	Overall improvement Travel burden for some Cheltenham staff	If we lose trainees, we lose the service Issues/ challenges for notas other services at CGH	All GI surgeons in agreement re EGS. Some concern in CGH Nursing "No brainer"
wontource capacity resinence and reducing the risk of temporary service changes?	Cohorius remun working would paken showers and improve more/tenant	May be some start discardation in respect or start who prefer CoH as base. This would be evidenced by staff establishment.			Kilow											Commission of Contraction of State of Con-	Extraoulades subtir concern shout 'oursething' to CDU
	Flexibility to cover unexpected absence. Reduce reliance on middle grade locums							Reduce reliance on middle grade locums 3 of 14 surgeons less happy probably but all levels in the team better resourced		this area to provide sufficient answer better working groups, more efficient working, more support and					4.5 Burden eazed by co location Separation of emergencies is more efficient		Needs to be and could be implemented quickly Theatres/DCC/Interventional radiology; all at GRH
	neduce resance on middle grade socuris This would be evidenced by staff establishment							s or 14 surgeons less happy probably dut all levels in the team better resourced. Current workforce risks untenable and this solution address that.		better recruitment, but care would need to be taken with staff at CGH							Energies (ULL) interventional radiology; all at User Bed capacity can't be reviewed in isolation - links to other GI solutions (DCC and theatre
										when relocating them.					Well received at Citizens Juny Improves resilience		200)
															Drs significantly better		Question: impact on staffing on elective care for nursing
															EGS team much better		
4.2 What is the likely effect of this solution on optimising	See 4 1	Seed 1	Don't Sa	Go I	Ge Gmilar	Gia Gia	Gr.	Specialization and reducing the number of centres from 7 to 1 will improve effective use of staff		Good for some staff. Challenging for others	Spirer Spirer	Spirer Spire	er Status Sight	r Spher S	Netw Centralisation		If dealing purely with emergencies
the efficient and effective use of clinical staff?			Know Bet	ter Better i	Better	Better Betta	er Better	Specialization and reducing the number of centres from 2 to 1 will improve effective use of staff Will improve cohesiveness of the medical team across the grades More efficient and effective use of medical and nursing staff		I need more information or I do not boun the resoluted beneated in					For the staff we have at the moment and for the supply of sta	£.	
								More efficient and effective use of medical and nursing staff		this area to provide sufficient answer If staff dealing with elective and emergency centres are dedicated to							
										their tasks - separation is key							
4.3 What is the likely effect of this solution on supporting cross-organisational working across the patient pathway?	No impact	No impact	Don't Sim	nlar Similar S	Similar Similar	Sig Simi	lar Sinilar	1		No change I need more information as I do not have the specialist knowledge in	Sinitar Sinitar	Salty Salty	Sintar Silven	r linter o	of flow		to change No Impact
cross-organisational working across the patient pathway?			Know			Better				i need more information as I do not have the specialist knowledge in this area to provide sufficient answer							No impact
4.4 What is the likely effect of this solution on supporting	Opportunity to introduce more Advanced Nurse Practitioner roles to support the junior doctors within the timeframe	No impact	Sig Sig	SI Better S	Si Better Similar	Sig Don'	't Si Bette	or Would give an opportunity to develop nursing staff. Advanced Nurse Practitioner roles would	I still worry about rotas for related surgical patients elsewhere.	Only improves if more ANP slots are created to give nursing staff an	Sighter Sighter	Shear Shear	· Shear Shear	ghen S	Develop new roles e.g. ANPs		
the flexible deployment of staff and the development of innovative staffing models?	doctors within the timeframe This would be evidenced by the introduction of new posts	1	Better Bet	201		Better Know	*	support junior doctors.		incentive introducing new nexts of new types would make for increasing					Develop ANPs on SAU Better training for elective work. Supports new roles,		1
	The state of the s	1								introducing new posts of new types would make for innovative staffing, but can they be found?					tellowships etc.		1
		I													could be significantly better in planned care		
		I															
		I															
4.5 What is the likely effect of this solution on supporting	By centralising the team would create greater clinical mass and staff resilience, which	Potential for CGH nursing staff to be reallocated from current wards. This could impact morale as	nd Don't Siz	SI Better	Sig Si Better	Sig Don'	it Si Bette	or Specialisation and reducing the number of centres from 2 to 1 will improve ability of staff to	But will be impact on staff transferring from CGH.	A balance between improved staff well-being for GRH based staff and	Spires Spires	Shear Spins	er Sightan Sight	e i iene s	Should improve resilience.	Challenging / intense workload.	Q: understand impact on elective worldorce
staff health and wellbeing and their ability to self-care?	should have a positive impact on staff health and well-being. This would be evidenced by staff rotas and staff well-being metrics.	staff health and well-being.	Know Bet	ter	Better	Better Know	w I	specialise and reach their potential	,	endured well being for colorated CGH staff. This will conside careful					Postive impact on EGS. Eases burden by collarborating		Could rotate settings if this is an issue?
I	This would be evidenced by staff rotas and staff well-being metrics.	This would be evidenced by staff rotas and staff well-being metrics.						Should improve resilience. Junior doctors report immense pressure from current organization - this would improve		management by supervisors Development of AMP pathways This will be better for the staff at the new site but care needs to be					Currently 500's gaps in rotas filled with extra shifts, consultant cover, local trainees or agency. Increases sickness absence. Ne	t on	1
		I						The state of the s		This will be better for the staff at the new site but care needs to be					solution will improve		
										take at CGH as that staff may be worse off.					Sig better for Doctors Better support and new ways of working - centralised teams.		
		I													Setter support and new ways of working - certraised teams. Clear what the environment is.		
4.6 What is the likely effect of this solution on improving the recruitment and retention of permanent staff with the		Ser 4.1	Don't Sig	SI Better	Sig Si Better	Sig Don'	't Si Bette	or Specialisation and reducing the number of centres from 2 to 1 will improve recruitment. Creation of more senior and specialist slots including ANPs would open up an improved career.		I need more information as I do not have the specialist knowledge in this area to provide sufficient answer	Spinor Spinor	Status lights	Sibtar Sight	e lighter S	More recruitment opportunity. Better for ANPs overall positive	Worse for vascular cover. Not attractive CGH - less positive other surgical specialties	Consolidation. Deanery position re current Could be significant if done well
the recruitment and retention of permanent staff with the right skills, values and competencies?	The expanded improved opportunities as described above in terms of training and development and advancement of new roles highly likely to have a positive impact on staff retention and the ability to recruit new staff.	I	A TOW			410	-	path for medical staff. This will have beneficial effects on recruitment & retention but they will		introducing new posts of new types would make for innovative					Explained pressure on GRH current trainees this would spread	Control of the second section of the second	and the agreement of COSE WITH
	staff retention and the ability to recruit new staff.							take some time to be realised		staffing, but can they be found?					more evenly within teams available. EGS - solution a must do for trainees (on warning)		
								Good for GS New opportunities for nursing staff. Cohesive team – more resilience.		Works if EGS is a separate centre; focus on training and skills in EGS should improve					eto - soution a must be for trainess (on warring)		
4.7 What is the likely effect of this solution on retaining trainee allocations, providing opportunities to develop staff	Compliance with Deanery regulations	No impact	Don't Sig	Sig I	Sig Si Better Better	Eatter Kro-	rt Si Bette	or Specialisation and reducing the number of centres from 2 to 1 will improve recruitment. Setter training and compliance with deanery regulations is likely to lead to enhanced feedback.		We don't want to upset the Deanery! I need more information as I do not have the specialist knowledge in	ng betar big betar	of part of part	Shear Sphra	alpen 2	mor .		1
with the right skills, values and competencies?	Enable the Trust to retain trainee allocations.	I						Remove potential for loss of trainees due to current unsafe working practices (level of work at		this area to provide sufficient answer							
I	This would be evidenced by the GMC survey and Deanery feedback.	1						right) Controllising would provide more opportunities' for training and exposure to procedures.									1
I		1						According a desire provide more opportunities for training and exposure to procedures.									1
I		1															1
I		1															1
4.8 What is the likely effect of this solution on maintaining or improving the availability of trainers and supporting them to fulfil their training role?	See 4.7.	No impact	Don't Sig	SI Better S	Sig Si Better Better	Sig Don'	it Si Bette	or Specialisation and reducing the number of centres from 2 to 1 will improve recruitment of		I need more information as I do not have the specialist knowledge in this area to provide sufficient answer	ng Bether Big bether	si besi digires	a Signer Signer	against S	Trainer capacity and access increased		
them to fulfil their training role?		1	non, of					trainers Improved further training opportunities by freeing up senior medical staff time due to reduced		this area to provide sufficient answer Easier for trainers to supervise if all on one site.							1
I		1						wasteage in travel between sites Metric GS									1
I		1						More time for training, less conflict of emergency roles eg theatre not competing with									1
		I						assessment of emergency patients									
		I						Centralising would increase the range of clinicians/procedures available.									
d & What is the Balls officer of this selection as a series	Faster-Scien SCS would remide a better large and an analysis of when	No impact	See?	SI Better	Ga 0>	Co.	0.00	er Socialisation and reducine the number of centres from 2 to 1 will improve staff capabilities	<u> </u>	+	irina ina	Sheet Co.	r Shear to	r libra	Name Training will be better	Workload implications	
4.9 What is the likely effect of this solution on enabling staff to maintain or enhance their capabilities/ competencies?	Centralising EGS would provide a better learning environment and enhance capabilities and competencies for all staff groups	and and any	Know Bet	per pectal,	Sig Don't Better Know	eg og Better Bett	ar secto	or Specialisation and reducing the number of centres from 2 to 1 will improve staff capabilities. More opportunities to gain specialist skills. Good training in 65 emergencies for staff. Better staffed so more time to train.							Fraining will be better EGS - better supervision	Workload implications Trainees at CGH less access but depends on rota esp. antisocial	1
competencies?		1						Good training in GS emergencies for staff. Better staffed so more time to train.								tours	1
I		1						Improved learning environment									1
		I															
		I															
I		1															1
I		1															1
4.10 What is the likely effect of this solution on enabling	See 4.9	No impact	Don't Sie	Don't	Sig Similar	Sig Si Bi	etter Si Bette	or Specialisation and reducing the number of centres from 2 to 1 will improve staff capabilities		As above	Spinor Spinor	Status Spins	er Sibese Sight	r lighter S	lieter		
staff to fulfil their capability, utilising all of their skills, and develop within their role?			Know Bet	Don't S ter Know B	Better	Better		Improved specialism training opportunities by freeing up senior medical staff time due to reduced wasteage in travel between sites		I need more information as I do not have the specialist knowledge in							
poeverap within their rale?		1						neduces wasteage in travel between sites		this area to provide sufficient answer							1
I		1															1
I		1															1
I		1															1
		I															
		I															
4.11 What is the likely effect of this solution on the travel burden for staff? e.g. relocation time and cost.	Further analysis required	Further analysis required	Sortifice (1)	eter Smiler II	bort-know Smiter	Son't from \$1800	ne Burt true	Easier as they will be permanently based at the same location	GRH staff - no change. CGH staff - affects some adversely but not all. Might	Better for some. Worse for others.	Store links	Sort Bow Sort Br	ow Sinitar Bort 6	ov Worse D	schlow	Some staff affected, short term CGH staff relocating.	Nursing impact depends on other Gen Surg changes Need staff travel impact analysis. Some staff relocation esp. nurses but consultants and
burden for staff? e.g. relocation time and cost.		1				ı			be useful to look at staff residence location statistics?	Further analysis required Winners and issers						CGH staff relocating.	Need staff travel impact analysis. Some staff relocation esp. nurses but consultants and
I		1				ı				sufficient transport and staff parking will need to be in place						Impact of accessing childcare	trainees are cross county already
		I								Especially for transferring staff. Impact of travel time, cost and impact							
I		1				ı				on child care. Although some staff from CGH might have to travel to GRH, most staff							1
I		1				l 📙				Although some staff from CGH might have to travel to GRH, most staff will already be there anyway.							1
I		1				ı											1
4.12 What is the likely effect of this solution on maintaining	Trainer available in both EGS consultant led teams resulting in 24-hour supervision and	No impact	Sortifice Sea	eter Sletter S	Significant Contribute	ighter like	or likesr	Specialisation and reducing the number of centres from 2 to 1 will improve supervision		Depends how the remaining services on other sites are supported.	Spires Spires	Shear Spins	er Sglieber Sglieb	i liter S	Nes theatres, assessing, discharging		1
clinical supervision support to staff?	poppert	I						improved supervision due to increased availability of supervising staff Trainer available in both EGS consultant lied teams resulting in 24-hour supervision and support		I need more information as I do not have the specialist knowledge in this area to provide sufficient answer					Better with single EGS. CGH less but lower impact		
I	All EGS patients on one site allowing senior nursing supervision of all staff in one place.	1						Trainer available in both EGS consultant-led teams resulting in 24-hour supervision and support. All EGS patients on one site allowing senior nursing supervision of all staff in one place.	1	ans area to provide sumoent answer							1
I		1						, and the same of									1
		I															
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		·					_	·		·					_	•	•

A3: Centralise complex emergency medical admissions to Gloucester (undifferentiated patients). Increase pathways for direct emergency admissions to specialties in Cheltenham (differentiated patients) – Models D, F & G

Quality	Pre Workshop Information	- Evidence from Workstreams			Pre Worksh	op Scores				Pre Workshop Scorer Comments				Work	shop Scores				Workshop Scorer co	mments
	What would be better	What would be worse	Table 1	Table 3	Table 4	Table 5	Table 7	Table 8	What would be better	What would be worse	<u> </u>	Table 1	Table 3	Table43	Table 5	Table 7	Table 8	What would be better	What would be worse	Other comment
1.1 What is the likely effect of this solution on	Importung outcomes for AM noticets		Cia Batter	Cia Dattor	Cia Bottar	Cia Dattor	CI Bottor	Cia Battor	Greater reacialization will improve outlifts of care		Other comment Concentrate all resources on one site	Cia Dottor	Co Pottor	Cle Patter	Ca Better	CI Bottor	CI Bottor	Same day emergency care opportunity to be	How do you deal with complex health	how important is 14 hour national standard?
and the second of the second o	improve outcomes for AAA patients (Cantrallized AM tour and improved access to specialistics (Cost Admissions – improved capability to damit to specialistic where appropriate (Evidence – Patient pathways		Sig Contract	28 oute	aig better	Sig Detter	SI Beller	Sig outlier	Goaster specialization will improve qualify of care Availability of staff and explanent improve accidences. Improve accidences and accidence accid		anothing efficient work capital or notes that will be totally related upon having the horsecoary settle and supporting pathways to menure that the additional demand can be appropriately accommodated on one site with on comprovement posterior care and associations. Orthodory opportunities for commonity could also be patient care and commonity could also have a poptible impelling managing capacity and flow within a one site opinion. Does the opinion allow for any SIGE (previously ACC) to be managed on the CGM 1637?	Sig Dutter	Sig Detter	Sig Detter	Sig Detter	3i Detter	36 Better	salte laye immegracy and opportunity to be better outcomes, start reviews, senior input, rounded special care. Sub oppositions to migrate and start of subsequence br>subsequence subsequence	mode up you beaut what Complete machin medical in people with an an accelety unwell? Concerne estate and if of beds in order to accommodate. Only achieved The best and addressed the accelety the accelety accelety the accelety that accelety the accelety the accelety the accelety that accelety the accelety the accelety the accelety that the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety that accelety that accelety the accelety that accelety the accelety that accelety that accelety the accelety that accelety that accelety the accelety that accelety the accelety that accelety that accelety that accelety the accelety that accelety that accelety the accelety that accelety the accelety that accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety that accelety the accelety that accelety the accelety that accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety that accelety the accelety tha	what is the impact of complying for year() On the Trust or galant automated tesses published evidences as clear published evidences as clear supposed to have their control common to published evidences as clear supposed to have their control control tesses are control tesses and their control control tesses are control tesses and their control tesses are control tesses ar
patients being treated by the right teams with the right skills and experience in the right place and at the right time?			Sig Better	Sig Better	Sig Better	Sig Better	Sig Better	Sig Better	Greater specialisation will improve quality of care Centralised stams and improved access to specialist More liably to see high specialist quicker This is the greatest improvement expected by the public		As long as other senices support the unplanned site.	Sig Better	SI Better	SI Better	Sig Better	SI Better	Sig Better	SWAST - this solution makes it easier to decide where to take patients		Some patients would have to transfer if go to COH ED thois a concern Missed impact Trunts, carent/familie/population Missed impact Trunts, carent/familie/population needs usuitable environment/patient devolutionent Need to understand pathways and the offer at COH formiomenter, reade one lot on extacted strately Need right pathways for patients of COH
1.3 What is the fillely effect of this solution on continuity of care for patients?	Easier access to appropriate specialist senior decision maker Evidence –Academy of Medical Royal Colleges 2012		Sig Better	SI Better	SI Better	Sig Better	Sig Better	Si Better	All the specialists in one location improve co-ordinate patients and their caren/families, a improve co-ordinate patients and their caren/families, a reduction would be witcomed Having a single clinician/fami responsible provides high reasurance lower large reasurance lower When patients are transferred out of county they become more bed numbers' rather than human beings defined clearer and fewer pathways.		will be related upon the estate being configured to accommodate both assessment and admission within the GRH state. Will three be any medical patient take will three be any medical patient are stabilised and transferred to CGH e.g. Care of the Elderly.	Sig Better	Similar	SI Better	SI Better	Si Better	Si Better	senett of 1 site working. No out of county impact. If perspective - better managed by a single clinical saam.	Concern need to understand # of anticipated transfers and impact of trawl/transfers. Carers impact impact of charges on other medical specialities at CGN+ potential to increase transfers; need to recognise number of unknowns. Risk of transfer back. A few more risks around travelling back.	nis depend on the configuration and SDPPs with Todayse, are, Gastra-works well Would be on the price of the configuration and SDPPs with Todayse, are, Gastra-works well would be an one price of the configuration and the supporting infrastructure in place, in particular internal transport.
What is the likely reflect of this solution on the opportunity to this with other treams and agencies to support patients holistically?	No impact	No impact	Similar	Similar	Similar	SI Better	Similar	Similar	Glosci, Heath, & Care NHS Truct are working hard to advise heldist care in the country, this change will make their work easier by treating the person as a whole including frame of mind, workers and concerns and sign posting to the correct department/agencies to work in conjunction	communication may not always be possible		SI Better	Don't Know	w Similar	SI Better	SI Better	Don't Know	Access to other specialists easier Sichtage links with community groups and voluntan sichts, support is easier to 1 x site. IP concentration a sichts, support is easier to 1 x site. IP concentration a SRH would be better Mercal Health very important, medical beds at 1 x site sailer but will need Mit presence on both sites Can also improve discharge / flow & Salson with othe stams	t organisations - ensure we ask them	walpful to provide examples of support
LS What is the likely effect of this solution on the quality of the care environment?	All resources in one place		Similar	Si Better	SI Better	SI Better	Similar	Similar	There may be an open environment opportunity to glass for demental fieldly underly zeros. If this goes alread, implementing best practice	GBH Tower block needs a lot of work to refresh its shady appearance and improve infection control - eff recent PLACE 2019 sections of the control of the con	There is a cost to this to change the environment, rath the staff and victors. Privacy and dignity is down to the environment and working practices and is variable.	SI Better	Similar	Similar	SI Better	Similar	Don't Know	Physical Changes will be required at GRHs, could not in whicher inventional time design would set as account of needs ag, dementia. Centralise on 1 x site increase support available ag, of feality Pts	Concern: uitable environment needs to didentified. Cannot be accommodated now to Dependent on Tacilities to be delivered	Just exists to be no worse. Expect it to be good ag, Frailly service for everyone fitted plan exists for the service of the s
1.6 What is the likely effect of this solution on encouraging patients and carers to manage self- care appropriately?	No impact	No impact	Similar	Similar	Similar	Similar	Similar	Similar	Teams can be available to educate, introduce a 'gallery type ward for education whilst inpatient		NHS England initiatives could help here	Similar	SI Better	Similar	Similar	Similar	Similar	Greater chance of starting self-care, eg. Smoking cessation Patient pathways improved by being in an AM setting		Needs to have clear sub speciality pathways.
L7 What is the likely effect of this solution on enabling patient transfers within a clinically safe time frame?	The need for transfer is failey to be reduced. However where transfer is needed then will be protocols in place to ensure that transfers are with a critical yeal time frame. Evidence: patient transfer protocols	For patients who walk is to COE and require scotze definision free in an increased content and the content of the content of the requirement for 'treat and transfer' protocots.	Don't Know	SI Better	SI Better	Sig Better	Similar	Similar	Patients will be under the care of an experienced and dedicated team at all times		deploy services where the partients oreter the hoopstall and medium configuration amongstall and medium, will be dependent upon bed configuration and what medical specialities will be provided within CGH ag. COE Transfers from GGH and activated but valid-in transfers from GGH increased?	SI Better	SI Better	SI Better	SI Better	Similar	Similar	Fower Transfers needed in evidence that admissions associated applict at life in transfer - subject to other and the proper pr	outerist presenting to COH might be waiting for transfer. For undfiller production of the control of texts abought transfer. For undfilderentated patient (not class diagnosis) at COH maybe requirement to transfer to GRH - increase	Improve communication about transport availability
La What is the Bahy effect of the colotion on enabling emergency interventions within a clinically safe time-frame?	This option will have protocols to enable emergency interventions within a clinically used time farms. Used time farms. Evidence: Protocols and DPM		SI Better	Sig Better	Don't Know	Sig Better	Sig Better	SI Better	May understanding it that consultant could be on call and high without necessarily receifing to suitable between size, interest and specialists specialists state with the proposed location of equipment and specialists specialist start will be available on site when the consultant specialists and suitable specialists specialists start will be available on site when the consultant specialists and diagnostic scapacity adequate the in-body being services closer to best practices gladinise (bits, saving from concritional encycles for example) and national service frameworks.		Centralising expertise on one other woold suggest an improvement will be secured but their will be separation on the model basing their will be depended on the model basing support of their secure of their secure of the proportion at swell as the protection of the 10 for file and limb energodics. (Efficiency pathways will be critical to ensuring this is effectively delivered	Sig Better	SI Better	Similar	Sig Better	SI Better	Si Better	E a reproduction number of Prof. Prospect Occions. I well increase speed of interventions e.g. Acute Mi, strombolysis	Walk in to CGH ED - Issue. Self-presenting to CGH ED need to transfer	has datherization on deficition of emergency intervention. Currently good entiry, but he every the lith have increased speed of intervention. Need a protocol for direct aded. Need just front door patients. Need all pathways in place.
1.9 What is the effect of this subston on the tackblood of toward time impacting negatively on patient outcomes?	negatively on patient outcomes, to a degree	For some patients there will be an increase in recard lines to GRM incover the key influence on patient outcome is the time from arrival to being seen and treated.	Similar	Similar	Similar	SI Worse	Similar	SI Worse	blue light investations require immediate things, parametics availing matter in consider things, parametics availing matter in consider acceptable. Proversely, increased travel times would enable emergency surgery staff to be ready and waiting	acquie in the East will have more travel time loves will reade with those that do not have ease of own transport and are reliate on cares and reliatives to transport. Delay in serving transport may pose increased delays which MAH negatively impact	protocols and agazity matching would need to be in place to ensure safe transfers.	Sig Better	Similar	SI Worse	SI Better	SI Better	Similar	cain time right gates 1.0 times is greater than loss for created time. Treatment caleady started on a methodance Anny increase in travel time will be offine by trovel outcomes. Studence of effect of increased travel time on outcomes low, clinical view this substant will not outcome low, clinical view this substant will not outcome low, clinical view this substant will not outcome low, clinical view this substant will not applicably impact choice due to be bearing on the property of the control	last of county impact, regative impact on outcomes. Need evidence of mortality in these cases Travel time was a concern for many during the engagement phase	
1.10 What is the likely effect of this solution on patient safety risks?	Existing difficulties in recruiting sufficient middle grade medical staff will be reduced by contralising the medical take at GBH.		Si Better	Si Better	Sig Better	Sig Better	Sug Better	Si Better	improved staffing Referention of staff guinor doctors and consultants; should improve due to greater opportunities to carry out complex procedures and improved manning of rotas. Patients won't be waiting for specialists from another site.			Sig Better	Si Better	SI Better	Sig Better	Si Better	Sig Better	this would improve the rotal sixus - more attractive fo all staff flacroitment of middle grade staff on Trust risk regists Specialist staff cost improves Solution reduces duplication; centralisation improves exactly		

Access	Pre Workshop Information P What would be better	ack - Evidence from Workstreams What would be worse	Table 4		Pre Works			Table 0	What would be better	Pre Workshop Scorer Comments What would be worse	I-v	T-1-1- 4	Ironia a		op Score		n	What would be better	Workshop Scorer com What would be worse	
2.1 What is the likelihood of this solution meeting the requirements of the NNS Constitution and The NNS Choice Framework?	waa would be better No change	what would be worse	Sig Better	Similar	Similar	Don't Know	Similar	Similar		wnst would be worse	Other comment	SI Bette	r Similar	Similar	Similar	SI Worse	Similar	what would be better No impact on Choice Framework as non elective care Better time to be seen for medical patients		Other comment SOEC needs to be incorporated into evidence improve time to be seen Control and suppose capacity to cover rotas Greater capacity to deliver service. Greater capacity to deliver service. Access to specialist services on unplanned pathway Access to specialist services on unplanned pathway would be better for delerly, frailty and mental health
2.2 What is the likely effect of this solution on simplifying the offer to patients?	This model makes the offer simpler, as all AM services will be on one site. Evidence – patient pathways		Sig Better	SI Better	Sig Better	SI Better	Sig Better	Similar	One site would reduce confusion, Patients would understand that they will be treated by a dedicated team with excellent facilities A one shop solution will remove the need for the patient and family/carers to decide on which hospital to use		Clear signposting and patient education will be needed, it takes time for the service users to understand how to use services and where to go	Sig Better	SI Bette	r SI Better	SI Bette	er SI Bette	Similar	A centre of excellence - easier for patients to understand.		Ambulatory offer at CGH would need to be well understood and communicated to achieve this benefit Dependent on communication to explain the offer Some concerns to rawell Ambulatory offer not much clearer at CGH Project management capacity tots of dependencies Derechenham parties Derechenham parties personal patients/care/staff
2.3 What is the likely effect of this solution on the travel burden for patients?	additional travel benefits for local patients.	Travel analysis the, any service moving from Cheterham to Golocester will increase travel time for residents of Chetlenham, the Cotswolds, and some areas of Stroud and Berkley Yale.	Don't Know	Similar	Similar	SI Worse	e SI Worse		e Ensure no wasted trips for services not available. Clear place to deliver.	People in the East will have more travel Worse for Cheltenham area patients, carers & families			e SI Wors	SI Worse	SI Wors	SE SI Worse		1st time reducing # of journeys for Pts; 1 vs 2 journeys	For people in Cheltenham it is a longer journey time On average slightly worse across the county East of county impact. inward/outward impact	Further analysis required particularly around public transport. Need to consider time of day. Need to review travel data to consider SWAST need to also consider cost impact for patient ravel. Need to consider impact on ED. Need to consider impact on ED. Need to consider impact on ED. Assumption that sufficient capacity equired. Patients don't understand current offer. Assumption that sufficient capacity exists
2.4 What is the likely effect of this solution on patients' waiting time to access services?	Improved access to specialist senior decision- makers. Evidence: patient pathways		Sig Better	Similar	SI Better	Sig Better	SI Better	SI Bette	speed of care Improved access to specialist senior consultants		This will only be the case if the pathway allows for direct referral to the acute medicine facility and Does not require access via ED This is dependent on the trust increasing the bed space available at GRH		er SI Bette	r SI Better	Sig Better			Improved by flow via ED access to senior decision maker, car concentrate on patient flow	deliver Concern about CGH walk in's.	Consider potential impact on GRH ED of change
2.5 What is the likely effect of this solution on the travel burden for carers and families?	See 2.3	See 2.3	SI Worse	SI Worse	SI Worse	SI Worsi	e SI Worse	SI Wors	e although some people will be disadvantaged I am sure that the fact that they will be in one place and not being transferred between hospitals along with CofE will out way the problems		Need to make standard information about alternatives ey voluntary transport and who eligible for non- emergency hospital transport.	SI Wors	e Sig Worse	SI Worse	SI Wors	se SI Worse	SI Worse	If clinical model right, fewer attendances at hospital; reduce frequency	More burden on carers and family.	Consider time of day, public transport and parking
2.6 What is the likelihood of this solution supporting the use of new technology to improve access?	No better or worse than the current model	No better or worse than the current model	Sig Better	Similar	Similar	Don't Know	Similar	Similar	Greater specialisation will make it easier to install technology by consolidating services and expertise it supports the development of a 'centre of excellence' for medicine. An innovation hub at GRH would be		Dependant on the Trust investing in the needed technology and training	Similar	Sig Worse	Similar	SI Bette	er Similar	Similar	Benefits of centralisation	Acute Medicine spec - CINAPSIS is more difficult on 2 x sites. Increase use should reduce attendances at hospital. Switch to clinic or SDEC	Would need to consider better use of tech eg. Skype to keep in touch
2.7 What is the likelihood of this solution improving or maintaining service operating hours?	No change	No change	Similar	Similar	Similar	Sig Better	Sig Better	Similar	speed of care Subject to stafff availability it should greatly improve service operating hours operating hours in some departments would become 24/7 with staff on site			Sig Better	Similar	Similar	SI Bette	er Similar		Increases coverage for 24/7 rotas Acute Medicine - although still 24/7 solution will increase capacity of senior decision making cover on 1 x site, especially later in evening Improved hours in AEC would be better than status quo.		
2.8 What is the likelihood of this solution improving or maintaining service operating locations?	one site.	For some patients there will be a reduction in service operating locations	Sig Better	SI Worse	SI Better	Sig Better	SI Better	SI Wors	e Focussing on one site enables all specialist equipment to be readily available There will be a reduction in locations.			SI Bette	er Similar	SI Worse	Similar	SI Bette	SI Worse			
2.9 What is the likelihood of this solution having a positive impact on equality and health inequalities as set out in the Public Sector Equality Puby 2011 and the Health and Social Care Act 2012?	Further analysis required	Further analysis required	Don't Know	Similar	Similar	Don't Know	Similar	Similar			Service in one place more equable? Same patient experience?	SI Wors	e SI Wors	Similar	Don't Know	Similar	SI Better		People likely to be impacted will be most impacted by increased journey time. Transport issues may affect disadvantage groups.	Need to look at our inequalities
2.10 What is the likelihood of this solution scounning for future changes in population size and demographics?	Growth modelling not yet available	Growth modelling not yet available	Don't Know	Similar	Don't Know	Don't Know	Similar	Don't Know	Demand is going to be greater ensuring one hospital is well staffed instead of having two understaffed will be safer in the long run.		increases in the aging population need to be factored in carefully when refurbishing or establishing physical locations of the services. Is this in the Estates Strategy? The long term housing plans for the county will need to be taken into account	SI Bette	er Don't Know	Similar	SI Bette	er SI Bette	Don't Know			Need capacity and demand modelling not enough information

Deliverability	Pre Workshop Information P	ack - Evidence from Workstreams			Pre Work	shop Scor	es			Pre Workshop Scorer Con	nments			Wor	kshop So	ores				Workshop Scorer comments	
•	What would be better	What would be worse	Table 1					Table 8	What would be better	What would be worse	Other comment	Table 1	Table	3 Table	4 Tabl	e 5 Ta	ble 7 Ta	ble 8	What would be better	What would be worse	Other comment
3.1 What is the likelihood of this solution being delivered within the agreed timescale?	The timescale for delivery of this solution is within a 3 year period. Subject to consultation and statutory notice period, this option could be delivered within the agreed timescale Evidence: statutory timescales and indicative implementation timetable		Don't Know					Similar			This could be a 'quick win' that would boost public confidence in the programme Ambitious plans and difficult to assess without risk mitigations information.		er Simila		t Simi		Worse Do			Workforce ok but transport and infra	Yes deliverable within 3 years this solution will require a lot of changes to make it happen; investment in Acute Medicine. 7 36 mth timeframe for reconfiguration or new build.
3.2 What is the likelihood of this solution meeting the relevant national, regional or local delivery timescales?	No impact	No impact	Don't Know	Don't Know	Don't Know	Sig Better	Don't Know	Similar	This would move the service towards best practice standards.	е		Don't Know	Don't Know	Simil	ar Simi	lar Sir	milar Do Kn	on't iow		dependant on estate and contingent on suitable space for facilities	On the whole deliverable Increased recruitment and retention
3.3 What is the likelihood of this solution having the implementation capacity to deliver?	This option would improve the capacity to provide specialist medical and nursing cover. Evidence: staff rotas		Don't Know	SI Better	Don't Know	Sig Better	SI Better	SI Wors		Would attract more staff, however, there may be some problems with staff not wanting to move hospitals. Attracting middle grade doctors		SI Bette	er SI Beti	ter Don' Knov		etter SI	Worse Do	on't now	Clinical consensus very strong		Within 3 years Need to consider DCC beds/beds/co-dependencies Lots of don't knows Need detail on rotas
3.4 What is the likely effect of this solution on access to the required staffing capacity and capability to be successfully implemented?	This option will improve access to the required staffing capacity and capability to deliver, by centralising the acute medical take onto one site Eudence: staffing rotas		SI Better	SI Better	Sig Better	Sig Better	SI Better	SI Bette		Staff may not wish to relocate from CGH to GRH - incentives may be needed		Sig Better	SI Beti	ter Sig Bette	Sig er Bett		Better SI		More attractive for recruitment and retention Medical workforce: split site unattractive to staff; 1 x site and specialist work will have positive impact. Potential for increased number of trainees		
3.5 What is the likelihood of this solution having access to the required support services to be successfully implemented?	improved access to other specialties Evidence: clinical pathways and protocols		Don't Know	SI Better	Sig Better	SI Bette	r SI Better	SI Bette		Depends heavily on support services that are co-located		SI Bette	er SI Beti	ter Sig Bette	SI Be	etter Sir	milar SI		Would improve portering (diagnosites) provision, eg dept has own porters Benefits for Active Medicine; fewer Pts direct to GH MAU at night where CT scan availability is less 1 x site: consolidates imaging resource, mental health avail improved;		
3.6 What is the likelihood of this solution having access to the required premises/estates to be successfully implemented?	Additional capacity could be provided on the GRH estate within the timeframe Evidence: Estates plan		Sig Better	Don't Know	Don't Know	Similar	SI Better	SI Bette		Funding?	Both CGH & GRH require significant improvement works	SI Bette	er Don't Know	Don't Knov		lar Sir		iow	Definite requirement for additional estate but also more seniors leads to fewer admissions, Emergency admission to SDEC will assist capacity	Overal space across the Trust Dependent on estates solution	
3.7 What is the likelihood of this solution having access to the required technology to be successfully implemented?	No better or worse than current model	No better or worse than current model	Similar	Similar	Similar	Don't Know	SI Better	Similar	required technology would be close to hand/	will there be enough theatres?		Similar	Simila	r Don' Knov		lar Sir	milar Sir		Benefit of acute general surgery and acute physician on same site Protocols - safety linked.		
3.8 Does this solution rely on other models of care / provision being put in place and if so, are they deliverable within the timeframe?	Yes, protocols covering direct ward admissions, medical cover, funding access to medical opinion, and patient treat and transfer		Don't Know	Don't Know	Don't Know	SI Bette	Don't Know	Similar			in any case of relocating services this would be dependent on many factors although services will improve there needs to be a change in aftercare-careers in the community so people don't bed block and can return home with follow up care. This is essential with a growing elder population and for this reason more needs to be done now										

Acceptability	Pre Workshop Information Pack - Evidence from Workstreams			Pre Worksh				Pre Workshop Scorer Comments				shop Score			Workshop Scorer comments
		Table 1	Table 3	Table 4	Table 5	Table 7	Table 8	comment	Table 1	Table 3	Table 4	Table 5	Table	7 Table	comment
7.1 What is the likelihood that this solution has	All solutions have been developed with reference to the Outputs of Engagement Report.	Don't	SI Better	SI Worse	SI Better	SI Better	SI Better	The public will see this as a negative move due mainly to increased travel times for those in the	SI Bette	r Don't K	ncSimilar	SI Bett	er Simila	r SI Bett	er Divergent views
satisfactorily taken into account and responded to	Solutions included/adapted as a result of public feedback are:	Know						Cheltenham area. However, should the service improvements be widely advertised then							Need to pursue different communication methods eg leaflet drops to houses. Slot on
the Fit for the Future Outcome of Engagement								acceptance will be easier to gain. The public are afraid of significant changes to their care							Gloucestershire Life
Report?	Re-open CGH ED overnight							system							Engagement - Anxiety re capacity at GRH and access to services; also links with oncology
	IGIS centralised to CGH site							It does not satisfy those who wish to return to a 24 hour ED/acute service at CGH however							unit. Solution Fits with CoEx approach. Issues addressed
	IGIS hub options							unworkable.							Solutions need to be better described in terms of benefits for patients and staff.
								all ways room for improvement but rewarding that the whole of Gloucestershire has been taken							
								into account and that the views of laypeople have been sort rather than it being only in-house							
								through pop ups in city's, survey's , citizen jury							

Workforce	Pre Workshop Information R	Pack - Evidence from Workstreams		Pr	e Workshop	Scores		Pre Workshop Scorer Comme	nts			Work	shop Score	is		Workshop Scorer comments	
Homose	What would be better	What would be worse	Table 1				ble 7 Table 8	What would be better What would be worse	Other comment	Table 1	Table 3				8 What would be better	What would be worse	Other comment
4.1 What is the likely effect of this solution on	By centralising the service, more efficient and		Don't	SI Better S	ia Ci-	- 5 10	Cia.	Teams in right place at right time, working together	Service would be much more resilient but I worry	Cia Cia	Cia Cia	Cia	Cia	SI Better Sig	Attracting and retention	THE HOUR DE WORL	Increased capacity, recruitment, resilient
improving workforce capacity resilience and	effective use can be made of medical and	1	Know	of perfer	lg Sig) D	stee Detter	and after initial changes should have little negative	about major emergencies overwhelming a single	Detter	Better	Sig	Damas	Si better Sig	Resilience / capacity of medics		teams, rotas
			KIIUW		etter bet	er be	ilei beilei			better	better	bette	better	Dette			
reducing the risk of temporary service changes?	nursing staff, improving overall capacity.							impact but better mutual support	service						improved; also nursing. Co-location v		increased acred and trainees
	Evidence: Staff establishment							Centralising staff will improve working capacity	rationalise to make more robust and flexible.						positive		Improves transport for staff avoiding
															Centralisation works better.		intersite transfer in the day
4.2 What is the likely effect of this solution on	See 4.1		Sie	Sip S	ie Sie	Si	Sip	Staff would be much more motivated and will suffer		Sig	Sig	Sig	Sig	SI Better Sig		Issue for ED and Care	In short term some staff travel burdens
optimising the efficient and effective use of	366 112		Rottor	Rotter R	tottor Rot	or Ro	tter Retter	less burnout in a well managed & focussed		Rotter	Better	Rotto	Sig Better	Rotte		issue for ES and care	in shore term some stan daver bardens
clinical staff?			better	better 1	ctter bet		tto better	environment		better	Detter	Dette	Detter	Dette			
Cliffical Staff?								environment									
4.3 What is the likely effect of this solution on	No better or worse than current option	No better or worse than current option	Don't	Similar S	imilar Sim	ilar Si	Similar	Facilitates 'medical hub' approach, training rotations,		Similar	Similar	Simila	r Similar	Similar Simil	This will work better with training		99 bus need to run at weekends and late
supporting cross-organisational working across the			Know			Be	tter	improved MDTs, improved communications, less hand-							passports		shift
patient pathway?								offs between teams. Flexible rostering.							Single site assists building teams		Need more analysis on relocating staff
,																	
4.4 What is the likely effect of this solution on	By centralising the staff establishment there		Don't	SI Better S	ie SI E	etter Si	SI Better	This will take time but provides opportunities for		Sig	SI Bette	er Sig	Sig	Sig SI Be	er Single site reduces workforce		
supporting the flexible deployment of staff and	is greater potential for more flexible		Know		letter	Re	tter	'placements', rotational training, shared contracts.		Retter		Rette	Retter	Better	inefficiencies increase flexibility		
the development of innovative staffing models?	deployment of staff and the development of					, in		pocenicina y rotational training shared contraces.		Dette.		Jeme	Jette.	Je	included include including		
the development of innovative starring models?																	
	innovative staffing models.																
4.5 What is the likely effect of this solution on	Centralising the team will create greater	There may be some staff dissatisfaction in	Circ	Similar S	ia Cia	ÇI	Dottor Cimilar	Should improve staff morale	Well-being is enhanced if you are welcomed,	Cia	SI Bette	or Sig	Cia	CI Marra CI Pa	er Bigger teams more resilient, can	Movement of staff CGH to GRH.	Get parking right for staff to increase
supporting staff health and wellbeing and their			oug	Sillillar	ik oik	31	better Sillillar			olg	31 DELLE	et laik	Sig	31 WOISE 31 DE			recruitment, reduce stress and increase
	critical mass and staff resilience, which	respect of staff who prefer CGH as base.	Better		etter Bet	er		Motivated and empowered specialist staff with a	respected and feel part of a service.	Better		ветте	Better		manage the staff more flexibly (take		
ability to self-care?	should have a positive impact on staff health							genuine pride in their work suffer fewer physical and								or Risk for ED staff holding patients in	
	and well-being.							mental health issues							staff development	place of safety pending admission.	Current challenges for GRH staff in
	Evidence: staff rotas, staff well-being metrics							fewer demands to unpredictably cover empty slots in								Reliant on efficient transfer.	centralised SVC.
								unfamiliar places									
								and in proces									
4.6 What is the likely effect of this solution on	Centralising the team will enable a more		Sig	SI Better S	ig Sig	Si	SI Better	Greater specialisation will improve recruitment	Make Gloucestershire a county where people want to	Sig	SI Bette	er Sig	Sig	Sig Sig	Could be attractive for staff		
improving the recruitment and retention of	efficient and effective use of the workforce,		Better	8	etter Bet	ter Be	tter	Better working environment	live. Increase availability of affordable housing	Better		Bette	Better	Better Bette			
permanent staff with the right skills, values and	Avoiding the need to spread resource across							Staff looking for advancement in their careers are									
competencies?	two sites. It is anticipated that this will							more likely to find it in a centre of excellence									
competencies								indicated to find it in a control of executation									
	improve the working environment, which																
	should have a positive impact on staff																
	recruitment and retention.																
	Evidence: Recruitment and retention metrics																
4.7 What is the likely effect of this solution on	This option will strengthen training		Sig	SI Better S	ig Sig	Si	Sig	As has been practised already if staff want a change	train the nurses to be come specialist carers in the	Sig	SI Bette	er Sig	Sig	SI Better Sig			Current issue is availability of senior
retaining trainee allocations, providing	experience offered and therefore will		Better		etter Bet	ter Be	tter Better	and to get other perspectives it should be possible to	field this would promote the right values for now and	Better		Bette	Better	Bette			members of staff for education
opportunities to develop staff with the right skills,								offer breaks to work in other specialities.	the future								supervision; centralisation increases hour
values and competencies?	allocations.							Better opportunity to train staff	the locale								available, esp. out-of-hours.
values and competencies?	allocations.							better opportunity to train stan									available, esp. but-bi-flours.
4.8 What is the likely effect of this solution on	See 4.7 Centralising the acute medical take		Cim	SI Better S	in CI t	etter Si	Cia	senior staff would be less stressed and more able to		Cin	SI Bette	or Sig	Cin	SI Better Sig	Current F1 feedback is poor; this	Deanon, requirements need to be	Would this impact on Jnr training at CGH
			318	31 better 3	ig 31 t	CLLCI 31	3 Ig			3ig	3i bette	ei jaig	Jig	31 Detter 3ig			
maintaining or improving the availability of	on one site will improve the availability of		Better		etter	Be	tter Better	provide suitable levels of contact when training junior		Better		Bette	Better	Bette	solution will improve.	met. Issue of training facilities/	They rotate.
trainers and supporting them to fulfil their training								staff in this more controlled environment								space	
role?	fulfilling their training role.																
4.9 What is the likely effect of this solution on	Centralising the acute medical take will		Circ	SI Better S	in CI t	etter Si	Cia	More robust service with training and support		Cia	SI Bette	or Cia	Cin	SI Better Sig			
			Delt	or better b	ig 31 t	CLUCI OI	Jig Hay			ong.	Ji Delle	c. Dig	Jig D	or better olg		1	
enabling staff to maintain or enhance their	provide staff with greater opportunities to		Better		etter	Be	iter Better	allowing focused learning.		better		bette	Better	Bette		1	
capabilities/ competencies?	maintain and enhance their capabilities and							Right training from qualified consultants who are								1	
	competencies and improve access to							dedicated. working in a team environment while								1	
	specialist services							having up to date equipment								1	
																1	
4.10 What is the likely effect of this solution on	see 4.9		Sig	SI Better S	ig SI E	etter Si	SI Better	Training should be on going for all allowing staff to		Sig	SI Bette	er Sig	SI Bett	er Sig Sig	Currently role cross-cover to fill gaps		
enabling staff to fulfil their capability, utilising all			Better		etter	Be	tter	develop their skills across the board CofE would give		Better		Bette		Better Bette	Solution is clearer, doing what you a	re	
of their skills, and develop within their role?								accreditation allowing career progression while							supposed to do; critical mass = great		
								reducing turn over of staff. It would allow staff to							opportunity		
															орронинку	1	
								become knowledgeable and specialists in their field.								1	
a da talle es le ales Plente effe es ef ales e l'al	Forther are both as a story	Front and a second and	Develo	Clasifica	and and		Mana Class		Cartinal and a company of the compan	CLIMA	Deal	Davi'	CLUC	Classes C.		Tourist and from south 4	Madical staff and accordingly in
4.11 What is the likely effect of this solution on	Further analysis required	Further analysis required				rorse SI	Worse SI Worse		Staff relocating from CGH need to be reassured that	SI Worse	e Don't			se <mark>SI Worse</mark> Don't		Travel to and from work, travel	Medical staff work across both sites,
the travel burden for staff? e.g. relocation time			Know	K	now				their net incomes will not change due to increased		Know	Know		Know		between sites - real problem	nurses work on separate sites
and cost.									travel costs							1	consider inter-site bus provision
																1	Will be individuals affected. Need staff
																1	travel impact assessment to understand
																1	traver impact assessment to unidefstalla
		1										_			_	+	+
4 17 What is the Blade of the or being a	Compact 4.9		Don's	CI Detter	in car		CI Detter			Cla	CI Date	Cia.	Cia	CI Datter CI			
	Same as 4.8		Don't	SI Better S	ig SI E	etter Si	SI Better	Better staffing. More support and supervision		Sig	SI Bette	er Sig	Sig	SI Better Sig	Centralisation creates opportunities		
			Don't Know	SI Better S	ig SI E letter	etter Si Be	SI Better	Consolidated teams, clear leadership, mentoring and		Sig Better	SI Bette	er Sig Better	Sig Better	SI Better Sig Bette	Centralisation creates opportunities		
				SI Better S	ig SI E letter	etter Si Be	SI Better	Consolidated teams, clear leadership, mentoring and support arrangements should make this more efficient		Sig Better	SI Bette	er Sig Better	Sig Better	SI Better Sig Bette	Centralisation creates opportunities		
				SI Better S	ig SI E letter	etter Si Be	SI Better	Consolidated teams, clear leadership, mentoring and		Sig Better	SI Bette	er Sig Better	Sig Better	SI Better Sig Bette	Centralisation creates opportunities		

C11: Centralise elective daycase surgery for colorectal and upper GI to CGH or dedicated Day Surgery Unit (DSU) - Models D & H

Quality	Pre Workshop Information	n - Evidence from Workstreams			Р	re Works	shop Sco	res				Pre Workshop Scorer	Comments				Worksl	nop Score	5				Workshop Scorer comments	
	What would be better	What would be worse	Table 1	Table 2	Table 3	Table 4	Table 5	Table 6	Table 7	Table:	8 What would be better	What would be worse	Other comment	Table	1 Table	2 Table	3 Table 4	Table 5	Table 6	Table 7	Table 8	What would be better	What would be worse	Other comment
What is the Billery effect of this solution on patients raceiving equal or better outcomes of care?	No carefulations for planned care This would be endered by monitoring Kry Performance indicators.	No impact	Sig Better	Sig Better	Si Better	SI Better	Similar	Si Better	SI Better	Better	Specialisation and reducing the number of centers from 7 to 1 will improve the Less nick of carculations from 7 to 1 will improve the Less nick of carculations from 1 to 1 will improve the 1 will i		Forecasting on carcellations for planed can - is this realistic? Oblicated feature largety and day care performs on one size should imprise a preprinter, and outcomes of care via clinical disablations, that is sain divident for the change Planed care in COS separated from emergency care, so improved service for patients. Also, all sub-specialities ingetther.	e	iig Bette.	SI Better	in the time	- Li musi	pa Bettar	ag fatter	pa Better	Reduced cancellation improves outcome These Pts are regularly cancelled due to these Pts are regularly cancelled due to energency Model. Solidion guarantee stay; (due to last standamed evenight MISA rate ring denced capacity less compilications coreased efficiency protocol driven includes outcome of experience – less cancellations Care closer to home	Risk of transfer between sites	Ainsedy have good outcomes footnegatively impacted by 1GS Much benefit to those patients planned for GRB where emergency activity results in their surgery being cancelled
patients being treated by the right teams with the right skills and experience in the right place and at the right time?	No change	No impact	Sig Better	Similar	SI Better	Similar	Similar	Sig Better	Si Bette	r Similar	from 2 to 1 will improve this Appropriate staff without competition of unplanned care. As per Royal College of Surgeons and Royal College of Nursing guidance. having a separate team from the emergence cases should stop last minute cancellations		Availability of teams likely not to be impacted Protects ISBV in modes/Accute Medicine constraints. Significantly better if co- logicity better if day cases alone separated, significantly better if co- logically better in patients planned care—allows overnight and abort stay to co-	Sig Bots	er Similar	Similar	Sig Better	Sig Better	Sig Better	Sg Better	SI Better	no cancellations Not negatively impacted by EGS Avoids cancellations Much benefit to those patients planned for GRH where emergency activity results in their surgery being cancelled		No change Dedicated unit = right place Separation from EGS/EMX site would mean protected space
1.3 What is the likely effect of this solution on continuity of care for patients?	No impact	No impact	Similar	Similar	Similar	Similar	Similar	Sig Better	SI Bette	r Similar	Specialisation and reducing the number of centres from 2 to 1 will improve this Better if co-located with in-patient planned care facilities (for overnight admission or short stay)	Impact on deteriorating patient at night and need to transfer to GRH?	Standardise pt information and standards of care.	Similar	Similar	Similar	Similar	Snlr	SI Better	Smlar	Similar	Currently a separate team. Need SOP for unplanned overnights - who looks after	Risk of transfer between sites	Day cases so v low transfers Risk of deterioration for Daycase patient is small. Would need DCC in extremes
1.4 What is the likely effect of this solution on the opportunity to link with other teams and agencies to support patients holistically?		No impact	Similar	Similar	Similar	Similar	Similar	Sig Better	Similar	Similar			Specialisation and reducing the number of centres from 2 to 1 will improve this marginally if all services are in the same place wouldn't it make it easier for community, social and volunteer sectors to support patients.	SI Better	Similar	SI Setter	Similar	Sinite	Si Better	SI Better	Don't Know	Could increase volume patients who could be discharged Separation of urgent/planned improves outcomes for both		Ambulant population/ cohort Reduced risk of SSI (Surgical Site Infection) and MRSA
Ls What is the likely effect of this solution on the quality of the care environment?	Day surgery unit dedicated to day surgery, without being adversely impacted by the delivery of EGS or in-patient surgery	No impact	Sig Better	Sig Better	SI Better	Don't Know	SI Better	SI Better	SI Bette	r Sig Better	Specialisation and reducing the number of centres, from 2 to 1 will improve this due to Improved access to specialist advice and help stets without day ward full of emergency patients Dedicated unit and staff away from EGS. reduce overspill of emergency activity into day case unit		Commentary in info file refers to dedicated day surgery but does not cover the quality of the conventment. According to the focus is solely on day surgery care? When inpart from each designed to specific standards and posturing procedures to surgery units can be designed to specific standards and speciating procedures to surgery out to solely according to solely that the provided however the service is configured.	ing Betts	a Sig Bette	e SI Better	Senitar	Smir	pi Better	sg better	Si Better	Increased quality through separation, dedicated unit and scale Standardise Care Pathway benefits		No new build
1.6 What is the likely effect of this solution on encouraging patients and carers to manage self- care appropriately?	No impact	No impact	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Specialisation and reducing the number of centres from 2 to 1 will improve this due to improved access to specialist addice and help clear pathways with minimal risk of cancellations		based on the info pack there seems to be no impact	SI Better	Similar	Similar	Similar	Sala	SI Setter	Sig Better	Similar	More time, more info, with other d/c patients.		
1.7 What is the likely effect of this solution on enabling patient transfers within a clinically safe time frame?	No impact	No impact	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar		Maybe a few operations will go wrong needing transfer to Gloucester? Patients who develop complications that need transfer may wait	Day case care not impacted on by this really. Importance is reducing cancellations. based on the Info pack there seems to be no impact. Note deteriorating patient Patient transfers unlikely to be associated with day cases	Similar	Similar	Similar	Similar	Smlar	Similar	Seils	Similar			Low volume of complications - cohort Provision for overnight stays in CGH Not relevant for this co-hort
L8 What is the likely effect of this solution on enabling emergency interventions within a clinically safe time-frame?	No change	No impact	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar		Transfer may be needed to GRH May involve number of pt transfers which impact staffing/ambulance services	As patients are screened for suitability for day surgery this shouldn't happen.	SI Worse	Similar	Similar	Similar	Selv	Similar	Sells	Similar	Deteriorating patients model supports this.	Lose day team to go to Emergency Theatre	Need SOP/ plan for deteriorating PL. Although rare (lo #) and lower acuity Pts selection process to reduce risk
1.5 What is the effect of this solution on the likelihood of year time impacting negatively on patient outcomes?	No.impact	For some patients them would be an increase in traced time to GGIF beginned day case procedures. This would not negatively influence patient outcomes.	similar	Similar	Similar	Similar	similar	isimilar	si Wors	Similar	Timeliness of intervention if emergency arises overnight		Presumably annel preregency cases. Depend how unexpected complications are managed and where they need to go, anneal on the inflict and the only negative in the screens-it to reside time for because of the inflict and the properties of the present the present the present of the control effected by change, likely impact those more understable unless militagetors par in Some galatent will have increased travel time but smaller chance of cancellation on the day and reduced chance of admission Deteriorating protectors streamly in piece vessel need need to come galatents will have to treat further but a case to shall result in whether outcomes this should believe things out.	direction of the control of the cont	persulf	permit	COTTON	ans	- New York	and the second	activity.			No affect on outcomes
1.10 What is the likely effect of this solution on patient safety risks?	Improve risk of cancellations to planned care. Supported by the findings of the New Zealand report Strategy 10 – Improving elective care through separating acute and elective surgery, 2012 This would be evidenced by monitoring Key Performance Indicators.	No impact	Don't Know	Sig Better	SI Better	Sig Better	SI Better	Sig Better	Si Bette	r Similar	Specialisation and reducing the number of centres from 2 to 1 will improve this Reduced number of cancellations Easy to staff with on need for cut of hours support. Reduced cancellations Reduced cancellations Reduced reduced to the control of the control of Reduced reduced to the control of seeming to the control of because of delays caused by cancellations, less likely to be cancellations at least minute.			Similar	Si Better	Si Better	Sig Do Ecc	SI Better	Si Better	SI Better	SI Better	centralisation reduces risk. Reduced cancellations e.g. for herminas reduces complications Avoid cancellations Centralisation principle reduces risk, Low cancellations, more efficient, clean process and seamless Decreased risk of cancellation		

Assass	Pre Workshop Information Br	ck - Evidence from Workstreams	Dra Wor	rkshop Sco	nras						Pre Workshop Scorer Comments				Wa	rkshop S	cores				Workshop Scorer comments	
Access	What would be better		Table 1	Table 2	Table 3	able 4	Table 5	able 6 Tabl	le 7 Tab	8 What would be better	What would be worse	Other comment	Table 1	Table 2				6 Table 7	7 Table	8 What would be better	What would be worse	Other comment
2.1 What is the likelihood of this solution meeting the requirements of the NHS Constitution and The NHS Choice Framework?	Improve ability to achieve national waiting time standards. This would be evidenced by comparison with national standards and internal audit.	No impact	SI Better	SI Better D	Don't D Know K	lon't S	SI Better S	g Don't etter Knov	t Sig	national waiting time standards likely to be in shorter waiting times Improvement in waiting time standards	et Loss of DSU option at GRH	The information is saying that the ability to improve would be increased but it is not stated or exemplified the how. Is this actually achievable or is it a hope? Improved accessibility but reduced choice over locatic	SigWone	Sig Detter 2	Bettar SIW	orse SI Se	etter SI Better	SI Better	SI Better	Reduction in cancellations = increased capacity = reduced waits Reduction in cancellations - Pts see this v positively May improve waiting list - fewer cancellations	Reduce choice West of region travel concerns	5/7 day case surgery offering now; wouldn't change on day 1 of move Data assume all GRH day cases notes to CGH other options include Ciren, Stroud etc
																						A calmer day case unit will create a feeling of calm resulting in benefit
2.2 What is the likely effect of this solution on simplifying the offer to patients?	Single site for delivery of planned daycase	No impact	SI Better	Sig S	SI Better D	lon't	SI Better	ig SI Be	tter Simi	Should be easy to explain Single site will boost patient confidence that		With appropriate literature. Patients will only access this service after referral so w	Sig Better	Smlar S	imilar Site	itter Si De	tter SI Better	SI Better	Similar			Planned day cases
	care. This would be evidenced by patient pathways.			Better	K	now		etter		surgery when planned Single site for access Single location		not need to know how it is configured in advance										
2.3 What is the likely effect of this solution on the travel burden for patients?	Travel analysis tbc, but any service moving from GRH to CGH will reduce travel times for	Travel analysis tbc, but any service moving from GRH to CGH will increase travel times for	SI Worse	Don't S Know	Similar D	lon't :	Similar (lon't SI Wi	orse Simi	Reduce cancellations. Travel shouldn't be an i	sue with low risk More travel from West travel times will increase for those who liv	Usual mix of good & bad impact on travel depending of further the patients home location	on SI Worse	2 Wone S	Worse STM	orse Simil	lar SI Worse	SI Worse	Don't Kno	~	2 sites to 1 site Parking	Is listing site based on patient location TIA. Day case is day only (drop off/pick up). Some Pts
baser soroen to pasents.	residents of Cheltenham, the Cotswolds, and	residents of Gloucester, the Forest of Dean and		KIIOW	n l		ľ			Care.	away from Cheltenham	Easier for pts in Cheltenham and Cotswold, worse for									i a mily	further to travel but reduced cancellations means
	some areas of Stroud and Berkley Vale.	parts of Tewkesbury/Newent/Staunton									Parking in GSH needs to be addressed By reducing the locations where services a some people (in this case from the West o county) will have to travel further	the										don't have to come back More in peripheral hospitals
2.4 What is the likely effect of this solution on	Improve ability to achieve national waiting	No impact	Don't	SI Better S	SI Better D	lon't	SI Better	ig SI Be	tter Simi	r Specialisation and reducing the number of ce	tres from 2 to 1	It is not clear as to how this will be achieved	SI Better	Sg Detter S	Better SI Be	itter Sig B	letter SI Detter	SI Better	Don't Kno	Reduction in cancellations = increased capacity =		Add numbers/annum
patients' waiting time to access services?	time standards. This would be evidenced by monitoring Key Performance Indicators (cancellations)		Know		K	inow	E	etter		will improve this should reduce waiting times & likely to achie standards. Large number of patients removed from acut reduced cancellation, reduced waiting times should improve treatment times improved waiting times due to efficiency.	hospital (GRH) -									reduced waits Improvement in 18 wk RTT		Need information about community hospitals
2.5 What is the likely effect of this solution on the	See 2.3	See 2.3	SI Worse	Don't S	Similar D	lan't	Similar S	l Worse SI Wi	orse Simi	ır	more travel from West	consolidating to CGH would make journeys from the	SI Worse	2 Worse 2	Worse STM	one Smi	lar SI Worse	S Worse	Don't Kno	-		day case not multiple visits
travel burden for carers and families?				Know	K	now					Slightly worse for people living in Glos/de;	urived areas West slightly longer. As it is daycase activity then people are unlikely to be making multiple journeys so the burden is low										
	No impact	No impact	Similar	Similar S	Similar S	Better	Similar S	imilar SI Be	tter Simi	ar .		No change stated but would use of Cinapsis reduce	Similar	Smlar S	infor Sini	br Sinil	lar SI Better	Similar	Similar			
supporting the use of new technology to improve access?												waiting times?										
2.7 What is the likelihood of this solution improving or maintaining service operating hours?	No impact	No impact	Don't Know	Similar S	Similar S	imilar S	Similar S	ig Sig etter Bette	Simil er	rr Allows concentration of out of hours service grewer cancellations Protected operating time		No change, but there could be an opportunity to offer weekend surgery if not already offered Can overnight service be covered? Don't know if consolidated team will mean extended hours?	St Better	Salar S	mir Smi	br Smi	lar Similar	Smlar	SI Bettar	Possible to extend operating hours Operating hours improved (slightly) more production		5 day week. No changes
2.8 What is the likelihood of this solution improving or maintaining service operating locations?	No impact	No planned day case care at GRH	Similar	Similar S	Similar D	lon't l	Don't S Know E	ig SI Be	tter SI W	Make day case site efficient and productive	Loss of DSU at GRH	Winne for GMH area initially but once public acceptant is gained by an improved seniors chould be better Covering deteriorating patient service overnight. Are staff available?	ace SI Worse	S Worse S	Wane STR	orse Simil	lar SI Worse	SI Setter	SI Worse	Less Locations / more quality		Reduces a physical location BUT increases capacity with declarate but. Common model is dedicated separate facility - improves access
2.9 What is the likelihood of this solution having a positive impact on equality and health inequalities as et out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012?	Further analysis required	Further analysis required	Don't Know	Don't E	Don't S Know	imilar I	Don't S Know	imilar Don'i Knov		и	Likely impact on those more vulnerable e, costs, complex lives, cares although better for the more vulnerable in Chetenham and the east it could be wors Gloucester and the Forest for the most vul	the service will need to ensure it provides equitably for all patients who need to use it for	Similar	Smlr S	Better Don	t Know Simil	lar SI Better	SI Better	Den't Rico			Evidence required
2.10 What is the likelihood of this solution accounting for future changes in population size and demographics?	Growth modelling not yet available	Growth modelling not yet available	Don't Know		Don't D Know K	lon't l	Don't S Know	l Better Simil	lar Simil			Growth models need to be available when planning estate changes in particular Allow certification of complex care. The service will need to plan for capacity to meet nee now and into the future if there is a population growth in the west a new service might have to be set up.	si Better	Smiler D	or't Know SI Be	etter Simil	lar SI Better	r SI Better	Don't Kno			Evidence required

Deliverability	Pre Workshop Information P	ack - Evidence from Workstreams	Pre Wo	rkshop S	icores								Pre Workshop Scorer C					Worksh						Workshop Scorer comment	s
20	What would be better	What would be worse	Table 1	Table 2	Table 3	Table 4	Table !	Table	6 Table	7 Table	le 8 V	What would be better	What would be worse	Other comment	Table	1 Table	2 Table	3 Table	Table	Table (6 Table	7 Table 8	What would be better	What would be worse	Other comment
3.1 What is the likelihood of this solution being delivered within the agreed timescale?	Subject to consultation and statutory notice period, this option could be delivered within the agreed timescale. This would be evidenced by statutory timescales and indicative implementation timetable.	No impact	Don't Know	Similar	Don't Know	Don't Know	SI Bette	r SI Wors	se Don't Know	SI Bet	etter			No huge obstacles Much of infrastructure and facilities already in place.	SI Better	SI Better	Don't Kno	w SI Better	SI Better	SI Better	SI Worse	Don't Knos	Gen Surg priorities are 1) EGS 2) Daycase 3) Colorectal. Dedicated day surgery is supported by consultants but no agreement on site	is an issue	Evidence required Staff in place, just across 2 sites currently 2nd priority after EGS move (and enabler to other move Nursing capacity needed Rota required to aid decisio
3.2 What is the likelihood of this solution meeting the relevant national, regional or local delivery timescales?	No impact	No impact	Don't Know	Similar	Don't Know	Don't Know	Similar	Similar	Don't Know		lar			no impact noted	Similar	Similar	Don't Kno	W Don't Know	r Similar	SI Better	Similar	Don't Know	,		
3.3 What is the likelihood of this solution having the implementation capacity to deliver?	No impact	No impact	Don't Know	Similar	Similar	Similar	Similar	Similar	Don't Know					no impact noted Implementation capacity would need to be identified	SI Better	Si Better	Similar	Don't Know	s SI Better	SI Better	SI Worse	Don't Know			
3.4 What is the likely effect of this solution on access to the required staffing capacity and capability to be successfully implemented?	No impact	No impact	Don't Know	Similar	Similar	Don't Know	Similar	Don't Know	SI Bett	ter Simila	lı r	all staff at one location Intended to improve staff resilience by consolidating teams	Risk of being slightly worse if not located with planned in-patient service due to overnight admissions	targeted staff for limited periods.	SI Better	Similar	Similar	Sig Better	Similar	SI Better	Similar	Similar	No change in staffing required	Nursing impact	Adjustments to ward staff. Redeployment of existing
3.5 What is the likelihood of this solution having access to the required support services to be successfully implemented?	All support services for daycases currently exist at CGH site.	No impact	Don't Know	Similar	Similar	Similar	Similar	Similar	Don't Know	SI Bet	etter			no impact noted everything is already in place	Similar	Similar	Similar	Similar	Similar	SI Better	Similar	Similar			Autonomous activity Depends what else is on the site. Day case wards need modelling on process flow incl parking, drop-off
3.6 What is the likelihood of this solution having access to the required premises/estates to be successfully implemented?	Additional daycase beds would be provided on the CGH site.	No impact	Don't Know	SI Better	Similar	Don't Know	Similar	Don't Know	SI Bett	ter Don't Know			Additional day case beds would be required	Relies on estates strategy to provide space for more daycase beds needs further beds and parking facilities More beds needed at CGH Don't know if any changes to estates are required to accommodate	SI Better	Similar	Similar	Si Better	SI Worse	Similar	Don't Kno	W Don't Knos		Theatre capacity an issue. Day Case bed requirement achieved by moving colorectal	Subject to an adequate capital investment. Dependent on other chang Dedicated day unit needs b modelling. Unknown Need to see estates plan.
3.7 What is the likelihood of this solution having access to the required technology to be successfully implemented?	No impact	No impact	Similar	Similar	Similar	Don't Know	Similar	SI Bette	er Don't Know	Simila	lar			implementation of Cinapsis county wide could help Do not think it will have an effect on technology	Similar	Similar	Similar	Similar	Similar	Similar	Similar	Similar	No additional requirements		None required/ no change
3.8 Does this solution rely on other models of care / provision being put in piace and if so, are they deliverable within the timeframe?	No impact	No impact	Similar	Similar	Similar	Similar	Similar	Similar	Simila	r Simila	lar			If other acute services move elsewhere then good access to theatre will be essential and available EGS move to GRH and elective IP colorectal and upper GI to GRH. Ideally move IGIS and acute medicine to GRH too to free up theatre space May be linked to other proposed changes in surgical services		Similar	Similar	Similar	SI Worse	Similar	Don't Kno	w Don't Know		Requires operating list shifts to GRH. More info needed	Linked to all other Gen Surgery changes Theatre capacity, bed capacity, dedicated unit? something need to move o to create space

Acceptability	Pre Workshop Information Pack - Evidence from Workstreams	Pre Workshop	p Scores						Pre Workshop Scorer Comments					shop Sc					Workshop Scorer comments	
,		Table 1 Table	2 Table	3 Table 4	Table 5	Table 6	Table 7	Table 8	comment	Table	1 Table	2 Tab	le 3 Tab	le 4 Tab	e 5 Tabl	e 6 Tab	le 7 Ta	ole 8	comment	
7.1 What is the likelihood that this solution has	All solutions have been developed with reference to the Outputs of Engagement Report.	Sig SI Bet	ter Similar	Don't	SI Better	Sig	SI Bette		This is the first solution whereby the answers seemed blased in the sense that this option is	Similar	SI Better	Simila	ır Simila	r SI Bett	er SI Bett	er SI Bet	ber Don	t Know		
satisfactorily taken into account and responded to	Solutions included/adapted as a result of public feedback are:	Better		Know		Better		Know	trying to make itself a front runner. The information is hazy.											
the Fit for the Future Outcome of Engagement									Some respondents are likely to have hoped for this service to be provided on both sites.											
Report?	Re-open CGH ED overnight								There is limited feedback on the specific elements of the different parts of general surgery, not											
	IGIS centralised to CGH site								aware of any specific feedback relating to GI day cases											
	IGIS hub options								it covers all the questions people had.											
									Engagement Report - No specific questions but supports future of CGH. Fits with CoEx approach											
									Better for people in CGH											
									Engagement Report - Balances services at both sites. Supports a vibrant future for CGH.											
									Pitch - strongly positive for staff, positive for outcomes, positive/neutral for access. Which site											
									for Day case not clear											
									Does this look like downgrading CGH											
									Current engagement doesn't talk much about day surgery											
1									sell the benefits of the model											
1																				

Improving workforce capacity reallence and reducing the risk of temporary service changes? staff. Combined the absert Florid This setab	What would be better centralising daycases, more efficient and	efficient and Potential for GRH daycase nursing staff to be ycase nursing reallocated from current unit. This would be evidenced by staff establishment reduce nt	Pre Wor Table 1 SI Better			Table 4 Table 5 Table	able 5	Table 6 1 Similar S	Table 7 Similar	Table 8 SI Better	What would be better Doesn't need staffing out of hours By centralising daycases, more efficient and effective use can be made of daycase nursing staff.	what would be worse may have negative effect on GRH nursing staff	The pros outweigh the cons- efficency and effectiveness would be improved- this can only be beneficial	Table 1	Table 2 Tab	le 3 Tab	kshop Scor ole 4 Table otter Si Better	Similar Si	ble 7 Table	What would be better Centralisation, reduced absence. Centralise principle positive impact. Day case focussed only	Workshop Scorer comments What would be worse	Other comment No rota issues Better access to training (dedicated daycase lists) Nursing impact - need to consider
improving workforce capacity resilience and reflecting the risk of temporary service changes? Execution the risk of temporary service changes? Floreity this setable resilience and reflecting the risk of temporary service changes?	centralising daycases, more efficient and ective use can be made of daycase nursing iff. hesive group working would reduce sence and improve recruitment xibility to cover unexpected absence.	efficient and Potential for GRH daycase nursing staff to be ycase nursing reallocated from current unit. This would be evidenced by staff establishment reduce nt	SI Better	SI Better	SI Better		Better S	Similar S	Similar	SI Better	Doesn't need staffing out of hours By centralising daycases, more efficient and effective use can be made of daycase nursing staff.	may have negative effect on	The pros outweigh the cons- efficency and effectiveness would be improved- this can only be beneficial	SI Better	Sg Better Si Bet	ter Sig Be	etter Si Better	Similar SI	etter Similar	Centralisation, reduced absence. Centralise principle positive impact.		No rota issues Better access to training (dedicated daycase lists)
State of temporary service changes? Changes of the state of temporary service changes? Change	off. thesive group working would reduce sence and improve recruitment exibility to cover unexpected absence.	This would be evidenced by staff establishment reduce nt	-			Know					effective use can be made of daycase nursing staff.	GRH nursing staff	improved- this can only be beneficial									daycase lists)
Cohen abser Fieudi This y estab	sence and improve recruitment exibility to cover unexpected absence.	reduce nt	-																	Day case focussed only		
absers Flexed This seatab	sence and improve recruitment exibility to cover unexpected absence.	nt																				Nursing impact - peed to consider
Recit This v estab	xibility to cover unexpected absence.										Cohesive group working would reduce absence and		for the patient.									
This v											improve recruitment		better team work, better									rotation
estab	is would be evidenced by staff	absence.									Flexibility to cover unexpected absence.		recruitment, more flexibility to cover									May Hill? - what will happen to the
		ff									Centralising services optimises workforce capacity,		for absence and opportunities for									ward?
	ablishment										increases stability and improves resilience		training. Although current RGH staff									Risk of losing training status
											Staff changes will be involved from GRH and		will have to be relocated.									
											recruitment may be needed. This would also											
											provide opportunities for staff who want to move											
											into this clinical area to gain experience.											
	impact	No impact	Sig	Similar	SI Better	Sig SI	Better 9	Similar S	Similar	Similar	Specialisation and reducing the number of centres			SI Better	Sig Better Si Bet	ter Sig Be	etter SI Better	SI Better Sig	Setter SI Better	•		
optimising the efficient and effective use of			Better			Better					from 2 to 1 will improve this											
linical staff?											single site efficiencies will come into play											
1.3 What is the likely effect of this solution on No in	impact	No impact	Don't	Similar	Similar	Similar Si	imilar S	Similar S	SI Better	Similar	better team working			Similar	Smilar Simila	r Simila	ar Similar	Similar Sin	llar Don't Kr	Opportunity for more community		
supporting cross-organisational working across the			Know																	hospital sessions		
patient pathway?																						
													1									1
	portunity to introduce Physician Associate		SI Better	Sig	SI Better	Similar SI	Better [Don't S	SI Better	SI Better	I suspect this would improve effective use &		reduced demand for out of hours	Similar	Sig Better Simila	r Si Bet	tter SI Better	SI Better SI I	etter Similar			
supporting the flexible deployment of staff and roles	es to support the delivery of daycase care	daycase care		Better			H	Know			improve resilience		provision.									1
the development of innovative staffing models? within	thin the timeframe										Opportunity to introduce Physician Associate roles		dependant on funding									1
This	is would be evidenced by the introduction	introduction									to support the delivery of daycase care within the		May incorporate enhanced roles eg									
of ne	new posts										timeframe		Physicians' Associates									1
											New roles could be developed eg physician		1 1								I	1
											associate											
											Enhanced recovery pathways											
											Will allow introduction of novel posts and ways of											
											working											
4.5 What is the likely effect of this solution on Dedic	dicated daycase unit separate from EGS	e from EGS Potential for existing GRH daycase nursing staff	Sig	SI Better	Similar	Similar SI	Better	Sig S	SI Better	Similar	working in a dedicate and unstressed team will		Consistent environment. NO EGS 5	Similar	Sig Better Simila	r SI Bet	tter SI Better	SI Better Sin	itar Similar	Positive environment, not		
supporting staff health and wellbeing and their would	ould deliver a consistent environment for	onment for to be reallocated from current unit. This could	Better					Better			improve self-care & mutual support		patients in day case beds							emergency but some staff moves		
ability to self-care? staff t	ff to work in	impact morale and staff health and well-being.									consistent work environment, this sounds as		Support would be needed for									
		This would be evidenced by staff rotas and staff									though it would be less stressful. That can only be a		transferring staff. Travel costs, caring									
		well-being metrics.									good thing for staff well being.		and childcare arrangements.									
											supportive team in a consistent calm environment.											
4.6 What is the likely effect of this solution on See 4	e 4.1	See 4.1	SI Better	Sig	SI Better	SI Better SI	Better 5	Sig 9	SI Better	SI Better	efficiency and flexibility- if the staff are happier not	west of County and FOD	could result in requests for transfer	SI Better	Sig Better Si Det	ter Sig Be	etter SI Better	SI Better SI I	etter Similar			Nursing impact / rotation
improving the recruitment and retention of				Better				Better			overworking because there is enough staff. It would	staff will have further to	out of the team by GRH nursing									
permanent staff with the right skills, values and											stand that people will want to stay as well as being	travel	staff? On the plus side the									
competencies?											attractive to potential new recruits.		establishment of a dedicated service									
											Draws together DSU staff/experience		may attract staff									
											Easier to train, more supportive environment		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
																_						
4.7 What is the likely effect of this solution on retaining trainee allocations, providing Providing	ovide dedicated daycase training. is option would strengthen training	ing. No impact	Sig	Sig	Similar	Sig SI	Better	Sig	SI Better	SI Better	Senior staff would have more time & appropriate opportunities to train junior staff			si setter	St Better Simil	r smil	ar pastter	Similar Si	eccer parmar	Dedicated training environment positive but not beyond tipping		
opportunities to develop staff with the right skills, exper	is option would strengthen training	aining	Better	Better		Better		Better			targeted training									positive but not beyond tipping		
values and competencies? comp	mpliance with Deanery regulations										Provision of dedicated training- developing staff.									Would improve training		
values and competencies? Comp	mpliance with Deanery regulations able the Trust to retain trainee allocations.	ations									better opportunities for training to high levels and									would improve training		
Enabi	able the Trust to retain trainee allocations.	e allocations.									improve skills, keeps the Deanery happy which is a											
											improve skills, keeps the Deanery happy which is a											
											Good Thing.											
4.8 What is the likely effect of this solution on No in		No leave of	er.	Similar	Charles		imilar S	Similar S	CL D - 11 - 1	Circuit and	Senior staff would have more time & appropriate		Constitution to and	ri Battas	El Batter Clark	e di Ser	ites of Batter	FI Batter FI S	etter Circles	Increased capacity - options to		
maintaining or improving the availability of	impact	No impact	Better	mimar	Jiiiiiai	Detter Si	IIdi S	JIIIdi	J. Detter	Jamar	opportunities to train junior staff		Specific training in good environment for training							repatriate pts. List of same		1
trainers and supporting them to fulfil their training			Better			Better					targeted and emergency free		environment for training							procedure (hi vol) better for learning		
trainers and supporting them to fulfil their training											easier to train when all in one site									procedure (ni voi) better for learning		
ione.											Country to train when an in one site		1									1
													1									1
A DAME of the Plants offers of the sectors	to a second	No former	O it		C171	CI D. H.			C1 D	C1 D	Configuration of the control of the		De final dentities in dentities	Similar	Se Better Cont.	97	tter Similar	Similar Cir	eller Greiter	0. 5		+
	impact	No impact	Don't	sig	Similar	SI Better Si	imilar S	Similar S	SI Better	SI Better			Dedicated training in day surgery		- James	- 200				Dedicated training environment		1
enabling staff to maintain or enhance their capabilities/ competencies?			Know	setter							cases in a shorter time period due to reduction in cancellations and not having to provide emergency		1									1
capabilities/ competencies?											cancellations and not naving to provide emergency											
											Draws together DSU staff/experience		1									1
											braws together DSU starr/experience		1									1
													1									1
4.10 What is the likely effect of this solution on See 4	e 4.1, 4.8 & 4.9		Sig	Sig	SI Better	SI Better SI	Better	Sig S	SI Better	SI Better	if the staff are happier not overworking because		Fewer cancellations, dedicated	Si Better	Sig Better Si Det	ter SI Bet	tter Similar	SI Better SI I	etter Similar	High volumes and low cancellations		
enabling staff to fulfil their capability, utilising all			Better	Better				Better			there is enough staff. It would stand that people		training environment									1
of their skills, and develop within their role?											will want to stay as well as being attractive to		1								I	1
•											potential new recruits. Also with the opportunity of		1									1
											new roles being created- staff can progress within		1									1
											the unit, rather than go elsewhere.		1									1
											really good for staff		1									1
													l									
	rther analysis required	Further analysis required	Don't Know	Don't Know	Don't Know	Don't Know SI	Worse	Jon't Know	(2) Worse	Similar	Stable base once fully implemented	GRH based staff transferring	Job planning to reduce travel	SI Worse	Similar Con't	Know Don't	Know Similar	Similar SIN	Varse Don't Kr	sow		Need further information but less
1.11 What is the likely effect of this solution on Furth				1	1)						1	may have increased travel	between sites on individual days							1	I	Specialty Nurses involved with this
the travel burden for staff? e.g. relocation time				1	1)							times & costs	Depends on where staff are currently							1		cohort so reduced impact
6.11 What is the likely effect of this solution on he travel burden for staff? e.g. relocation time and cost.				1	1)								based, where they live and how							1		Likely to balance out.
he travel burden for staff? e.g. relocation time				1									many have to change their base									1
he travel burden for staff? e.g. relocation time		1	1	1									1									1
he travel burden for staff? e.g. relocation time																						
he travel burden for staff? e.g. relocation time and cost.	impact	No impact	Don't Know	Similar	Similar	Don't Know KI	Detter S	limilar K	il Better	Similar	team working in a balanced team should receit in		le le	SI Better	Smiler Simil	r Sur	etter Si Better	Similar Si	etter Simil~			
he travel burden for staff? e.g. relocation time and cost. .12 What is the likely effect of this solution on No in	impact	No impact	Don't Know	Similar	Similar	Don't Know SI	Detter S	limitar S	S Better	Similar	team working in a balanced team should result in		s	SI Better	Similar Simila	r Sig Be	Si Setter	Similar SI I	etter Similar			
he travel burden for staff? e.g. relocation time and cost.	impact	No impact	Don't Know	Similar	Similar	Don't Know SI	Detter S	Similar S	il Better	Similar	improved supervision		s	SI Better	Smiler Simile	e Sg Se	etter SI Better	Similar SI	etter Similar			
the travel burden for staff? e.g. relocation time and cost. 1.12 What is the likely effect of this solution on No in	impact	No impact	Dan't Know	Similar	Similar	Don't Know SI	Better S	Similar S	il Better	Similar	improved supervision easier to maintain supervision when all staff on		s	SI Better	Smilar Smil	r Sig Be	etter Si Better	Similar SI	etter Similar			
he travel burden for staff? e.g. relocation time nd cost. .12 What is the likely effect of this solution on No in	impact	No impact	Don't Know	Similar	Similar	Don't Know SI	Detter S	Smilar S	Si Better	Similar	improved supervision		5	SI Bether	Smilar Simil	s Sg Se	etter Si Setter	Similar SI	etter Similar			

C5: Centralise elective colorectal to Cheltenham General Hospital (CGH) - Models D, F G & H

Quality	Pre Workshop Informatio	on - Evidence from Workstreams			Pre Worksh	op Scores				Pre Workshop Scorer Comments				Worksho	p Scores			Workshop Scorer comments	
1.1 What is the likely effect of this solution on	What would be better Improved access to sub-specialist care, ensuring	What would be worse A few patients who have had planned care and need urgent	Table 1 Tab	ole 2 Table	3 Table 4 T	able 5 Tabl	e 6 Table 7	7 Table 8	What would be better Specialisation and reducing the number of centres from 2 to 1 will improve	What would be worse I do not have confidence in the ability to manage	Other comment The pros and cons table in the info pack regarding this section	Table 1 Ta	ble 2 Table	3 Table 4	Table 5 Tal	ole 6 Table 7	Table 8 What would be better Sentralisation - sub specialty benefits.	What would be worse If EGS has moved onto different site. Pts not	Other comment there are benefits of a centralised service but
1.1 What is the likely errect of this sociotion on patients receiving equal or better outcomes of care?	equitable pathways for all patients No cancellations for planned care Benefits of co-location with undogy, gynae-oncology and medical gastroenterology Supported by the findings of the New Zealand report	re-admission might be admitted to GRH and need to be transferred to CGH. The EGS team would not be on the same site as planned patients who become unwell in hospital after their operation. The 'deteriorating patient' model would support all patients on the CGH site with 247 specialist care	Better Bett	ter Better	Better	Bette	r Better	Better	quality of care Batter access to sub-specialist care and reduction of cancellations. Some concerns about care of a deteriorating patient properties to subspeciality care is offered by looking after the deteriorating patient. The "deteriorating patient" model does not describe surgical injust. There is an increased risk to patients safety.	too not make commences in this assets too manage these patients who develop complications and need further inservention (endoscopic or surgical) may need to be transferred to GRH (where the EGS Team are located	seem to be evenly weighted. No numbers on those that would need EOS so difficult to weigh pro's and com: benefits to elective patients would definitely include improved patient experience and some potential to improve outcomes by moreowing conferential walthous with standardisation. Powered						Enhanced centralisation. Dedicated wa Physical separation Centralisation benefits. Reduction in elective cancellations Centralisation increases capacity = reduced waits	d. neviewed by consultant at w/e. Need plan SOP for deteriorating patient. More handowers. Less w/e cover. Reduce team continuity. Dateriorating elective colorectal Pt -access to emergency surgeon	there are dements or a communities review to the rescuce patients soluted from emergency site. mitigate by 1-2 LoS inpatient work moving GRH beds issue discussed, no clear benefits
	Strategy 10 – Improving elective care through separating acute and elective surgery, 2012.	moduling existent coverage TH to constitute cover. This issue dues depend prefer a dissise with the suggest team in 50H; should review or surgery be required. While under the spency care of the deliversizing patient team, a Schander Operating Procedure would define the clinical circumstances under which a suggest would stavel to the COH site, or the patient would be transferred to GRei.				ı			Strategy 10 document seggests that high volume, non-complex cases are been studed to perspective parasitation for 100 document services. Calls model anodic carculation of upper deschee cancer cases due to comparing pressures models, that their additional test building by an ever straig emergency workstad. Improved access to parasitis thanks would give confidence to the patients fleeduction in carculations - improved access		where may be some offlatting of this by reducing the hearders experienced by emproyer patients who might benefit from the implementation of some of these protocols also. Hearders are supported by the protocols are series recommended in the NHS LTPlan, the recommendation of the national GIRPT lead to improve care.						RECrecommend this Colocation with bredgy and Gynae would remain separating elective and emergency patients - benefit.	Reductions in wife reviews of planned Pts. People felt uniformed Impact on lower GL cases	
1.2 What is the likely effect of this solution on patients being treated by the right teams with the right skills and experience in the right place and at the right time?	Improved access to sub-specialist care, ensuring equitable pathways for all patients Improved access to specialist nursing care Dedicated planned care team protected from EGS	No impact	Sig SI Be Better	etter SI Bette	r Sig S Better	l Better Sig Bette	Sig r Better	Sig Better	Specialisation and reducing the number of centres from 2 to 1 will improve quality of care Availability of theatre space more probable i.e less likelihood of emergency soperations needing to theatre	Relies on untried models of care out of hours. Patients who develop complications would need to transfer	Elective patients are currently seen by the colorectal team. Opportunity for enhanced subspecialist care iwould suggest in hours generally significantly better but this may not be the coa ONEs should an elective case deservance.	SI Wasse Si's	M Worse	Sig Better 1	Better Sind	ar Silbetter	Better for elective Divergent - real benefit for most improved Access to sub-specialty. Co- location positive for planned - selected	Worse for recovery (10%) potentially an unacceptable risk	Balance of pro's and cons offsetting each other - centralising benefit.
the right time?	obtacing partners care earn protection from cos- binedits of to Scientin with servings, gyrane-oncology and medical gastroenterology. Supported by the findings of the Royal College of Supports - spesting emergency and elective surgical care Report, September 2007. This would be evidenced by patient pathways and for Character patients, the cancer patient experience survey.					ı			operations beening or trainers of the co-location of verology, gene & better access to she operation care plans the co-location of verology, gene & transition of the control of the con		mot and one Law Curtys solidors in executor Law development, before considered the partiest states to support noted but patien all right in wrong place.	it.					ocación positivo no painima - sentencia sia irrelavanter for complications of potential transfer for complications of surgery. Emergency care available at CGH.		
1.3 What is the likely effect of this solution on continuity of care for publishts?	to west whilst remaining under a single consultant's core.	Flammed COP partients small event to be server at wearables, and a resc Consultation and out level to the segred to provide this. Currently the over all COS beam based ones did not be all the server as partients over the weakfact.	Sig Sig Botter Betb	SI Bette	ir SI Better S	I Worse SI Bet	Der Sig Better	SI Better	son from an engin comutant in a benefit discussed electric sense, the energy-positional discussed electric sense, the energy-positional Politichs, useful offer reset to move behaves which in capitals and would lead to enter and off any trainform's Gradient sense and off any trainform's Fallow up for planned patients; © COs and reta provision at weekends.	one econom short weekend consultant cover Vesiend consultant relevant of consultant cover Vesiend consultant relevant of consultant cover with covered staffing level. Instantier of Life Spatiation stage of the Consultant consultant cover from CRFs and transfer a consultant cover from CRFs and transfer a consultant cover from CRFs and transfer and consultant covered covered covered covered covered in a CRFs on the CRFs and the CRFs of consultant covered covered in a CRFs contract covered co	Scatter patients should's ready be more greate propag- tion. It has understand the high paid covereity it seems that you would be more all if you were planned for Girl any we wastle be more all interest of the patients of the seems of the patients of the	M Wante 201	Similar	N Bertan	SI W	M Better	Less Staly to have endiren pass variation and more expertise.	More handsvern. Less wire come, Reduce team confinuity. Transfer of patients. Transfer of patients by Specialised with a series of CS patients by Specialised of CS manual series. If commence deteriorated at CCS - unsgoon for 605 New CSS of the CSS - unsgoon for 605 New CSS CSS - con CCSS - emergency unsgory! to signed by Deanery.	Contracting gattern model dependency he changes to the testing state of the side of the work but concerns or Deteriorating PF at CDH
M Wat is the likely effect of this solution on the opportunity to liefs with other teams and agencies to support patients holistically?	No impact	No impact	Similar Sig Beth	Similar	Similar S	imilar SI Bet	Don't Know	Similar	The teams would have the improved access to what they already how in place	Spitting the same pathology based on mode of presentation where similar treatments will be undertaken will usually mean tention between pathways: Reduce effective working links with UGI surgery	stopathly things cannot get worse with this solution. If colorectal operations and general surgey are at different hospitals, consultations between the two teams will not be as a shaving all the patients on one site would carriery mare that a single social care team to arrange services on discharge would only have to work one sha.	Sinday Sin	tar Similar	Sindar 1	inda Sind	ar Si Betser	Benefits of centralisation		No change/ impact
1.5 What is the likely effect of this solution on the quality of the care environment?	This option provides a specialist colorectal unit dedicated to planned care Ward environment dedicated to planned care without being adversely impacted by the delivery of EGS Single specialist running, ANP and Alfied Health Professionals team (AHPs) e.g. physiotherapy, occupational therapy, nutrition team).	No impact	SI Better Sig Bett	Don't Know	Similar S	imilar SI Bet	ter Similar	Similar	A rightly executation team from pre-surgery to port cp. this can only be good for the patient. On the patient, which is a surgery to post the patient pre-surgery to the pre-surgery to the care environment would be met access to agencies would be available that care environment would be met access to agencies would be available that care environment would be met access to agencies would be available to a care the patient of the patient and the patient and the patient and those suffering from some mental health conditions.		comments in descriptors refer to clinical care & nort the environment.	Si Bezar Si I	Dan't Ked	w Sinitar 1	Hezer Sied	ar Si Better	Enhanced certralisation. Dedicated wo Physical separation Dedicated team/ward Bactive separation positive on ward; sursing care is different between El and fin so standardise Benefits of being in an elective setting, prehabilisation, enhanced errowary. Separation of electrice and emergency would be better.	ut. Aniles on estate strategy Relies on a lost of different things	
1.6 What is the likely effect of this solution on encouraging patients and carers to manage self- care appropriately?	No impact	No impact	Similar Simi	ilar Similar	Similar S	imilar SI Bet	tter Similar	Similar	Specialist teams available to give guidance on ongoing care		info pack says no impact. I assume there are no negatives. There is always a problem getting some patients and carers to self- care but hopefully the dedicated teams will be able to advise	Sindler Sin	tar Sinitar	Sinitar S	initia 151 to	sser Sil Betser	Elective, centralisation benefit		No change/impact
1.2 What is the Blady effect of this solution on enabling sixther transfers within a clinically safe time frame?	No impact	Flamend generals who become servale in longital after their proportion may require large for 10 feet (2 miles). The 'steeriorising patient' model would support all patients' man (Coff risks with 2 / proposition care including entitlent and the Coff risks with 2 / proposition care including entitlent states of the company of the company of the company of the states of the company of the company of the company of the states br>states sta	SI Worse Sig Betb	SI Wor	similar S	I Worse SI Bet	ner SI Bette	er Similar	Sources on the previous of comultarity have available at COSI (Differ product) (see States) for their experience processing, prescribed or commission of the community is accupiancy or commission of the community is accupiancy or an at GBH is that the move should be more coordinated and safe.	Concerned about descrivating sparter surgical support in an emergency requiring transfer to GBH Winried about plans to manage sunspected complications and of oursemplors harder complications and of oursemplors harder fraudred of patients with complications for surgery by ambulance	If a patient needs to be transferred the and pack explains what would happen and the patient would receive the best care.	M Wante 201	Name Name	SI Wome	Wante Shed	ar Similar	interested and the second sec	Obstensioning PT Debtension (Incompany of pt Pt transfers SOP for same general property of the same general property than avail if req. post, travel to Pt amergency team avail if req. post, travel to Pt	Asserter (TU at both)
1.3 What is the likely effect of this solution on enabling emergeny interventions within a clinically safe time-frame?	Improved access to sub-specialist team for patients requiring out of house emergency treatment having undergone planned care. This would be evidenced by reviewing time of decision to treat and treatment.	As acute or deteriorating statient at CGH would require transfer to GBH or he surges to travel to GGH. Access to emergency intervention may be compromised by tack of deficiated emergency thater in CAR. This would be evidenced by monitoring Key Performance indicators.	Don't Sig Know Beth	SI Won	in Don't S	l Worse Sig Bette	SI Wors	e Similar	Emergency patients appropriately troated in emergency centre. Dedicated teams make this possible	concerned about deteriorating patient surgical support in an emergency due to Lack of emergency theater on site at CBH Emergency care elsewhere Limited access to emergency theater in CBH The pt would be on a different site to emergency surgery facilities?		No.	M Worse	and a second	No.	Wester		Oxeriorating electrine colonicital Pt —access to emergency, significant colonicity to Emergency team on other site. But also DPM	Can be done but could involve more complication as involves transfer
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on patient outcomes?	No impact	For some patients there would be an increase in travel time to CGH for planned care admissions. This would not negatively influence patient outcomes.	Similar Simi	ilar SI Won	ie SI Worse S	imilar Sig Bette	SI Wors	se Similar	Elective team wouldn't be treating blue light arrivals	More travel from East Pts transfer now against clinical protocols.	Josal mix of positives & negatives for patient travel times in the various parts of the country. The Ambulance service would take the patient to Cheltenham initially to save transferring at a later date.	sody so	tar Similar	sinds	india indi	a Similar	Nonethy (No travel time outcome impact Electives only
1.10 What is the likely effect of this solution on patient safety risks?	improve recruitment of medical and nursing staff. Reduce the risk of cancellations to planned care. This would be evidenced by monitoring Key Performance indicators.	No impact	Don't Don' Know Knor	ort Si Bette	r Similar S	l Better SI Bet	ter SI Bette	SI Better	Reduction in cancellations will be a benefit to patients improvements and minimizing patient risk is expected. No risk to patients a single centre would be more efficient and have a good working team.	Out of hours cover is not in place No material advantage on staffing for co-locating electrice and emergency of surgery Some risk around the deteriorating patient.	Looking forward to see a workable solution out of hours.	M Wanse San	lar by Have	sig Better 1	SI W	Similar	M memor Centralisation benefits. Reduction in elective cancellations decrease in wound infections improved outcomes DVTs etc.	Reduction in w/e reviews of planned Pts.	Overall positive to centralise. Staff resilience and robustness of service. But current service good No better than the current medical wyflorce. Transfers between hospitals and transfer of responsibility.

Access		ack - Evidence from Workstreams	Pre Wo	kshop Sc	ores						Pre Workshop Scorer Comments					V	Vorkshop	Scores					Workshop Scorer comment	
2.1 What is the likelihood of this solution meeting	What would be better	What would be worse		Table 2	Table 3					Table	8 What would be better	What would be worse	Other comment	Table 1	Table 2	Table 3	Table 4 Ta	able 5 Ta	able 6 T	able 7	Table 8		What would be worse	Other comment
2.1 What is the likelihood of this solution meeting the requirements of the NHS Constitution and The NHS Choice Framework?		No impact	Don't Know	SI Better	Similar	SI Better	SI Better	SI Better	Don't Know	SI Bette	er Waiting time reductions should be a qui win Improved waiting times Reduced cancellations away from emergency centre	k If all at one location choice is removed	most likely the aim is is to make improvement	Sig Worse	SI Better	Similar	Si Worse Sin	nilar SI	Better SI	Better	S Better	Centralisation increases capacity – reduced waits Pt choice of provider unaffected. Pot improvement in waits 2-1 choice better trt time 18 weeks ca waits	Reduces choice	
																						fewer 52 week waits		
simplifying the offer to patients?	Single site for delivery of planned inpatient colorectal care. This would be evidenced by patient pathways.	No impact	SI Better	SI Better	SI Worse	Similar	SI Better	Si Better	SI Better	Similar	Simplifies the situation. Should be easy to communicate Less confusion about site Patients would be more comfortable having a dedicated team at a known hospital delivery of a single site should make the patient experience better.		It is an elective service so patients will be invited for surgery and will not need to know in advance where the service is located, or access it without guidance	Sig Better	Si Better	Similar	Smiler SI	Setter SI	Better Si	Better	Similar	single site Odd for emergency readmissions. If to a different site better infrastructure / expertise.		people don't understand
											Hot cold split makes sense to patients			III Mana	fl Warra	timiter	El Maria III	Maria III	Mana III	Wana	II Wesse			
2.3 What is the likely effect of this solution on the travel burden for patients?	residents – no further improved impact.	Travel analysis tbc, but any service moving from GRH to CGH will increase travel times for residents of Gloucester, the Forest of Dean and parts of Tewkesbury/Newent/Staunton	Similar	Similar	SI Worse	Similar	Similar	SI Better	SI Worse	SI Wors	se	west of county and FOD	Cheltenham this would change for Gloucester and Forest of Dean patients. Travel analysis is outstanding.	SI Worse	SI Worse	Similar	SI Worse SI 1	Worse SI	Worse SI	Worse	2 Worse		<280 negatively impacted Glos/FOD Proportionally more Pts impacted than not. Recognise this is planned operation. OP remains unchanged	Can be mitigated as planned.
2.4 What is the likely effect of this solution on patients' waiting time to access services?	improve ability to achieve national waiting time standards. This would be evidenced by monitoring Key Performance indicators (cancellations)		Don't Know	SI Better	Don't Know	Similar	Si Better	SI Better	Si Better	SI Bette	er Waiting times should reduce Prevent impact of emergency care on elective services waiting times expected to decrease improved ability to achieve national waiting times Referral to treatment and access to services should be reduced Should ensure scheduled theater time improving treatment standards, especial important in bowel cancer.	Cancellations inevitable if elective and emergency GI surgery co-located	There is always going to be patients that will have to travel further but one centre and one dedicated team should reduce the need for Outpatient appointments	Si Detter	Si Setter	Si Better	Si Better SI i	Satter SI	Better Si	Detter	Si Better	Centralisation increases capacity = reduced waits Service not in control of whole pathway e.g. diagnostics but centralisation supports capacity which supports reducing waiting times		
2.5 What is the likely effect of this solution on the travel burden for carers and families?	See 2.3	See 2.3	SI Worse	Similar	SI Worse	SI Better	Similar	SI Better	SI Worse	SI Wors	se	More travel from East Poor parking facilities in CGH	better for some, worse for others it will benefit some and disadvantage others there is no perfect solution Take account of travel impact and costs for people from more deprived areas (inner city and rural)	SI Worse	Sig Worse	Sig Wone	SI Worse SI I	Norse Sig	Worse SI	Worse	2 Worse		Carer impact higher Pts in for < 1 week but impact on families	
2.6 What is the likelihood of this solution supporting the use of new technology to improve access?	No impact	No impact	Don't Know	Similar	Don't Know	Similar	Similar	Similar	SI Better	Similar	Co-location with other specialities would be an advantage		no change CGH is already a centre for robotic surgery (urology and gynae onc). This can be expanded to GI appears to be no technological changes involved.	Similar	Similar	Similar	Similar Sin	nitar Sir	nilar Si	imilar	S Better	Robotic surgery in CGH Diagnostics - if EGS goes to GRH more capacity for CT for elective		
2.7 What is the likelihood of this solution improving or maintaining service operating hours?	Maintains colorectal presence on CGH site	No impact	Sig Better	Similar	Don't Know	SI Better	Similar	Similar	SI Better	Similar	· Likelihood of emergencies interfering is less		Evidenced by patient pathways	Si Better	Similar	Similar	Similar Sin	nilar Sir	nilar Si	imilar	Similar	Possible to extend operating hours		As current
2.8 What is the likelihood of this solution improving or maintaining service operating locations?		No planned inpatient coloractal at GRH	Don't Know	SI Worse	SI Worse	SI Worse	Similar	Sig Better	SI Better	Similar	Specialist teams would have access to operating theatres when required	worse for Glos area patients, particularly for Forest Duplication of services again a challenge eg stoma support et		SI Worse	SI Worse	SI Worse	SI Worse SI 1	Worse SI	Worse SI	Better	2 Worse		Capacity of service is not reduced but # of locations 2 to 1	<volume>quality</volume>
2.9 What is the likelihood of this solution having a positive impact on equality and health inequalities as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012?	Further analysis required	Further analysis required	Similar	Don't Know	Similar	Don't Know	Don't Know	Don't Know	Similar	Similar	The teams would identify who needs support and get the appropriate service involved	May have a financial impact or some patients and their familia (for travel etc)This will impact those who are already subject to inequality due to the remov of a service from their community		Similar	Similar	Similar	Don't Know Sin	nilar Do	n't Know SI	Worse	Don't Know			
2.10 What is the likelihood of this solution accounting for future changes in population size and demographics?	Growth modelling not yet available	Growth modelling not yet available	Don't Know	Don't Know	Similar	Don't Know	Don't Know	Don't Know	SI Better	Similar	Capacity to expand greater on the electriste (and more predictable)	e	Some protection of elective care but demand will challenge duplication of services. River and the service of the service of the service of the protection of the protection of the propulation increases will they be able to reinstate it?	SI Better	Similar	Don't Know	SI Better Sin	nilar SI	Setter Si	Better	Dan't Know			Single site is better structured to cope but nee- evidence

Deliverability	Pre Workshop Information P	ack - Evidence from Workstreams			P	re Works	hop Sco	res				Pre Workshop Scorer Comr	nents				Worksh	op Score	s				Workshop Score	comments
Denie Gunici,	What would be better	What would be worse	Table 1	Table 2					Table 7	Table 8	What would be better	What would be worse	Other comment	Table 1	Table 2					Table 7	Table 8	What would be better	What would be worse	Other comment
3.1 What is the likelihood of this solution being delivered within the agreed timescale?	Subject to consultation and statutory notice period, this option could be delivered within the agreed timescale. This would be evidenced by statutory timescales and indicative implementation timetable.		Don't Know	Similar		Don't Know	Similar	Don't Know	Don't Know	SI Better			Some infrastructure present. May need more bed modelling. Will need to find appropriate staffing solutions for out of house. Shouldn't cause any delivery issues Currently the model is undeliverable in terms of staffing, theatre space Cheltenham is ready to deliver this option	SI Worse	il Worse	Similar	Don't Know	S Worse	SI Worse	Don't Know	Don't Know		Gen Surg priorities are 1) EGS 2) Daycase so probabl priority #3. Single colorectal location is	Significant time and work required to model and deliver. Priority hierarchy 11 EGS 21 Day Case 3) colorectal. Require sustainable change. If < 12 mth timescale not deliverable Subject to rescue/ recovery rota
3.2 What is the likelihood of this solution meeting the relevant national, regional or local delivery timescales?	No impact	No impact	Similar	Similar	Don't Know	Similar	Similar	Sig Better	Don't Know	Similar	This would improve the ability to meet National Standards		no change	Similar	imilar	Dan't Knor	Don't Know	Similar	Similar	Similar	Don't Know			
3.3 What is the likelihood of this solution having the implementation capacity to deliver?	Critical Care and Bed capacity already exists to deliver this option. Staffing capacity at middle grade medical staff level already exists to deliver this option	weekend consultation rota to be determined	Don't Know	Don't Know	Know	Don't Know	Similar	Sig Better	Don't Know	Similar		Junior doctor & weekend consultant cover is a concern insufficient F1 staff. insufficient consultants to provide weekend review of patients Unlikely to be able to deliver weekend in-patient review with current consultant numbers			il Worse	Similar	Don't Know	S Worse	SI Better	SI Worse Dan't Know	Don't Know			Need to understand estates - probable If EGS is moved out
3.4 What is the likely effect of this solution on access to the required staffing capacity and capability to be successfully implemented?	See 3.3		Don't Know	Sig Better	Don't Know	Si Better	SI Worse	E Don't Know	Si Better	Similar	Allows safe 24/7 resident middle grade rota at CGH Staffing grades are in place to deliver this option opportunity t introduce other Associate roles	cover is a concern Unable to deliver an acceptable weekend working rota for consultant		3i worse	ng worse	Simul	Signatur	Smile	Sig Worse	DOIN (KINDU	SI Detter	Separation of elective from emergency positive; potentit to increase consultant capacity w/e and evenings. AHPs and nurse - greater experience. Develop new skil sets More attractive to get staff working in elective and non elective.		
3.5 What is the likelihood of this solution having access to the required support services to be successfully implemented?	All support services for elective colorectal currently exist at CGH site – critical care, nursing team, radiology	Transfer of EGS to GRH reduces demand on CGI- Critical Care	Don't Know	Similar	Similar	Don't Know	SI Better	Similar	Similar	SI Better			dependent on locating EGS at GRH to reduce support services loading Will need facilities to mange unpredictable complications. Rarer in elective cases but still occur. Commitment and availability of care providers		imilar	SI Worse	SI Better	SI Worse	Similar	Don't Know	v SI Better	GELIVE	Radiology/CT impact needs modelling. Are available on CGH but staffing 24/7 tbc. Theatres need modelling	Already on the CGH site but? Genomics more volume.
3.6 What is the likelihood of this solution having access to the required premises/estates to be successfully implemented?	All beds and estate already exist at CGH to deliver this option		Don't Know	Similar	Similar	Don't Know	Similar	Similar	SI Better	Similar		Theatre capacity is lacking inadequate Theatre and Critical Care facilities at GRH at present. ITU patient frequently cared for in Recovery	Much of infrastructure in place. Will need optimising and staffing and maintaining.	SI Better	il Worse	Similar	SI Better	Similar	SI Better				Theatre capacity required req further modelling	No new build required Evidence in estates capacity plan required.
3.7 What is the likelihood of this solution having access to the required technology to be successfully implemented?		No impact	Similar	Similar	Similar		Similar		Don't Know	Similar	One place would have the latest technology		no changes	Similar	imilar	Similar	Similar	Similar	SI Better	Similar	Si Better		Would have to invest in laparoscopic equipment	Robotic surgery
3.3 Dest this solution rely on other models of care / provision being up in place and if so, are they deliverable within the timeframe?	Agreed middle grade rota and two consultant on-call rota would provide full cover for planned care centre at CGH This would be evidenced by staff rotas	Planned CoFF patients would need to be seen at weekends and a new Consultation and junior doctor rota would need to be agreed to provide this. Currently the co-call EGS team based on-site is able to review inpatients over the weekend.	Don't Know	Similar	SI Worse	Don't Know	Similar	SI Better	Don't Know	Similar			Relies on introduction of new junior obcots of consultant cover rotas to provide weekend cover. Yes DCC, Appropriate aneasthetic support, junior staff out of hours ?? ANPS ?? how trained. In place or to evidence that they have full cover. Consultant and F1 rotas would need to be eveloped. Requires additional staff		a wone		tal Worse	similar	or Wome				Recovery mechanism not within 1-2 years	Cannot deliver in isolation. Alth's and rotax need to be modelled, provided Not dependent on other specialities other than GS. Need to create theatre space and small if beds Lotta rota / weekend cover

Acceptability	Pre Workshop Information Pa	ack - Evidence from Workstreams			Pre Work	shop Score	ıç			Pre Workshop Scorer Comments			W	orkshop Sc	ores			Workshop Scorer comments
Acceptability			Table 1 Tab	le 2 Table									Table 3	able 4 Tab	le 5 Tab			
7.1 What is the likelihood that this solution has	All solutions have been developed with refere	nce to the Outputs of Engagement Report.	Sig Dor	't Don't	SI Better	SI Better	SI Better	SI Better	SI Better	Public see this a means of reducing waiting times	Similar	SI Worse	SI Better S	Better Simila	r SI Wo	rse SI Worse	Don't Know	Engagement report - questions addressed
satisfactorily taken into account and responded to	Solutions included/adapted as a result of pub	lic feedback are:	Better Kno	w Know						I'm not sure there is a good solution for out of hours care.								Better for people concerned about CGH downgrade
the Fit for the Future Outcome of Engagement	Re-open CGH ED overnight									Has been well researched and presented								Engagement Report - Balances services at both sites. Supports a vibrant future for
Report?	IGIS centralised to CGH site									Patients do not want their operations cancelled this change would be a move towards satisfying	3							CGH.
	IGIS hub options									that issue.								Pitch - not a decisive clinical benefit; a lot of concerns, so harder to identify
										There is likely to be positive support for services moving to Cheltenham, there is general suppor	t							benefits compared to current. Which site for colorectal not clear
										for centres of excellence. There are not a lot of specific references to elective colorectal in the								If we move elective to CGH we still have the same risk on emergencies so why
										engagement feedback								would we promote?
										1								

Workforce		Pack - Evidence from Workstreams				orkshop S					Pre Workshop Scorer Comments				Worl	shop Scor	es			Workshop Scorer comments	
4.1 What is the likely effect of this solution on	What would be better A single centre would provide more efficient	What would be worse	Table 1 Don't	Table 2 T	Better CLO	ole 4 Table	5 Table	Table 7	Table 8	What would be better	What would be worse	Other comment Efficiency and flexibility are the main themes.	Table 1 Tal	ble 2 Tab	ole 3 Tab	le 4 Table	5 Table 6	able 7 Tab	e 8 What would be better Centralisation positive i.e.	What would be worse	Other comment
4.1 What is the likely effect of this solution on improving workforce capacity resilience and	A single centre would provide more efficient and flexible use of planned care resources	Potential for GRH colorectal nursing staff to be reallocated from current wards.	Lion't Know	or Better Si	petter SI Bi	exter SI Bet	er isi Bette) Si Better	51 Better	better overall but may impact GRH colorectal nursing staff who will be transferred. More	Probably poor due to duplication of staff.	These factors seem to be inter related- you		-		- Constitution			Centralisation positive i.e. dedicated elective time but	Single unit positive but separate site negative	es Middle grade staff covering EGS?
educing the risk of temporary service changes?	(particularly theatres).	This would be evidenced by staff establishment.								resilience to absentees will result									uses same team allocated	Reduced resilience from EGS	
	Supported by the findings of the New Zealand report Strategy 10 – Improving									Greater efficiency due to 'planned' nature of the change	being based in one location and colocated with UGI and EGS	The development of a single unit will lead to greater efficiency/flexibility of working.							based on time (shifts); so spl across sites	it	
	elective care through separating acute and									Change	coocated with our and coo	However, these efficiencies are offset by the							acioss sites		
	elective surgery, 2012.											inability to staff the elective and EGS rotas at F1									
	A single unit would deliver group working optimising the ability to cross cover and back											and consultant level if the unit is on a separate site from EGS. There is actually reduced									
	fill sessions											flexibility to cover unexpected absence if									
	Improved flexibility to cover unexpected											separate.									
	absence.											This will take time as staff transfers/recruitment/upskilling required.									
												transfersyfectultnencyupskining required.									
4.2 What is the likely effect of this solution on	See 4.1	See 4.1	Don't	Sin SI	Datter SI D	etter SI Bet	tor Sim	Sin	CI Datter	Better delivery of service to the patient and I would	Spacialist numing staff have significant	t Consolidates skills and experience Potential to	SI Worse SI W	orse SI Bet	tter Sig Be	tter SI Better	Si Worse	Worse Sig Se	ter	Single unit positive but separate site	ur .
optimising the efficient and effective use of	366 4.2	300 4.1	Know	Better	Detter Si bi	Si Dec	Better	Better	Ji Detter	expect a happier work force.	workloads with patients undergoing	develop 'centre of excellence'								inefficient - negative	-
clinical staff?										General surgery staff required to support vascular surgery at CGH and to provide a general surgical	both panned and emergency care. Separation of EGS from inpatient CR									Difficulties to cover rescue	
										service to a sick and elderly patient population	work will result in inefficiencies with										
										(medical, CoE, Ortho). Elective GI surgery in CGH	increased travel between sites										
										will ensure this human resource is gainfully employed, and will enable prompt consultant											
										surgeon review.											
3.3 What is the likely effect of this solution on		No impact	Don't	Similar D	on't Simi	ilar SI Beti	ter Sig	Similar	Similar	benefits from colocation with urology, gynae &			Similar Simi	lar Don't	t Know Simila	r Similar	Similar 3	imilar Don't	inow		No change to current
supporting cross-organisational working across the satient pathway?	oncology and medical gastroenterology		Know	Kı	now		Better			gastro Benefits of co-location with urology,gynae-											
,,-										oncology and medical gastroenterology. This would	d										
										make sense to be working alongside these other departments.											
										*											
4.4 What is the likely effect of this solution on supporting the flexible deployment of staff and	Benefits of single site working Option to expand the role of nurse specialist	No impact	Sig Better	Similar SI	Better SI Be	etter Simila	r SI Bette	r Sig Better	SI Better	improved opportunities for staff development Sharing knowledge- opportunity for career	Spread too thinly I worry.		si Better SI W	onie SI Bet	tser SI Beti	er Si Better	Si Worse	setter Sig Se	Opportunity	Emergency and planned separation causes issues.	Needs to be safe
the development of innovative staffing models?	and practitioners for delivery of planned care									progression/ movement.										Benefits of colorectal on single site.	1
	Opportunity to introduce Physician Associate	e								Potential to expand role of specialist nurses										1	1
	roles to support the delivery of planned colorectal care within the timeframe									Staff would be able to decide where they want to work and if they wanted to be part of a dedicated										1	1
	colorectal care within the timeframe This would be evidenced by the introduction	J								work and if they wanted to be part of a dedicated specialist team										1	1
	of new posts									Opportunities to enhance roles due to stable											
										nature of the environment.											
4.5 What is the likely effect of this solution on	A single unit would deliver group working	Potential for existing GRH nursing staff to be	Don't	Similar Si	milar SI Be	etter Simila	r SI Bette	r Similar	SI Better	dedicated group working will reinforce the team		Mindful of the support transferring staff would	Similar Simi	lar Simila	ar SI Beti	ter SI Better	Similar :	Setter Sig Se	For medical and nursing staff	f	Take out variability in elective
supporting staff health and wellbeing and their ability to self-care?	which should offer better group cohesion, team working and positive work experience	reallocated from current wards. This could impact morale and staff health and well-being.	Know							working ethos and allow mutual support at difficul	it	need.							there is a benefit from the structure due to split of elec		activity
ibility to seir-care?	This would be evidenced by staff rotas and	This would be evidenced by staff rotas and staff								cross cover, multi-site cover.									from emerg		
	staff well-being metrics.	well-being metrics.								should offer better group cohesion, team working									nom emerg		
										and positive work experience.											
										Dedicated environment Staff have a well being hub and would be											
										supported by the Seniors in the team											
4.6 What is the likely effect of this solution on improving the recruitment and retention of	Offering dedicated specialist facility should improve the desirability to work as a	There may be some staff dissatisfaction in respect of staff who prefer GRH as base.	Know	Sig Si Better	Better SI Be	etter Simila	r Sig Better	SI Better	SI Better	improved opportunities for staff development for the majority		Improved infrastructure and working environment to maintain skills and validations.	312000			2.24			Dedicated ward/ complete separation is positive. Jr Drs		Nursing impact / rotation
permanent staff with the right skills, values and	colorectal specialist (ward nursing, specialist	:								should improve the desirability to work as a									excl		
competencies?	nursing, medical and support staff) The expanded/improved opportunities as									colorectal specialist (ward nursing, specialist nursing, medical and support. Opportunity to											
	described above in terms of training and									progress etc- the unit sounds like somewhere staff											
	development and advancement of new roles	:								would want to stay and attract staff in to work.											
	highly likely to have a positive impact on sta retention and the ability to recruit new staff.									Elective / Emergent split considered gold standard											
	This would be evidenced by staff rotas,																				
	recruitment and retention metrics.																				
A B LOS - Code - Plant - War - Code - Code	A death of death of the second of the second		00	er. er				C1 0	C1 0		r		SI Worse SI W	one Simile	ar Simila	r Similar	Similar	miler Sie Be			
4.7 What is the likely effect of this solution on retaining trainee allocations, providing	A single dedicated colorectal unit would concentrate all available training	No impact	Know	Sig Si Better	Better SI Be	etter Simila	r Similar	SI Better	SI Better	A dedicated team is able to provide training at all levels due to the new working styles provided by	If on a separate site from EGS this will reduce the learning experience and			J	-				staff can concentrate on nor elective; not distracted by	Not enough F1 to staff Model H Rota dependent	No improvement as bad situation.
opportunities to develop staff with the right skills,	opportunities to ensure maximum exposure									the single site	puts allocations at risk. Feedback likel	у							emergency	Who is looking after patients at	
values and competencies?	Greater opportunity to provide enhanced sul specialist colorectal training e.g. early rectal									If good access to training in both emergency and elective cases can be maintained.	to be worse. Lack of viable F1 rota puts retention of F1s at risk.									night? Deanery prefer trainees to work on	
	cancer treatment and pelvic floor surgery.									Based on the notes above I would expect the unit	rotas likely to have negative impact or	1								site only so split in GS is negative	•
										to be able to retain as well as attract staff in.	training opportunities										
4.8 What is the likely effect of this solution on	See 4.7	No impact	Don't	Sig C	Better SI D	etter SI Res	ter SI Rette	r SI Retter	SI Better	A dedicated team is able to provide training at all	Trainees and trainers may frequently	If implemented a 1 in 4 weekend rota would	SI Better SI W	one Simila	ar SI Beti	ter Similar	Similar	Setter Sig Se	More time & focus. Better	Education supervision needs time	
maintaining or improving the availability of	All consultants delivering elective training in		Know	Better	_cccc1 3i Bi	31 000	o bette	. Setter	J. Setter	levels due to the new working arrangements	be working on different sites	likely mean reduced availability for normal							backfill system.	with trainee. New model split site	
trainers and supporting them to fulfil their training	a single location, separate from EGS, able to offer maximum flexibility in training provisio									allowing more training time Greater opportunity to provide enhanced sub-		clinical duties and training								limits contact	1
	Greater opportunity to provide enhanced sul	b-								specialist colorectal training e.g. early rectal cancer										1	1
	specialist colorectal training e.g. early rectal cancer treatment and pelvic floor surgery.									treatment and pelvic floor. This can only be a good											
	cancer treatment and pelvic floor surgery.									thing for patients, also an opportunity to continue for Gloucestershire to pioneer in oncology.											
										-											
4.9 What is the likely effect of this solution on enabling staff to maintain or enhance their	A single dedicated colorectal unit would concentrate all available training & learning	No impact	Don't Know	Sig SI Retter	Better SI Be	etter Simila	r SI Bette	r SI Better	SI Better	would provide career development & advancement opportunities at all levels	t		Similar Sig I	etter Simila	ar SI Beti	ter Similar	Similar	Setter Sig Be	Centralisation		Only if rotating nurses
enabling staff to maintain or enhance their capabilities/ competencies?	opportunities including sub-specialist		KIIOW	-etter						Optimises the learning environment- I imagine this											1
	colorectal services e.g. early rectal cancer an	d								promotes curiosity/ innovation- how can we										1	1
	pelvic floor surgery. This option would optimise the learning									continually improve patient care/ treatments etc. Greater opportunity to deliver subspecialist training	e e										
	environment for all staff									opportunity to deliver subspecialist training											
4.10 What is the likely effect of this solution on	See 4.1, 4.8, 4.9	No impact	Don't	SI Better SI	Better SI Be	etter Simila	r Similar	SI Better	SI Better	would provide career development & advancement			Similar Sign	etter SI Bet	tter SI Beti	ter Similar	Similar	Setter Sig Be	ter		
enabling staff to fulfil their capability, utilising all			Know							opportunities at all levels											
of their skills, and develop within their role?										More opportunity for training and accreditation											
										and career advancement should improve staff morale											
										Less variation in cases numbers											
1.11 What is the likely effect of this solution on the travel burden for staff? e.g. relocation time	Further analysis required	Further analysis required	Don't Know	Don't Know Do	n't Know Don't	Know Similar	S Better	Similar	Similar	Will enable selective site working.	Relocated GRH nursing staff may have	further analysis required	SI Worse SI W	onse Don't	t Know Don't	Know Similar	Don't Know	Warse Don't	now	Colorectal staff - CGH	Impact needs to be modelled.
the travel burden for staff? e.g. relocation time and cost.										1	increased travel costs that will need to be addressed	<u>'</u>									Potentially offset as other GS services also switch sites
										1	Specialist nurses will need to see								1		Might be for specific groups,
										1	elective and emergency patients - increased travel burden if separate										but have the opportunity to stay.
											from EGS										
1.12 What is the likely effect of this solution on	All consultants providing planned care on a	No impact	Don't Know	Similar Sir	milar SI Bet	ter SI Better	S Better	SI Better	Don't Know	Better access to training opportunities due to the	-	Challenge to support complex surgery in	SI Better Simi	lar Simili	ar SI Det	ter SI Better	SI Better	Setter Sig Se	ter	Split sites impact on Specialist nurse	es .
maintaining clinical supervision support to staff?	single site would allow tailored and more									planned nature of the service that is not stressed by	у	multiple locations.								The second secon	
	flexible training opportunities for trainees, dependent on their level of experience and									the need to provide emergency cover All consultants providing planned care on a single		Clinical supervision will be similar, educational supervision will be diminished									
	training requirements									site would allow tailored and more flexible training	3									1	1
										opportunities for trainees,											
			1							1		1								1	1

C6: Centralise elective colorectal to Gloucestershire Royal Hospital (GRH) – Model E

Quality	Pre Workshop Information - Eviden	ce from Workstreams		shop Scores				op Scores		Workshop Scorer comments	
•	What would be better	What would be worse	Table 2	Table 6	What would be better What would be worse	Other comment	Table 2	Table 6	What would be better	What would be worse	Other comment
1.1 What is the likely effect of this solution on	Improved access to sub-specialist care, ensuring equitable pathways for all	No impact	SI Better	Sig Better	Improved access to subspecialty care.		SI Better	Similar	Subspecialty positive. Same site as EGS	Potential for negative impact on 18 weeks	Acknowledge risk of EGS encroaching
patients receiving equal or better outcomes of	patients				Continuity of care.				positive	Referral to Treatment (Don't cancel cancers)	on Elective care.
care?	Improved access to specialist nursing care (Cancer Nurses / Stoma Nurses)				Improved access to specialist care and nursing				Deteriorating patient can be managed by	Potential increased risk of elective cancellations	Joint cases at present happen at
	Planned patients who become unwell in hospital after their operation have				teams				EGS sub-spec team (if on same site)	Possibility of elective beds being used for	'dominant' speciality site; this would
	rapid access to the EGS team				Scarring				Los sub spec team (ii on same site)	Emergencies (refer to Royal College guidance as	
	Patients who have had planned care and need urgent re-admission would									counter to this)	Haven't yet experienced centralised
										counter to this)	
	be under the care of the same consultant team.										take; but knowledge of both CGH and
											GRH takes; so can envisage solution
	Supported by the findings of the Royal College of Surgeons – separating										with Elective Colorectal working
	emergency and elective surgical care Report, September 2007										
	This would be evidenced by patient pathways and for cancer patients, the										
	cancer patient experience survey.										
		No large	SI Better	Ci- D-M	Color-state and the land and a section and		Sig Ratter	Gmilar	Data da antica Di ana anno dita antica da		
1.2 What is the likely effect of this solution on	Improved access to sub-specialist care, ensuring equitable pathways for all	No impact	SI Better	Sig Better	Subspecialty medical and nursing care		aga.m.		Deteriorating Pt on same site, sub-spec		
patients being treated by the right teams with the					enhanced, safe management of the				and enhanced service		
	Improved access to specialist nursing care (Cancer Nurses / Stoma Nurses)				deteriorating patient. Consultant continuity						
the right time?	Planned patients who become unwell in hospital after their operation have				Definitely better outcomes access to specialist						
	rapid access to the EGS team				nursing teams. Quick access if re-admission						
	Patients who have had planned care and need urgent re-admission would				needed						
	be under the care of the same consultant team.										
	The second second										
	This would be evidenced by patient pathways and for cancer patients, the										
	cancer patient experience survey.										
1.3 What is the likely effect of this solution on	Planned care in Colorectal surgery would have a dedicated team 365 days a	No impact	Sig Better	Sig Better	Consultant review 365 days a year		Si Better	SI Better	Seen on Sundays		
continuity of care for patients?	year				Patients would not need to move between						
	Planned patients at GRH would be reviewed by EGS colorectal consultant at				wards and have access to the same team and						
	weekends				reduce need for out of county transfers						
1.4 What is the likely effect of this solution on the	No impact	No impact	Similar	Similar	Team would have access to the other	No comment	Similar	Similar	Upside with EGS	Downside losing Uro/Gynae	
opportunity to link with other teams and agencies					agencies						
to support patients holistically?					ľ						
1.5 What is the likely effect of this solution on the	This option provides a specialist unit dedicated to planned care	Planned care ward environment has the potential to be	SI Better	Don't Know	Dedicated ward. RCS document - "A physical		SI Better	SI Worse	Centralisation of service positive	Reduced protection of elective patients from	
	Single specialist nursing, ANP and Allied Health Professionals team (AHPs)	impacted by the delivery of EGS			separation of services, facilities and rotas					emergency pressure	
	e.g. physiotherapy, occupational therapy, nutrition team).	,,,			works best although a separate unit on the					Increased risk of overflow and or cancellation	
	e.g. prijstoticiopi, occupational energy, natricon cerniji	Supported by the findings of the Royal College of Surgeons			same site is preferable to a completely					increased rate of overnow and of cancellation	
					same site is preferable to a completely separate location."						
		- separating emergency and elective surgical care Report,									
		September 2007			The care environment is already excellent but						
					specialist teams would benefit all patients						
	No impact	No impact	Similar	Similar	Encouragement to manage from the team	No comment	Similar	SI Better			
encouraging patients and carers to manage self-					but no real impact						
care appropriately?											
1.7 What is the likely effect of this solution on	No impact	No impact	Similar	Similar	Improved access to other teams	No comment	Si Better	Similar	Cub spec and amorgansy topys	+	
	ino impace	nto impatt	ommaf	JIIIIIdī	Improved docess to other teams	NO COMMENT			Sub-spec and emergency team on same		
enabling patient transfers within a clinically safe									site		
time frame?											
4 O Milles In the Physics of the Control of the	to an advanced and the state of	No issues	CI D-H	CI Date	David seeses to stoff and theatres in 500		Smile-	SeRetter		-	
1.8 What is the likely effect of this solution on	Improved access to sub-specialist team for patients requiring out of hours	INO IMPACT	SI Better	SI Better	Rapid access to staff and theatres is EGS		annaf	of neutr			
	emergency treatment having undergone planned care.				on same site. Subspecialist team available						
clinically safe time-frame?	This would be evidenced by reviewing time of decision to treat and				to look after deteriorating patient.						
	treatment.				Other teams on site						
1.9 What is the effect of this solution on the	No impact	For some patients there would be an increase in travel	Similar	Similar		No comment	Similar	Similar		1	
	ino impace		ommaf	JIIIIIdī							
likelihood of travel time impacting negatively on		time to GRH for planned care admissions. This would not				some patients will travel further					
	İ	negatively influence patient outcomes.				no detail on cohort negatively					
patient outcomes?						affected			1		
patient outcomes?											
patient outcomes? 1.10 What is the likely effect of this solution on	Improve recruitment of medical and nursing staff.	No impact	SI Better	SI Better	Rotas are in place at all levels,		Sig Better	Similar			
patient outcomes? 1.10 What is the likely effect of this solution on	Improve recruitment of medical and nursing staff. This would be evidenced by staff turnover / vacancy rate	No impact	SI Better	SI Better	Rotas are in place at all levels, subspecialty care provided		Sig Better	Similar			
patient outcomes? 1.10 What is the likely effect of this solution on		No impact	SI Better	SI Better			Sig Better	Similar			
patient outcomes? 1.10 What is the likely effect of this solution on		No impact	SI Better	SI Better	subspecialty care provided		Sig Better	Similar			

Access	Pre Workshop Information Pack - E	vidence from Workstreams	Pre Worksh	nop Scores		Pre Workshop Scorer Comments		Works	hop Scores		Workshop Scorer comments	
Access	What would be better	What would be worse	Table 2		What would be better	What would be worse	Other comment		Table 6	What would be better	What would be worse	Other comment
2.1 What is the likelihood of this solution meeting	Improve ability to achieve national waiting time	No impact	SI Better	Sig Retter	Improved waiting times	That would be worse		SI Better	SI Worse	Centralised positive impact	Risk to capacity at GRH for complex electives due to	
		Tro Impact	or better	ong better	Meets with the necessary					centronises positive impact	lack of Inpatient beds	mitigating plan needed.
					requirement						lack of impatient ocus	
NHS Choice Framework?	This would be evidenced by comparison with national				requirement							Learning from centralisation of
	standards and internal audit											vascular is that efficiencies can be
												made
2.2 What is the likely effect of this solution on	Single site for delivery of planned inpatient colorectal	No impact	SI Better	Sig Better	Single site of delivery			SI Better	SI Better	Single site		
simplifying the offer to patients?	care.				Patients would know where to go							
	This would be evidenced by patient pathways.				and what specialist team they							
					were under							
***************************************			e					SI Worse	Cimilar		+	
	Travel analysis tbc, but any service moving from CGH to	Travel analysis tbc, but any service moving from	Similar	Similar	Always going to be a problem for		TBC	31 WUISE	Simpl	1 site		
	GRH will reduce travel times for residents of Gloucester,	CGH to GRH will increase travel time for			some							
	the Forest of Dean and parts of	residents of Cheltenham, the Cotswolds, and										
	Tewkesbury/Newent/Staunton	some areas of Stroud and Berkley Vale.										
	,,,,,											
												1
2.4 What is the likely effect of this solution on	Improve ability to achieve national waiting time	No impact	SI Better	SI Better	Improved ability to achieve national			Similar	SI Worse	Centralisation +	Single site impacting elective capacity - need bed	
		NO IMPACE	טו טפונפו	31 DELLEI						CentralisatiUII +		1
patients' waiting time to access services?	standards.				waiting times						modelling	1
	This would be evidenced by monitoring Key Performance				Reduce waiting times and have							
	Indicators (cancellations)				specialist treatment promptly							
2.5 What is the likely effect of this solution on the	See 2.3	See 2.3	Similar	Similar	better parking at GRH	Always going to be a problem for some	TBC	Sig Worse	Similar			twice the impact of 2.3
travel burden for carers and families?						7, 3, 3,,						
distributed for careful and farmings.												
2.6 What is the likelihood of this solution	No impact	No impact	Similar	Similar			No comment	Similar	Similar			
	NO IMPACE	INO IMPACE	Sittiliat	Sillilidi								
supporting the use of new technology to improve							Possibility of robotic surgery					
access?												
2.7 What is the likelihood of this solution	No ferrora	No torrest	Similar	Darelt Marrie				Similar	Cimilar		+	+
	No impact	No impact	Similar	DON'T KNOW	Any dedicated service is an advantage		No comment	2111121				
improving or maintaining service operating hours?												
2.8 What is the likelihood of this solution	No impact	No planned inpatient colorectal at CGH	Similar	Sig Retter	Would maintain or increase what		No inpatient CR at CGH	SI Worse	SI Worse		2 to 1 sites	
	No Impact	No planifed inpatient colorectal at con-	Sittiliai	Jig Detter	is already have in place						2 to 1 sites	
improving or maintaining service operating					is aiready have in place		Day case colorectal work moved to CGH.					
locations?							Subspecialist Consultant cover out of hours					
												1
A A Mile and a first Phone Phone I and a first control of the	Post constate and the	English and the second of	D Is W	Darella Ma				Cissilas	Don't Know		+	+
2.9 What is the likelihood of this solution having a	Furtner analysis required	Further analysis required	Don't Know	Don't Know			No comment	amiter	oun tanow			1
positive impact on equality and health inequalities							This is already being done					1
as set out in the Public Sector Equality Duty 2011												1
and the Health and Social Care Act 2012?												1
												1
												1
												1
												1
				L		<u> </u>	<u> </u>				1	1
2.10 What is the likelihood of this solution	Growth modelling not yet available	Growth modelling not yet available	Don't Know	Similar		<u> </u>	No Comment	Similar	Similar			
accounting for future changes in population size							Not yest scoped				1	1
and demographics?							,					1
ana acmographics:			1								1	1
			1								1	1
			1								1	1
												1
			1								1	1

Deliverability	Pre Workshop Information Pack - Ev	idence from Workstreams	Pre Worksh	hop Scores		Pre Workshop Scorer Comments		Works	hop Scores		Workshop Scorer comments	
	What would be better	What would be worse	Table 2	Table 6	What would be better	What would be worse	Other comment	Table 2	Table 6	What would be better	What would be worse	Other comment
3.1 What is the likelihood of this solution being delivered within the	Subject to consultation and statutory notice period, this	No impact	Similar		Deliverable immediately		Subject to consultation and statutory notice period	SI Better	SI Better	Site co-location with EGS increases likelihood		Potential to implement in timescale
agreed timescale?	option could be delivered within the agreed timescale.						, , , , , , , , , , , , , , , , , , , ,			of deliverability. Need to model theatre		Beds/DCC capacity needed. Theatres OK
	This would be evidenced by statutory timescales and									capacity, bed #. Shorter timescale than C5		Would be deliverable in the same time as EGS t
	indicative implementation timetable.									copacity, aca w. shorter timescale than es		GRH More modelling to confirm, but months,
	indicative implementation timetable.											
												not years
												Extra beds at GRH needed
												Rota flexibility
												Less frequent on-call versus C5
	No impact	No impact	Similar	Similar			No comment	Similar	Similar			
national, regional or local delivery timescales?							No impact					
3.3 What is the likelihood of this solution having the implementation	This option would improve the capacity to provide junior	No impact	Similar	SI Better	24/7 cover at all levels. Greater ability to "flex			SI Better	Similar	Bundled with EGS. See 3.1		
capacity to deliver?	doctor cover without the need to recruit additional medical or	-			rotas" to cover unexpected (short notice)							1
	nursing support. Collocation with EGS allows "flexing" of rotas				absence.							1
	to provide safe cover e.g. covering staff illness at short notice.				Extra beds can be made available							1
	to provide sale cover e.g. covering stall lilless at Short hotice.				LACI & DEGS CATT DE TITADE AVAITABLE							1
												1
	Supported by the findings of the Royal College of Surgeons –											1
	separating emergency and elective surgical care Report,											
	September 2007											
3.4 What is the likely effect of this solution on access to the required	See 3.3	See 3.3	Similar	SI Better	Opportunity to introduce other grades of		As above	SI Better	Sig Better	Increased efficiency and capacity through		
staffing capacity and capability to be successfully implemented?					Nurses and Physician Associates					centralisation		
starting capacity and capability to be successionly implemented.										Centralisation		
3.5 What is the likelihood of this solution having access to the	All support services for elective colorectal currently exist at	No impost	SI Better	Similar			No comment	Gmillar	Similar		DCC and Beds challenging	
		NO Impact	Si better	Sillillal			NO comment				DCC and beds challenging	
required support services to be successfully implemented?	GRH site.											
			Similar	61 11	Additional bade to be seeded at			Smilar	Similar			
3.6 What is the likelihood of this solution having access to the	Additional beds would be provided for elective colorectal on	No impact	Similar	Similar	Additional beds to be provided							More modelling required. Theatre capacity
	the GRH site.				Already in place extra beds available							could be met through other options at GRH
	This would be evidenced by the estate plan.											
3.7 What is the likelihood of this solution having access to the	No impact	No impact	Similar	Similar			No comments	Similar	SI Better			
required technology to be successfully implemented?												
· · · · · · · · · · · · · · · · · · ·												
												1
												1
												1
8.8 Does this solution rely on other models of care / provision being	No impact	No impact	Similar	Don't Know	Doesn't rely on other models		No comments	Similar	Similar			Theatre requirements, model of care changes
put in place and if so, are they deliverable within the timeframe?					Relies on colocation of both EGS and							elsewhere. Urology and oncology pathways
					inpatient Upper GI Surgery							confirmed
i e		1										T
i												

Pre Workshop Information Pa	ck - Evidence from Workstreams	Pre Work	shop Scores	Pre Workshop Scorer Comments	Worksh	op Scores	Workshop Scorer comments
		Table 2	Table 6	comment	Table 2	Table 6	comment
All solutions have been developed with referer	nce to the Outputs of Engagement Report.	SI Better	Sig Better	Very well evidenced	Similar	Don't Know	Engagement Report - negative perception of service moving from CGH. Pts
Solutions included/adapted as a result of publ	ic feedback are:						transferring from CGH to GRH. Surgeon on site
							Pitch - c.f to current: 2 x + domains (quality & Workforce), 2 x = domains (access &
Re-open CGH ED overnight							deliverability) Nett out
IGIS centralised to CGH site							Acknowledge there is not clinical consensus for this solution (or C5)
IGIS hub options							Not aligned to pure EI/EMX split, but doesn't mean it is not a CoEx for Elective Care
							(if UGI remains in GRH)
							Addressed the questions from outcome of engagement
							Could be perceived as 'yet another' service going to GRH
							As a Cheltenham resident, would prefer to go to specialist site
							Differing clinical views for Elective Colorectal, no consensus among clinicians
	All solutions have been developed with referer Solutions included/adapted as a result of publ • Re-open CGH ED overnight • IGIS centralised to CGH site	IGIS centralised to CGH site	Table 2 All solutions have been developed with reference to the Outputs of Engagement Report. Solutions included/adapted as a result of public feedback are: Re-open CGH ED overnight I GIS centralised to CGH site	All solutions have been developed with reference to the Outputs of Engagement Report. Si Better Sig Better All solutions included/adapted as a result of public feedback are: Re-open CGH ED overnight I GIS centralised to CGH site	All solutions have been developed with reference to the Outputs of Engagement Report. Solutions included/adapted as a result of public feedback are: Re-open CGH ED overnight I GIS centralised to CGH site Table 2 Table 6 Sig Better Sig Bette	Table 2 Table 6 Comment Table 2 Table 6 All solutions have been developed with reference to the Outputs of Engagement Report. Solutions included/adapted as a result of public feedback are: * Re-open CGH ED overnight * I oliS centralised to CGH site	Table 2 Table 6 Comment Table 2 Table 6 All solutions have been developed with reference to the Outputs of Engagement Report. Solutions included/adapted as a result of public feedback are: Re-open CGH ED overnight I GIS centralised to CGH site I GIS hub options Table 2 Table 6 Sig Better Very well evidenced Solutions are solved by the solution of the solution o

Workforce	Pre Workshop Information Pack What would be better			hop Scores	Pre What would be better	Workshop Scorer Comments What would be worse	Other comment	Workshop Sco		Workshop Scorer comments What would be worse	Other comment
4.1 What is the likely effect of this solution on improving workforce capacity resilience and reducing the risk of temporary service changes?	What would be better Colocation of planted colocects with 150 sould able more efficient and effective used medical and name staff without the need to recruit engineering the colocation of the	What would be worse Potential for CGH nursing staff for le radiocated from current wards. This would be evidenced by staff establishment.	Similar	SI Better	What would be better The development of a single unit will lead to greater efficiency/flexibility of working. Rotas are in place if on the same site as EGS. Sub specialty CR consultant review at weekends by emergency CR consultant.	wines would be worse	Comment	supre 2 Fab	(e 6 What would be better Centralisation and sub specialisation	s. as would be WOISE	Other comment Positive for staff in general, once move has taken place (may be some resistance from CGH teams (medical and nursing) initially) less frequent on-call versus CS Travel burden includes inter-site as well as getting to work Advantages for staff
efficient and effective use of clinical staff?	Colocation with EGS would avoid the need for frequent changes of site for junio staff		Sig Better	SI Better	Minimises travel between sites. Nursing and medical review of patients facilitated by having planned and emergency patients in the same building albeit separate wards. Staff would be working as a team			Sig Better SI Bet	и		
4.3 What is the likely effect of this solution on supporting cross- organisational working across the patient pathway?	No impact	No impact	Similar	Sig Better	Training opportunities available		No comment	Similar Sig Ba	inter		
4.4 What is the likely effect of this solution on supporting the flexible deployment of staff and the development of innovative staffing models?	Opportunity to introduce more Advanced Nune Practitioner roles to support the Justice doctors within the timeframe Opportunity to introduce Physician Ausociate roles to support the delivery of planned colorectal care within the timeframe This would be evidenced by the introduction of new posts	No impact	Similar	Sig Better	Potential to expand role of specialist nurses	Required funding		Sig Better Sig Be	Ne -		
4.5 What is the likely effect of this solution on supporting staff health and wellbeing and their ability to self-care?	Colocation of the team with EGS would create greater clinical mass and staff resilience, which should have a positive impact on staff health and well-being. This would be evidenced by staff rotas and staff well-being metrics.	Potential for existing CGH nursing staff to be reallocated from current wards. This could impact morale and staff health and well-being. This would be evidenced by staff rotas and staff well-being metrics.	SI Better	Sig Better	Dedicated environment Well being hub in place and team to support			Similar Sig Be	ac.		
4.6 What is the likely effect of this solution on improving the recruitment and retention of permanent staff with the right skills, values and competencies?	Alon see 4.1 The expanded (improved opportunities as described above in terms of training and development and advancement of new roles highly likely to have a positive impact on staff retention and the ability to recruit new staff.	See 4.1	SI Better	Sig Better	Descated environment Recruitment and retention would improve due to opportunity for training and working within a dedicated team cohesive unit with a clear future vision will attract high quality staff			SI Better SI Bet	Dedicated, complete separation		
4.7 What is the likely effect of this solution on retaining traines adactation, providing opportunities to develop staff with the right skills, values and competencies?	clocation of planed colorectal with IGS would ensure consistent access to educational supporting or provide enhanced sub-specialist colorectal training e.g. early restal access to return and police floor surgery. This option would be register to similar generates defined. Early the color would be register to similar generates defined. Early the color of the colo	No impact	Sig Better	Sig Better	Consisters access to educational supervisor if on same sile as EGS thémaced environment sley to result in better feedback. Compliant, less onerous rotas will also improve feedback.		Provision of training times	Sig Detter Sig De	Availability to Trainee; sub-spec training		
4.8 What is the filter of this solution on maintaining or improving the validity of trainers and supporting them to fulfil their training role?	Colocation of planned colorectal with IGS would ensure trainers would be on the same elite as the instease such week. Supported by the findings of the Royal College of Surgeons – separating energency and elective surgical care Royan. Suptember 2020 Greater opportunity provide enhanced us peccalial colorectal training e.g. early restal cancer treatment and pelvic floor surgery.		Sig Better	SI Better	Trainers and trainers will consistently be on the same size the trainers would have dedicated times for students.			Si Better Sig Se	foliacation supervision, physical availability		
4.9 What is the likely effect of this solution on enabling staff to maintain or enhance their capabilities/ competencies?	Would provide dedicated periods of training in planned colorectal surgery Greater opportunity to provide enhanced web specialist colorectal training e.g. early rectal cancer and pelvic floor surgery. This option would optimise the learning environment for all staff	No impact	Sig Better	SI Better	Greater opportunity to deliver subspecialist training the opportunity to improve skills, and knowledge with support from Seniors in the team			Sig Detter Sig De	Mr.		
4.10 What is the likely effect of this solution on enabling staff to fulfil their capability, utilising all of their skills, and develop within their role?	Sec 4.1, 4.8 & 4.9	No impact	SI Better	SI Better	Less variation in cases numbers		No comment	Sig Better Sig Be			
4.11 What is the likely effect of this solution on the travel burden for staff? e.g. relocation time and cost.	Further analysis required	Further analysis required	Don't Know	Si Detter		There will always be some staff that will be disadvantaged	No comment	Similar SI Det			
4.12 What is the likely effect of this solution on maintaining clinical supervision support to staff?	Colocation of planned colorectal with EGS would ensure trainers would be on the same site as the trainees each week	No impact	Smlar	Sig Better	Both clinical and educational supervision will be maintained The Seniors will be on hand to supervise and advise			Similar Sig Be	ser.		

B2: Centralise the image-guided interventional surgery (IGIS) 'hub' to GRH including vascular; IGIS spoke at CGH – Models D & G

Quality	Pre Workshop Information - Evidence				hop Sco			Pre Workshop Scorer Commen				op Score			Workshop Scorer comments	
	What would be better	What would be worse	Table 3	Table 4	Table 7		What would be better	What would be worse		Table 3	Table 4	Table 7	Table 8	What would be better	What would be worse	Other comment
1.1 What is the likely effect of this solution on	Many emergency IGIS interventions are time critical; locating a hub		Sig	Sig	Sig	SI Better	Positives: Reduction in out of county	Reduced ability to support essentia	Not clear if embolectomy for stroke	Sig Better	Sig Better	Sig Better	SI Better	Provides 24/7	Concerns around planned vascula	
	at the County's trauma unit will reduce the average time to		Better	Better	Better		transfers. Consolidation of inter-related	services on CGH site (oncology,	patient's is planned?					Significant - 24/7 service that is currently	1	Need to consider renal - vascular
are?	intervention for many emergencies.						services. Ability to carry out more and	urology, medicine)						not offered.		interaction
	Co-locating IGIS services improves the availability of consultants						different procedures will attract higher									
f	from adjacent services that may be required in the event of a						quality staff and improve retention									
ı	complication, thereby improving outcomes.															
	Improving our ability to attract and retain staff will reduce gaps in						centralised hub of expertise									
	our on call Interventional Radiology rota, improving the robustness															
Ĭ.	of the service and ensuring services are available at all times															
	Co-location of vascular, interventional radiology and interventional															
	cardiology supports the multi-disciplinary approach to the															
	management of primary angioplasty. Evidence on travel times and															
c	outcomes suggests that patient outcomes could improve if a															
F	primary angioplasty service could be offered locally.															
2 Miles Is the Illinois offers of this collision of	F-1-11-1		CI-	CI-	CI-	CI-	Co-location of IGIS and Vascular would			Sie Batter	Sig Retter	Siz Retter	Siz Rottor	Better connectivity		Ab 1114 - A 1 d + - 60 A - b -
	Establishment of an IGIS hub at the trauma unit will increase the		Sig	Sig	2 ig	Sig				ang santan	of serie.	ang seemen	ag secur	Better connectivity		Ability to provide staffing to be
	likelihood that both specialist IGIS facilities and clinical expertise are		Better	Better	Better	Better	seem best given that many patients									resolved/confirmed
	located on the same site where the patient is presenting.						require input from both services.									
	Reduce inpatient transfers between sites.															
(Over 90% of inpatient referrals to vascular services do not come															
	from CGH.															
	Reduction in inpatient and emergency transfers for catheter labs							1	1							1
	(650 transfers from GRH to CGH in 2018/19)							I	1							1
lo lo	(0.50 transfers from the to Con in 2018/19)							I	1							1
								1	1							1
								 	1						1	1
	By improving our ability to expand IGIS provision, patients currently		Sig	Sig	Sig	Sig	Significantly better for those patients	Some patients may have an inter	1	Sig Better	Sig Better	Sig Better	Sig Better			Current CA patients going to Leed
ontinuity of care for patients?	travelling out of County for IGIS procedures could be treated at GHT,		Better	Better	Better	Better	who would previously have been	site transfer after their care in the	1							(get eg numbers) colorectal / liver
į.	allowing follow up care to be provided by the same clinical team.						transferred out of county.	IGIS hub depending on which								mets
								specialist ward they need to access	:							1
								,								
L4 What is the likely effect of this solution on the	No impact	No impact	Similar	Similar	Similar	Similar	more likely to develop links with other	May lose touch with outreach		Similar	Similar	Similar	Don't Know			
opportunity to link with other teams and agencies							agencies that are condition specific	support in local communities								
o support patients holistically?							agencies that are condition specific	зарроте ин юсы сонинаниез								
o support patients nonstically:																
E What is the likely offeet of this solution on the	Establishment of a new IGIS Hub and replacement of outdated and		Similar	Cla	Cimilar	Cimilar	Reducing transfers either between		The IGIS hub can only progress with	Don't Know	Sie Retter	Siz Retter	SI Retter	Guilting ward now IGIS refurb positive.		Dependent on the facility used to
			Similar	Sig	Similar	Similar				DOII CRIDW	ag setter	ang seemen	Ji Dellei			accommodate
quality of the care environment?	beyond end-of-life facilities will improve the quality of the care			Better			hospital sites or out of county will be		capital redevelopment to provide a new					Equipment a lot better		
e	environment						beneficial to those with dementia by		IGIS centre. This would provide a much					DC unit for CAR & IR is in the plan		Assured Estates plan in place to
							reducing their confusion and alienation		enhanced clinical environment in new					Hub will be better		facilitate - depends on specialist
							likewise those with other mental health		build facilities							dedicated centre
							conditions.									Dependant on new facility
																Assume estates plan delivery
																appropriate environment
1.6 What is the likely effect of this solution on	No impact	No impact	Clastica	Clasiles	Clastias	Clastina	Discussions between patients and their			Similar	Similar	Similar	Don't Know	,		Pathways are critical
encouraging patients and carers to manage self-	NO IMPACE	No impact	Similar	Similar	Similar	Similar	family/carers and specialist staff could					-				Patriways are critical
are appropriately?							take place in one location									
																1
	No impact	No impact	Similar	SI Better	Sig	SI Better	Overall I expect a net benefit would	No on site access to IG/Vasc		SI Better	SI Better	SI Better	Sig Better	Not moving patients to Bristol / Swindon		Some transfers from CGH - 5 ptnts
enabling patient transfers within a clinically safe					Better		occur in terms of mean travel times	support at CGH						Reduction in out of county transfers	Vascular surgery provision.	yr? Check and validate. May be m
ime frame?														24/7 PCI		1 every 2/52
														1		Pathway need to be in place
																Out of county
																out or county
.8 What is the likely effect of this solution on	In-county Primary PCI reduces the distance to travel (and therefore		SI Botto	r SI Better	Sia	SI Better	Streamlined care pathways and			Sig Better	Sig Better	SI Better	Sig Better			PCI AAA Trauma pathways to be
					-0	- Dettel	procedures, clearer accountability,	1	1							considered
			3) bette													
enabling emergency interventions within a	time to intervention) for patients requiring emergency intervention.		3i bette		Better											Need pathways for Vascular surge
nabling emergency interventions within a tinically safe time-frame?	time to intervention) for patients requiring emergency intervention. Average 'call to balloon' response time reduced.		3i bette		Better		consolidated staffing and expertise,									
enabling emergency interventions within a the dinically safe time-frame?	time to intervention) for patients requiring emergency intervention. Average 'call to balloon' response time reduced. Establishment of an IGIS hub at the trauma unit improves the		3i bette		Better		consolidated staffing and expertise, should improve timeliness of									need at CGH
nabling emergency interventions within a tilinically safe time-frame?	time to intervention) for patients requiring emergency intervention. Average 'call to balloon' response time reduced. Establishment of an IGIS hub at the trauma unit improves the availability and accessibility of KGIS services to trauma patients		3i bette		Better		consolidated staffing and expertise,									need at CGH
enabling emergency interventions within a thinically safe time-frame?	time to intervention) for patients requiring emergency intervention. Average 'call to balloon' response time reduced. Establishment of an IGIS hub at the trauma unit improves the availability and accessibility of IGIS services to trauma patients requiring emergency intervention; and improver applic accessibility		3i bette		Better		consolidated staffing and expertise, should improve timeliness of									need at CGH
enabling emergency interventions within a tilinically safe time-frame?	time to intervention) for patients requiring emergency intervention. Average 'call to balloon' response time reduced. Establishment of an IGIS hub at the trauma unit improves the availability and accessibility of KGIS services to trauma patients		31 bette		Better		consolidated staffing and expertise, should improve timeliness of									need at CGH
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nabling emergency interventions within a linically safe time-frame? A linically safe time-frame? I to so	time to intervention) for patients requiring emergency intervention. Average "call to balloon" response time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS services to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnosis of sepsis or septic shock.			SI Better	Sig	SI Better	consolidated staffing and expertise, should improve timeliness of	patients who would previously		Si Better	SI Better	Si Better	Si Better	Travel time to Bristol eliminated		need at CGH
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nabling emergency interventions within a linically safe time-frame?	time to intervention) for patients requiring emergency intervention. Average "call to balloon" response time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS services to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnosis of septic shock. In country Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub of SRH improves accessibility for patients.				Sig Better	SI Better	consolidated staffing and expertise, should improve timeliness of	have been transferred out of county has to be balanced by a		Si Better	SI Better	SI Better	Si Better			need at CGH
nabling emergency interventions within a linically safe time-frame?	time to intervention) for patients requiring emergency intervention. Average Cail to ballow response time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS services to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnoss of sepsis or septic shorts. In country Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients.				Sig Better	SI Better	consolidated staffing and expertise, should improve timeliness of	have been transferred out of county has to be balanced by a potentially longer journey for those	e	Si Better	SI Better	Si Better	Si Better			need at CGH
inically safe time-frame? June 19	time to intervention) for patients requiring emergency intervention. Average "call to balloon" response time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS services to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnosis of septic schock. In country Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients travelling from the Forest of Dean and West of the Country, outside of the two urban centers this is where the majority of patients.				Sig Better	SI Better	consolidated staffing and expertise, should improve timeliness of	have been transferred out of county has to be balanced by a potentially longer journey for those that would otherwise have gone to		SI Better	SI Better	SI Better	Si Better			need at CGH
nabling emergency interventions within a linically safe time-frame? 1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on atlent outcomes?	time to intervention) for patients requiring emergency intervention. Average Cail to ballow in reporse time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS severites to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnosis of seption or septic shock. In acounty Primary PCT reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients requiring for air record IOP can and Vest of the County, outside of the two urban centres this is where the majority of patients requiring IGS are reveiling from.				Sig Better	SI Better	consolidated staffing and expertise, should improve timeliness of	have been transferred out of county has to be balanced by a potentially longer journey for those that would otherwise have gone to CGH though this is likely to be		SI Better	SI Better	Si Better	SI Better			need at CGH
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nabling emergency interventions within a linically safe time-frame?	time to intervention) for patients requiring emergency intervention. Average Cail to ballow in reporse time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS severites to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnosis of seption or septic shock. In acounty Primary PCT reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients requiring for air record IOP can and Vest of the County, outside of the two urban centres this is where the majority of patients requiring IGS are reveiling from.				Sig Better	SI Better	consolidated staffing and expertise, should improve timeliness of	have been transferred out of county has to be balanced by a potentially longer journey for those that would otherwise have gone to CGH though this is likely to be		SI Better	SI Better	Si Better	SI Better			need at CGH
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nabling emergency interventions within a linically safe time-frame? 5 9 9 9 9 9 9 9 9 9 9 9 9	time to intervention) for patients requiring emergency intervention. Average 'call to balloon' response time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS services to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnosis of sepsion sreptic shock. In country Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients traveiling from the Forest of Deen and West of the Country, outside of the two urban centres this is where the majority of patients requiring IGS are traveiling from.	No impact		SI Better	Sig Better Sig Better		consolidated staffing and expertise, thould improve timeliness of intervention and improved outcomes.	have been transferred out of county has to be balanced by a potentially longer journey for those that would otherwise have gone to CGH though this is likely to be		SI Better	Si Better	Si Better	SI Better	Ambulance will know where to go Ref critical incidents relating to services being on a different site, equipment on a		24/7 IGIS on call rota assumption
nabling emergency interventions within a inically safe time-frame? 3 3 9 What is the effect of this solution on the leibhood of travel time impacting negatively on tatient outcomes? 10 What is the likely effect of this solution on on the leibhood of travel time impacting negatively on tatient outcomes?	time to intervention) for patients requiring emergency intervention. Average 'call to balloon' response time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS services to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnosis of sepsion sreptic shock. In country Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients traveiling from the Forest of Deen and West of the Country, outside of the two urban centres this is where the majority of patients requiring IGS are traveiling from.	No impact		SI Better	Sig Better Sig Better		consolidated staffing and expertise, should improve timeliness of intervention and improved outcomes.	have been transferred out of county has to be balanced by a potentially longer journey for those that would otherwise have gone to CGH though this is likely to be	•	SI Better	Si Better Sig Better	Si Better	SI Better	Ambulance will know where to go Ref critical incidents relating to services being on a different site, equipment on a different site.		24/7 IGIS on call rota assumption
abiling emergency interventions within a ninkally safe time-frame? 9 What is the effect of this solution on the leilhood of travel time impacting negatively on titient outcomes? 10 What is the likely effect of this solution on h	time to intervention) for patients requiring emergency intervention. Average 'call to balloon' response time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS services to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnosis of sepsion sreptic shock. In country Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients traveiling from the Forest of Deen and West of the Country, outside of the two urban centres this is where the majority of patients requiring IGS are traveiling from.	No impact		SI Better	Sig Better Sig Better		consolidated staffing and expertise, should improve timeliness of intervention and improved outcomes.	have been transferred out of county has to be balanced by a potentially longer journey for those that would otherwise have gone to CGH though this is likely to be		SI Better	Si Better	Si Better	SI Better	Ambulance will know where to go Ref critical incidents relating to services being on a different site, equipment on a different site. Red risk rating & missing consultants on		24/7 IGIS on call rota assumption
abiling emergency interventions within a ninkally safe time-frame? 9 What is the effect of this solution on the leilhood of travel time impacting negatively on titient outcomes? 10 What is the likely effect of this solution on h	time to intervention) for patients requiring emergency intervention. Average 'call to balloon' response time reduced. Establishment of an IGS hub at the trauma unit improves the availability and accessibility of IGS services to trauma patients requiring emergency intervention; and improves rapid accessibility to source control intervention following diagnosis of sepsion sreptic shock. In country Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients traveiling from the Forest of Deen and West of the Country, outside of the two urban centres this is where the majority of patients requiring IGS are traveiling from.	No impact		SI Better	Sig Better Sig Better		consolidated staffing and expertise, should improve timeliness of intervention and improved outcomes.	have been transferred out of county has to be balanced by a potentially longer journey for those that would otherwise have gone to CGH though this is likely to be		SI Better	Si Better	Si Better	SI Better	Ambulance will know where to go Ref critical incidents relating to services being on a different site, equipment on a different site.		24/7 IGIS on call rota assumption

Access	Pre Workshop Information P	ack - Evidence from Workstreams		Pre Work	shop Sco	res		Pre Workshop Scorer Comments			Worksh	op Scor	es .		Workshop Scorer comments	
	What would be better	What would be worse						What would be worse	Other comment	Table 3	Table 4	Table7	Table 8	What would be better	What would be worse	Other comment
2.1 What is the likelihood of this solution meeting the requirements of the NHS Constitution and The NHS Choice Framework?	No impact	No impact	Similar	Similar	Don't Know	Similar				Similar	Similar	Sig Better	Si Better	Choice of local Ca centre locally (not ooA) and EP in Glos. The finding continue of the conti		need to build more capacity Report OOC More patients in West of county therefore Net benefit
2.2 What is the likely effect of this solution on	No impact	No impact	Similar	Similar	Sin	Similar	A "one stop shop" would simplify patient		Patients are unlikely to need to know the	Similar	Similar	Similar	Similar			Could offer direct access later do
2.2. which is the interpreted of this solution of simplifying the offer to patients?	по пирас с	NO IMPACE	Silliidi	Sillilidi	Better	Sillilidi	A directory stop would simplify patient decisions		raterias are uninxey to need to show the location of IGS hub services as three would only access them through other emergency pathways	,						line.
.3 What is the likely effect of this solution on the	Travel analysis the but any senior maying	Travel analysis tbc, but any service moving from	Cimilar	Don't	Cl Worse	Similar		ternal times and costs from the cost of	Even if the net travel time is zero because some	Similar	Si Retter	SI Retter	SI Better	Better offer reduces out of county		
4.5. what is the inkey effect of this solution on the travel burden for patients?	I rave analysis toc, our any service moving from Chelethank to Gloucester will reduce travel times for residents of Gloucester, the Forest of Dean and parts of Tewkesbury/Newent/Staunton	I radve analysis toc, our any service moving re- Chetlenham to Gloucester will increase travel time for residents of Chetlenham, the Cotswolds and some areas of Stroud and Berkley Vale.		Know	Si worse	Similar		the county would rise and frequency of visits from family/carers may	even it me net trave time is zero because some patients will be shifted in both directions, we have to remember that for the patient in front of us that travel time might be a big problem.			2 001101	J. Certain	better orier reduces out or county Better for FoD and Glos populations		
patients' waiting time to access services?	The option improves our ability to expand IGIS provision locally. This will increase the regional provision of services, which will reduce regional average waiting times for elective IGIS services that patients must currently travel out of county to receive.		SI Better	r Don't Know	Similar	Similar	Should improve waits from ED Likely balance - improvements for some IR procedures for acute medicine at CRH, worse for procedures required for CGH patients	Depends on staffing and availability of bed space		SI Better	Don't Know	Si Better	Similar	Evidence from the pack GRH patients for cardio. Some elective done more quickly than Birmingham 24/7 rota		More evidence required incl OOH impact will not impact 18 RTT cancer need more info
2.5 What is the likely effect of this solution on the ravel burden for carers and families?	See 2.3	See 2.3	Similar	Don't Know	SI Worse	Similar		net travel might be zero but the individual families may well be highly effected by it.		Similar	Similar	Si Better	SI Better	Significant for OOC		
2.6 What is the likelihood of this solution supporting the use of new technology to improve sccess?	No impact	No impact	Similar	Don't Know	Sig Better	Similar	New interventional technologies are advancing and a re purposed 'hub' could lead the way in innovation and integration with existing radiological/imaging technologies for example.			Si Better	Sig Better	Similar	SI Better			Caveat is cost of providing kit/ equipment Consolidate.
2.7 What is the likelihood of this solution improving or maintaining service operating hours?	This solution is likely to lead to an acceleration of the implementation of a 24/7 Primary PCI service and fill gaps that are present in the 24/7 Interventional Radiology on call rota		SI Better	r Sig Better	SI Better	SI Better	Consolidated expertise, infrastructure and rotas			Sig Better	Sig Better	Sig Better	Sig Better	Step change to a 24/7 rota Consolidate onto 1 location		Consolidate.
2.8 What is the likelihood of this solution mproving or maintaining service operating ocations?	No impact	For some patients there will be a reduction in service operating locations	Similar	SI Worse	SI Better	SI Worse				Similar	Similar	Sig Better	SI Worse	Quality improved.		
2.9 What is the likelihood of this solution having a positive impact on equality and health inequalities as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012?	Further analysis required	Further analysis required	Similar	Don't Know	Don't Know	Similar	Overall patient care is enhanced which is good for everyone.	The travel burden will disproportionately affect people with disabilities who are statistically less likely to drive or have access to a car	Those that are already subject to inequalities may be impacted more than those that aren't.	SI Better	Don't Know	SI Better	Similar	Positive impact on right area of need (Glos / West) Some people not getting the service at the moment as out of County. Potential to help disadvantaged groups more.	Population in FOD and Gloucester impacted on.	
2.10 What is the likelihood of this solution accounting for future changes in population size and demographics?	Growth modelling not yet available	Growth modelling not yet available	Similar	Don't Know	SI Better	Don't Know		The IGIS hub would need to be sized to take account of future demography. Setting up a new hub allows for this sizing to be considered. Existing capacity is already under pressure		Don't Know	v Si Better	Sig Better	Don't Know	Improved resilience More efficient service		Consolidate.

Deliverability	Pre Workshop Information Pa	ick - Evidence from Workstreams	P	re Work	shop S	cores		Pre Workshop Scorer Comme	nts		Wo	rkshop S	Scores			Workshop Scorer comments	
Denie, ability	What would be better	What would be worse					8 What would be better	What would be worse	Other comment	Table	3 Tab	le 4 Ta	ble7	Table 8	What would be better	What would be worse	Other comment
.1 What is the likelihood of this solution being	Many of our existing IGIS facilities are soon			Don't		r Don't			dependant on the Trusts ability to finance the			Know SI Be		Don't Know			Timescale unknown, can start the
delivered within the agreed timescale?	due or already overdue replacement – providing an opportunity to implement reconfiguration of services and facilities within the next few years.			Know		Know			required equipment and staffing								process Phases fairly clear. Timescale unclear
3.2 What is the likelihood of this solution meeting	No impost	No impact	Cimilar	Don't	Don't	Don't				Don't Kno	ow Don't	Know Simi	lar	Don't Know		PCI time to balloon.	No external drivers. Evidence to incl.
s.2 What is the likelinood of this solution meeting the relevant national, regional or local delivery timescales?	NO Impact	NO Impact	Similar	Know	Know											PLI time to balloon.	more national standards add evidence on primary angioplast
3.3 What is the likelihood of this solution having	High. Planned procurement of a Managed		SI Better	Don't	Simila	r Don't				Don't Kno	ow Don't	Know SI Be	etter	Don't Know		Loss of ambulances out of County.	
the implementation capacity to deliver?	Equipment Service for Imaging will provide wehicle to enable service reconfiguration. Many large items of imaging equipment are now due or approaching planned replacement.			Know		Know										,	
3.4 What is the likely effect of this solution on	Establishment of an IGIS hub will allow		SI Better	SI Bette	r SI Bet	ter Simila				Sig Better	r Sig Be	tter SI Bo	etter	Don't Know	Only way to get a 24/7 rota.		
access to the required staffing capacity and capability to be successfully implemented?	improved efficiency of staff deployment, allowing us to support more activity with existing volumes of staff. The establishment of an IGIS hub is expected to improve our ability to attract and retain staff.						resilience. Exposure to more and diffen procedures will improved capability of clinicians. Should enhance staffing capacity and recruitment of new staff					ı			Reduces requirement for vol staff recruitmen		
3.5 What is the likelihood of this solution having	No impact	No impact	Similar	Similar	SI Bet	ter SI Bett	er Easier to provide support services to or	ne	Dependant on the ability of other parties (Local	Don't Kno	ow SI Bet	ter SI Bo	etter	SI Better	Centralised in consolidated hub	Vascular more complex	
access to the required support services to be successfully implemented?		·					hub rather than three IGIS locations as now		government GPs) to provide assistance						ED, EGS, Cardiology, Vascular all interrelated Cardiology needed at GRH - already in place		
3.6 What is the likelihood of this solution having		Some displacement of existing services will be	Don't	Don't	Don't	Don't			Estates plans and costs unknown.	Don't Kno	ow Don't	Know SI Be	etter	Don't Know			Dependent on many other moves ar
access to the required premises/estates to be successfully implemented?		required to establish a sufficient footprint for an IGS hub at GRH (Incl. associated daycase beds), eleocation of the hybrid theatre and relocation of the vascular bed base to GRH. Further implementation planning required if this is a shortlisted solution.		Know	Know				Can sufficient daycare beds be made available at GRH for this increased demand?								E. Availability of beds Vascular element requires acute site development. CAR / IR scoped and d able. Displace services or new site important but don't know
3.7 What is the likelihood of this solution having	Many of our existing IGIS facilities are soon		SI Better	SI Bette	r SI Bet	ter SI Bett	er	If the IGIS hub was provided new	Equipment replacement programme ongoing	Don't Kno	ow Sig Be	tter SI Bo	etter	Sig Better	New equipment to incorporate into new	Funding?	
access to the required technology to be successfully implemented?	due or overdue replacement – providing an opportunity for reconfiguration of services and facilities.							equipment / technology would have to be made available							facility. Technology *** Don't have it currently but if we implement		
3.8 Does this solution rely on other models of care	No impact	See 3.6	Don't	Don't	Don't	Don't			Funding and availability of social care	Don't Kno	ow Don't	Know SI W	lorse	Don't Know		Lots of co-dependencies relies on vascular	bed impact and who moves?
/ provision being put in place and if so, are they deliverable within the timeframe?			Know	Know	Know											workforce issues	Neither better or worse but possible important but don't know

Acceptability	Pre Workshop Information Pack - Evidence from Workstreams	P	re Works	hop Sco	res	Pre Workshop Scorer Comments		Worksl	hop Sco	ores		Workshop Scorer comments
, ,		Table 3	Table 4	Table 7	Table 8	comment	Table 3	Table 4	Table	e 7 Ta	able 8	comment
7.1 What is the likelihood that this solution has	All solutions have been developed with reference to the Outputs of Engagement Report.	Similar	Don't	SI Better	SI Better	Idealistic patients would prefer all services to be offered on both sites.	Similar	SI Better	Sig Bette	er SI E	Better	Subject to: clarify vascular within the model. Explain what is available where. What
satisfactorily taken into account and responded to	Solutions included/adapted as a result of public feedback are:		Know			Need to efficiently show advantage of the change to the public						is retained/not included. How does this fit with the 2013 service change?
the Fit for the Future Outcome of Engagement						Will need to explain how the IGIS service supports better outcomes for patients, and the fit with						Need to be clear about interdependincy with other services.
Report?	Re-open CGH ED overnight					the emergency care offer which was a primary concern in the survey responses						Clarify vascular better
	IGIS centralised to CGH site											
	IGIS hub options											

4.2 What is the likely effect of this solution on optimining the efficient and effective use of clinical staff?	What would be better Concentration of IGS facilities into a hub wil improve the resilience of service provision – allowing a more flexible and responsive reaction to cover gaps arising from sickness or other on the-day issues.	What would be worse There may be some staff dissatisfaction in respect of staff who prefer CGH as base.	Table 3	Table 4 SI Better			Pre Workshop Scorer Comments What would be better Onsolidation of staffing will improve resilience. Exposure onnor and different procedures will improved capability clinicians.	Other comment		Norkshop Sc Table 4 Tabl SigBetter SigBet		What would be better	What would be worse	Other comment Caveat: CGH staff to GRH. Impact understood. Staff recruitment offer. Clarify Cheltenham staffing rota
improving workforce capacity resilience and educing the risk of temporary service changes? 1.2 What is the likely effect of this solution on optimising the efficient and effective use of linical staff?	improve the resilience of service provision – allowing a more flexible and responsive reaction to cover gaps arising from sickness				Sig Better	Similar	Consolidation of staffing will improve resilience. Exposure o more and different procedures will improved capability		SI Better	Sig Better Sig Bet	er Sig Better			understood. Staff recruitment offer.
mproving workforce capacity resilience and educing the risk of temporary service changes? 1.2 What is the likely effect of this solution on optimising the efficient and effective use of linical staff?	improve the resilience of service provision – allowing a more flexible and responsive reaction to cover gaps arising from sickness				Better		o more and different procedures will improved capability							understood. Staff recruitment offer.
educing the risk of temporary service changes? 2 What is the likely effect of this solution on ptimising the efficient and effective use of linical staff?	allowing a more flexible and responsive reaction to cover gaps arising from sickness	Solit Wild profes Control 0826.												
2 What is the likely effect of this solution on otherwise the efficient and effective use of nical staff?	reaction to cover gaps arising from sickness						r consequence.							person't Cricicomani Statility (Uta
What is the likely effect of this solution on limining the efficient and effective use of icial staff?	reaction to cover gaps arising from sickness or other on-the-day issues.													
2 What is the likely effect of this solution on timising the efficient and effective use of licial staff?	or other on-the-day issues.			4			exposure to more and different procedures will improved							Group felt that this was important - but
timising the efficient and effective use of nical staff?				4			apability of clinicians.							were unable to score
ntimising the efficient and effective use of nical staff?				4										lots of overlap in quality
ptimising the efficient and effective use of inical staff?				4										would like more evidence
ptimising the efficient and effective use of linical staff?				4										Slightly better for staffing
ptimising the efficient and effective use of inical staff?	Establishment of a hub for IGIS will improve		Sin	Sig	Sin	Sia	will be more efficient to have staff on the same site rather		Sig Better	Sig Better Sig Bet	er Sig Better			1
nical staff?	efficient deployment of technical staff –		Retter	Retter	Rotter	Retter	han moving around, and available for more services.							
	allowing radiographers to quickly move		Detter	Jetter	cut.	better	norms around, and distance for more services.							
	hetween facilities and sunnort multiple lists.				1 1									
					1 1									
į.	Concentration of IGIS facilities will also				1 1									
	reduce the time currently lost as a result of				1 1									
Į.	staff travelling between sites.													
What is the likely effect of this solution on	No impact	No impact	Don't	Cimilar	Cl Dottor	CI Dottor	f all relevant staff are at one location this should be easier		Similar	Similar SI Bett	r Similar	Improved / dual training CAR/Vasc/IR		+
pporting cross-organisational working across the		No impace	Know	Jillillai	Ji better	31 Detter	all relevant stall are at one location this should be easier					improved / dual claiming Crity vasc/iic		
			KIIUW											
tient pathway?														
4 What is the likely effect of this solution on	Concentrated co-location of IGIS facilities	1	SI Better	Sie	Similar	Sie	exposure to more and different procedures will improved		SI Better	Sig Better Si Bett	r Sig Better		1	Some resistance for some people to
pporting the flexible deployment of staff and	improves the flexible deployment of staff.		J. Delle	Better		Retter	apability of clinicians at all levels making their deployment						1	overcome.
ne development of innovative staffing models?	The co-location of catheter labs with	1		- Citter		- CINE	apaonity of chilicans at an levels maxing their deproyment						1	
inc acresophiesis or minorative stating models?	Interventional Radiology improves the	1					THE PARTY OF THE P						1	
		1											1	
	opportunity to develop innovative nursing	1											1	
	and technician roles that support both												1	
	services.													
.5 What is the likely effect of this solution on	Improved ability to attract and retain staff	There may be some staff dissatisfaction in	Similar	Sie	Similar	SI Better	mproving recruitment and retention of staff will increase	Happy staff makes for happy patients.	Similar	Si Better Si Bett	r SI Better		1	
upporting staff health and wellbeing and their	will reduce the pressure on existing	respect of staff who prefer CGH as base		Better	,		he resilience of the team.							
	consultants to fill gaps in on-call rotas in				()									
	addition to their existing allocation thereby													
	reducing stress and improving staff health													
.6 What is the likely effect of this solution on	Establishment of an IGIS hub is expected to	There may be some staff dissatisfaction in	Sig	Sig	SI Better	SI Better	here is likely to be an improvement in the recruitment and	Is creating a central hub sufficient to make the Trust	Sig Better	Sig Better Sig Bet	er Sig Better	Hub and equipment		
mproving the recruitment and retention of	have a significant impact on staff recruitmen	respect of staff who prefer CGH as base	Better	Better	()		etention of staff which will increase the resilience of the	attractive enough to be able to recruit in sufficient						
permanent staff with the right skills, values and	and retention, providing a much more				()		eam due to enhanced staffing levels and greater	numbers?						
competencies?	appealing offer to staff.				()		pportunities to enhance clinical skills.							
,					()		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	No impact	No impact	Sig		SI Better	SI Better	More senior staff to act as clinical supervisors and a greater	Although some staff from CHG might not be happy,	SI Better	Si Better Sig Bet	er Sig Better			Evidence to highlight trainee opportuni
etaining trainee allocations, providing			Better	Know	()		ange of clinical opportunities.	hopefully the training and staff development will work						and allocation
pportunities to develop staff with the right skills,				4 !	()			for both hospitals						wider question on trainee allocations
alues and competencies?				4 !	()									
				4 !	()									
				4 !										
				4 !										
.8 What is the likely effect of this solution on	The co-location of IGIS facilities will improve	1	Sie	Sie	SI Better	SI Better	ccess to train across the domain making it easier to give		SI Better	Si Better Sig Bet	er Sig Better		1	
	the ability to train junior radiographers		Better	Better		- Dettel	netter training.						1	
rainers and supporting them to fulfil their training	across all IGIS competencies												1	
olo?		1											1	
	1	1											1	
													1	
.9 What is the likely effect of this solution on	The co-location of IGIS facilities will improve		Sig	Sig	Sig	SI Better	t will make it easier for staff to upgrade and train to higher		SI Better	Sig Better Sig Bet	er Sig Better			
nabling staff to maintain or enhance their	the ability for radiographers to expand their	1	Better	Better	Better		evels.						1	
apabilities/ competencies?	competencies across all IGIS.												1	
	,	1											1	
	1	1											1	
.10 What is the likely effect of this solution on	No impact	No impact	Cipalle	Cimilar	CI Dotte	CI Dotto	Ethau are bassies and more fulfilled thou are more likely to		SI Better	Sig Retter Sie Bas	or Siz Ratter		1	
	INO IIIIPACT	No impact	Similar	əimilər	or petter	oi Better	f they are happier and more fulfilled they are more likely to		a soller	July See See	and permet		1	
nabling staff to fulfil their capability, utilising all							tilise all their skills.						1	
f their skills, and develop within their role?	1	1											1	
													1	
!														
.11 What is the likely effect of this solution on	Further analysis required	Further analysis required	Don't Know	Don't Know	SI Worse	SI Worse	Need for improved transportation from CG	H if staff are redeployed from Cheltenham to Glos there	Don't Know	Dan't Know Si War	e Don't Know		+	Staff impact to be understood CGH to 0
ie travel burden for staff? e.g. relocation time	orana anarysis required	s state analysis required		1			and improved stafff parking at GRH	may be increased travel time and cost, as some people					1	Storr impact to be understood CdM to t
ne travel burden for staff? e.g. relocation time			- '	1 1			and improved stafff parking at GRH	may be increased travel time and cost, as some people will have moved to Chelt to be close to work.	1				1	
nu cust.	1	1	- ['	1 1				will have moved to uneit to be close to work.					1	
			'	1 1										
į.			- '	1 1									1	
	t	No impact	SI Better	Don't Know	SI Better	SI Better	f most staff are on the same site then supervision should be		SI Better	Sig Better Sig Bet	er Sig Better		Dependent upon supervision of staff	
.12 What is the likely effect of this solution on	No impact	i ·												
	No impact			N I	۱		asier?							
.12 What is the likely effect of this solution on naintaining clinical supervision support to staff?	No impact				۱ ۱		asier?							
	No impact						assier?							
	No impact						asser?							

B3: Centralise the image-guided interventional surgery (IGIS) 'hub' at GRH, with IGIS spoke at CGH and with the vascular arterial centre remaining at CGH – Model F

Quality	Pre Workshop Information - Evide			rkshop Scores		Pre Workshop Scorer Comments		Worksho			Workshop Scorer comments	
Ţ	What would be better	What would be worse	Table 1	Table 5	What would be better	What would be worse	Other comment	Table 1	Table 5	What would be better	What would be worse	Other comment
	Many emergency IGIS interventions are time critical;		Sig Better	Similar	colocation of IGIS with the trauma unit will	Vascular Surgery is a largely emergency or	Full technology available 24/7 is of	Sig Better	Similar	300+ out of county repatriated from	Lack of co-location with vascular -	Not clear whether there is a
patients receiving equal or better outcomes of care?	locating a hub at the County's trauma unit will reduce the				reduce time to intervention for many	elective service. Removing the capacity for	supreme importance as medicine			Bristol/Oxon/Bham. Centralisation	compromise safety Red Risk. Also	detriment to vascullar by moving.
ē	average time to intervention for many emergencies.				emergencies hopefully reducing the mortality	endovascular procedures to be undertaken in				PCIs, OOH sepsis.	separation from Urology	Emergency - access to radiographer
	Co-locating IGIS services improves the availability of				rate	CGH will result in much poorer outcomes,	vascular team should remain					10/year emergency vascular
	consultants from adjacent services that may be required				I would expect to see an improvement in	longer stays and is against the rules!	available in CRH so it is accessible					procedures
	in the event of a complication, thereby improving				patient and visitor satisfaction surveys		should it be needed for ongoing care.					Req IR on both sites
	outcomes.				because they would be closer to home							Benefits of central merger
	Improving our ability to attract and retain staff will reduce											? Impact on Vascular - risk register
	gaps in our on call Interventional Radiology rota											Case for change not clear, staffing
	Co-location of Interventional Radiology and Interventional											issues for radiology and cardiology
	Cardiology supports the multi-disciplinary approach to the											
	management of primary angioplasty. Evidence on travel											
ı	times and outcomes suggests that patient outcomes could											
ı P	improve if a primary angioplasty service could be offered											
	locally.											
	Establishment of an IGIS hub at the trauma unit will		Sig Better	SI Better	improves availability of specialist expertise		IR teams in wrong hospital. Patients	Sig Better	Similar	Patients repatriated from out of		SLA required to collocate Vasc and
patients being treated by the right teams with the	increase the likelihood that both specialist IGIS facilities				Efficient diagnosis and treatment- recovery		have poorer access to IR solutions.			county		IR
	and clinical expertise are located on the same site where				rates should improve- ideally less time in							Cardiology and IR + especially out
	the patient is presenting.				hospital for the patient and a reduced							of hours
	Reduction in inpatient and emergency transfers for				likelihood of complications.							
	catheter labs (650 transfers from GRH to CGH in 2018/19)											
r												
1.3 What is the likely effect of this solution on	By improving our ability to expand IGIS provision, patients		Sig Better	SI Better	Reduce out of county transfers and maintains	Travel for IR interventions. Already travel for	The patient can be treated by	Sig Better	SI Better			
continuity of care for patients?	currently travelling out of County for IGIS procedures				contact with the local team responsible for	stroke and renal support. We will definitely						1
	could be treated at GHT, allowing follow up care to be				the patients care	lose the right commission c=vascular services						1
	provided by the same clinical team.				.,	with this set up. All arterial cases will be	to their family members.					
1	· ·					managed elsewhere.						
1.4 What is the likely effect of this solution on the	No impact	No impact	Similar	Similar		Much poorer clinical linkages and interfacing		Similar	Similar		Vascular, ? Mini stroke and corotid	Planning discharge in place
opportunity to link with other teams and agencies to	NO IMPACE	no impact	Jiiiiiui	Jiiiiui		with other agencies.	`	Similar	5		artery link slightly worse with	Recovery support as current
support patients holistically?						with other agencies.					Vascular	Simplifies overall process for
support patients nonstituting.											v u scurur	SWAST
												34731
i												
	Establishment of a new IGIS Hub and replacement of		Don't Know	Similar		travel for treatment both from admission and	d	Sig Better	SI Better	Solution will require new kit (MES) so		Note need to improve equipment
quality of the care environment?	outdated and beyond end-of-life facilities will improve the				will improve due to replacement of obsolete	whilst and inpatient. never good.				better than current although changes		
ı (r	quality of the care environment				and aging equipment but it will have little					will need to be made for status quo		
1					impact on the other care factors listed above							
1												
1												
1.6 What is the likely effect of this solution on	No impact	No impact	Similar	Similar	they will have improved access to the		+	Similar	Similar			Better access to PCI
encouraging patients and carers to manage self-care	NO IMPACE	no impact	Jiiiiiui	Jiiiiui	specialists to manage their care.			Similar	5			Detter decess to 1 cr
appropriately?					specialists to manage their care.							
		No impact	Don't Know	SI Better	reduction in out of county transfers will				e. II		Vascular separation	0.000
1.7 What is the likely effect of this solution on	No impact	No impact	Don't Know	21 Better		you are locating a major service away from		Sig Better	Similar	Better for majority, less transfers	vascular separation	Benefits for 300 patients going to Bristol currently
enabling patient transfers within a clinically safe time					improve outcomes	the patients that use it or, conversely, the				300+ cardiology pts and overnight pts		
frame?						patients that use a major service away from				will be improved. Also IR on same site as acute Pts		Need to upgrade equipment
1						IL.				as acute Pts		
1												
1.8 What is the likely effect of this solution on	See 1.1.		Sig Better	SI Better	better due to colocation with trauma unit	Complex IR will not be undertaken in a timely	v	Sig Better	Similar	300+ cardiology pts and improved	Vascular separation for minority of	
enabling emergency interventions within a clinically	In County Primary PCI reduces the distance to travel (and		-		having the hub in Gloucestershire should be	fashion on Vascular patients that frequently	1			OOH IR	Pts	
	therefore time to intervention) for patients requiring					need it.						
1	emergency intervention. Average 'call to balloon'				convenience at being treated closer to home.							
ı li	response time reduced.				g							
ı İr	Establishment of an IGIS hub at the trauma unit improves											
ı r	the availability and accessibility of IGIS services to trauma											
1	patients requiring emergency intervention; and improves											
	rapid accessibility to source control intervention following											
r	rapid accessibility to source control intervention following diagnosis of sepsis or septic shock.						1					1
r			_							i .		
r	diagnosis of sepsis or septic shock.											
r c	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and		Similar	SI Better	Better access for those in the Forest area etc			Sig Better	Similar	Significant improvements for patients		
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring		Similar	SI Better	but concerned that no statistics are	Patients going to the wrong hospital and increased emergency inter-hospital transfers.		Sig Better	Similar	Significant improvements for patients currently going to Bristol		
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on patient outcomes?	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention.		Similar	SI Better	but concerned that no statistics are referenced to support the statement that			Sig Better	Similar			
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on patient outcomes?	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for		Similar	SI Better	but concerned that no statistics are referenced to support the statement that "this is where the majority of patients			Sig Better	Similar			
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on tapatient outcomes? []	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients reveiling from the Forest of Dean and West of		Similar	SI Better	but concerned that no statistics are referenced to support the statement that "this is where the majority of patients requiring IGIS are travelling from"			Sig Better	Similar			
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on tapatient outcomes?	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring menory intervention. GRH improves accessibility for patients travelling from the Forest of Dean and West of the County, outside of the two urban entres this is where		Similar	SI Better	but concerned that no statistics are referenced to support the statement that "this is where the majority of patients requiring IGIS are travelling from" it should be more convenient not having to			Sig Better	Similar			
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on tapatient outcomes? []	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. Establishing a hub at GRH improves accessibility for patients reveiling from the Forest of Dean and West of		Similar	SI Better	but concerned that no statistics are referenced to support the statement that "this is where the majority of patients requiring IGIS are travelling from"			Sig Better	Similar			
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on taptient outcomes? [6]	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring menory intervention. GRH improves accessibility for patients travelling from the Forest of Dean and West of the County, outside of the two urban entres this is where		Similar	SI Better	but concerned that no statistics are referenced to support the statement that "this is where the majority of patients requiring IGIS are travelling from" it should be more convenient not having to			Sig Better	Similar			
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on taptient outcomes? [6]	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring menory intervention. GRH improves accessibility for patients travelling from the Forest of Dean and West of the County, outside of the two urban entres this is where		Similar	SI Better	but concerned that no statistics are referenced to support the statement that "this is where the majority of patients requiring IGIS are travelling from" it should be more convenient not having to			Sig Better	Similar			
1.9 What is the effect of this solution on the lilkelihood of travel time impacting negatively on patient outcomes?	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. However, the control of the county of the county of the county of the county, outside of the two urban centres this is where the majority of patients reveiling from 10 patients reveiling from 10 patients requiring IGGS are travelling from 10 patients required 1	No impact	Similar Don't Know	SI Better	but concerned that no statistics are referenced to support the statement that "This is where the majority of patients requiring IGS are travelling from" it should be more convenient not having to travel outside of the county for treatment.	increased emergency inter-hospital transfers.			Similar	currently going to Bristol	Risk: Lack of PPCI	
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on patient outcomes?	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. However, the control of the county of the county of the county of the county, outside of the two urban centres this is where the majority of patients reveiling from 10 patients reveiling from 10 patients requiring IGGS are travelling from 10 patients required 1	No impact			but concerned that no statistics are referenced to support the statement that "this is where the majority of patients requiring IGIS are travelling from" it should be more convenient not having to	increased emergency inter-hospital transfers.		Sig Better				
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on patient outcomes?	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. However, the control of the county of the county of the county of the county, outside of the two urban centres this is where the majority of patients reveiling from 10 patients reveiling from 10 patients requiring IGGS are travelling from 10 patients required 1	No impact			but concerned that no statistics are referenced to support the statement that "this is where the majority of patients requiring IGIS are traveiling from it should be more convenient not having to travel outside of the county for treatment. Should be better due to increased availability	increased emergency inter-hospital transfers.	I would expect for the hub to have the necessary staff otherwise it is not	Sig Better		currently going to Bristol Staffing risks are logged - radiographers		
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on patient outcomes?	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. However, the control of the county of the county of the county of the county, outside of the two urban centres this is where the majority of patients reveiling from 10 patients reveiling from 10 patients requiring IGGS are travelling from 10 patients required 1	No impact			but concerned that no statistics are referenced to support the statement that "this is where the majority of patients requiring IGIS are traveiling from it should be more convenient not having to travel outside of the county for treatment. Should be better due to increased availability	increased emergency inter-hospital transfers.	I would expect for the hub to have	Sig Better		currently going to Bristol Staffing risks are logged -		
1.9 What is the effect of this solution on the likelihood of travel time impacting negatively on patient outcomes?	diagnosis of sepsis or septic shock. In County Primary PCI reduces the distance to travel (and therefore time to intervention) for patients requiring emergency intervention. However, the control of the county of the county of the county of the county, outside of the two urban centres this is where the majority of patients reveiling from 10 patients reveiling from 10 patients requiring IGGS are travelling from 10 patients required 1	No impact			but concerned that no statistics are referenced to support the statement that "this is where the majority of patients requiring IGIS are traveiling from it should be more convenient not having to travel outside of the county for treatment. Should be better due to increased availability	increased emergency inter-hospital transfers.	I would expect for the hub to have the necessary staff otherwise it is not	Sig Better		currently going to Bristol Staffing risks are logged - radiographers		

Access	Pre Workshop Information Pa	ack - Evidence from Workstreams	Pre Work	shop Scores		Pre Workshop Scorer Comments		Work	shop Scores		Workshop Scorer comments	
	What would be better	What would be worse	Table 1	Table 5	What would be better	What would be worse	Other comment	Table 1	Table 5	What would be better	What would be worse	Other comment
2.1 What is the likelihood of this solution meeting the requirements of the NHS Constitution and The NHS Choice Framework?	No impact	No impact	Similar	Don't Know			There should be no impact- any intended change should either maintain the status or improve it.	SI Better				No more/different choices Overall improve access
							There is no point making changes for a detrimental outcome.	r				especially for patients going to Bristol Need to decide where to put it
2.2 What is the likely effect of this solution on simplifying the offer to patients?	No impact	No impact	Don't Know	Similar			this offer is driven by clinical staff and not patients	Similar				Some people disadvanted but many more positive
2.3 What is the likely effect of this solution on the travel burden for patients?	Travel analysis tbc, but any service moving from Cheltenham to Gloucester will reduce travel times for residents of Gloucester, the Forest of Dean and parts of Tewkesbury/Newent/Staunton	Travel analysis tbc, but any service moving from Cheltenham to Gloucester will increase travel time for residents of Cheltenham, the Cotswolds, and some areas of Stroud and Berkley Vale.		Don't Know	the service improvements should reduce waiting times and thereby gain public acceptance	multiple inter-hospital transfers.	It is understandable that there will be costs to those who live furthest away from the treatment site.	Sig Better				New equipment
2.4 What is the likely effect of this solution on patients' waiting time to access services?	The option improves our ability to expand IGIS provision locally. This will increase the regional provision of services, which will reduce regional average waiting times for elective IGIS services that patients must currently travel out of County to receive.		SI Better	SI Better	Reducing waiting times will lead to public buy-in waiting times will be greatly improved, and being treated within the county will be favourable to locals.	Delay in interventional treatments.		Sig Better				
2.5 What is the likely effect of this solution on the travel burden for carers and families?	See 2.3	See 2.3	Don't Know	Don't Know				Sig Better				
2.6 What is the likelihood of this solution supporting the use of new technology to improve access?	No impact	No impact	Similar	Don't Know			more clarity needed around what the new technology being referred to is?	Sig Better				
2.7 What is the likelihood of this solution improving or maintaining service operating hours?	This solution is likely to lead to an acceleration of the implementation of a 24/7 Primary PCI service and fill gaps that are present in the 24/7 Interventional Radiology on call.		Don't Know	SI Better	If it does lead to a 24/7 primary PCI service then this should improve the overall service but I am concerned about staff shortages		Managing patients with one set of clinical problems on multiple sites difficult to provide plurality of staff.	Sig Better				
2.8 What is the likelihood of this solution improving or maintaining service operating locations?	No impact	No impact	Don't Know	Similar	Should result in an improved service that will be less easy to travel to for some patients.		e	Sig Better				
2.9 What is the likelihood of this solution having a positive impact on equality and health inequalities as set out in the Public Sector Equality Duty 2011 and the Health and Social Care Act 2012?		Further analysis required	Don't Know	Don't Know				SI Better				
2.10 What is the likelihood of this solution accounting for future changes in population size and demographics?	Growth modelling not yet available	Growth modelling not yet available	Don't Know	Similar			Careful planning needs to take into account the duty cycles of the technical equipment to ensure that they would cope with increased demands from an aging and increasing population. Estates would need to allow for expansion space when planning the location in GRH			Step change in provision - 24/ IR new service	7	

Deliverability	Pre Workshop Information Pa	ick - Evidence from Workstreams	Pre Works	hop Scores		Pre Workshop Scorer Comme	nts	Worksl	nop Scores		Workshop Scorer comments	
	What would be better	What would be worse		Table 5	What would be better	What would be worse	Other comment	Table 1		What would be better	What would be worse	Other comment
3.1 What is the likelihood of this solution being delivered within the agreed timescale?	Many of our existing liGS facilities are soon due or already overdue replacement – providing an opportunity to implement reconfiguration of services and facilities within the next few years.		Don't Know	Don't Know	This solution would help to accelerate the replacement of aging and obsolete equipment			SI Better				Overall deliverable, need to consider Vascular SOP. Commissioners? Timeliness of equipment replacement
3.2 What is the likelihood of this solution meeting the relevant national, regional or local delivery timescales?	No impact	No impact	Don't Know	Don't Know				SI Better				CQC required to deliver 24/7 IR rota
3.3 What is the likelihood of this solution having the implementation capacity to deliver?			SI Better	Don't Know			It needs significant capital expenditure on new equipment and commitment from the manufacturers to deliver within the required timescales	Sig Better				
3.4 What is the likely effect of this solution on access to the required staffing capacity and capability to be successfully implemented?	Establishment of an IGIS hub will allow improved efficiency of staff deployment, allowing us to support more activity with existing volumes of staff. The establishment of an IGIS hub is expected to improve our ability to attract and retain staff.		Don't Know	SI Worse	should attract new staff as well as helping to retain existing staff		Whilst staff deployment would be more efficient I am concerned that CGH based staff would be reluctant to relocate	SI Better				
3.5 What is the likelihood of this solution having access to the required support services to be successfully implemented?	No impact	No impact	Don't Know	SI Worse		Increasing throughput on a single site will inevitably increase demands on the support services		SI Better		Clinical adjacancies	Slightly worse in comparision with other models	Ref 1:4 for vascular separation. Would need to have an emergency vasc SOP
3.6 What is the likelihood of this solution having access to the required premises/estates to be successfully implemented?		Some displacement of existing services will be required to establish a sufficient footprint for an IGIS hub at GRH (incl. associated daycase beds)	Don't Know	SI Better	The positives outweigh the negatives		Will the 'new' location be available in parallel with existing services during the transition period?	Sig Better				
access to the required technology to be successfully implemented?	Many of our existing IGIS facilities are soon due or overdue replacement – providing an opportunity for reconfiguration of services and facilities.		Don't Know	Similar			Requires replacement of existing aging & obsolete equipment - can the manufacturers meet the required timescales?	SI Better				
3.8 Does this solution rely on other models of care / provision being put in place and if so, are they deliverable within the timeframe?	No impact	No impact					l am concerned that the increased service needs from the emergency surgery centre of excellence could negate the service improvements provided by the centralisation of the IGIS services					Workforce (labs) MES

Acceptability	Pre Workshop Information Pack - Evidence from Workstreams		Pre Workshop Scores		Pre Workshop Scorer Comments		op Scores	Workshop Scorer comments	
		What would be worse	Table 1	Table 5	comment	Table 1	Table 5	comment	
7.1 What is the likelihood that this solution has	All solutions have been developed with referen	nce to the Outputs of Engagement Report.	Don't Know	Don't Know	The public should see the service improvements quite quickly once the service has settled into	SI Better		Responds to engagement	
satisfactorily taken into account and responded to	onded to Solutions included/adapted as a result of public feedback are:				its new ways of working. Need to 'advertise' the successes effectively				
the Fit for the Future Outcome of Engagement					the aim is to get the plans through- this will be harder to do without the engagement process				
Report?	Re-open CGH ED overnight				and considering the feedback and concerns raised.				
	IGIS centralised to CGH site								
	IGIS hub options								

improving workforce capacity resilience and mreducing the risk of temporary service changes? and reducing the reducing the risk of temporary service changes and reducing the	llowing a more flexible and responsive eaction to cover gaps arising from sickness rother on-the-day issues. stablishment of a hub for IGIS will improve	What would be worse There may be some stiff dissatisfaction in respect of staff who prefer CGH as base.	Table 1 Don't Know	Table 5 Sg Worse	What would be better The vision for the hub would mean that the centre was fully staffed, and there would be better capacity to cope with sickness or other issues which might pop up.	What would be worse	Other comment CGH based staff may be reluctant to relocate or change their working hours patterns without a significant incentive which may not be monetary but could be	Table 1 Sig Better	Table 5 Sig Worse	What would be better	What would be worse IGIS hub improves OOH but creates operational difficulties; significant challenge - not deliverable	Other comment Overall better. plus for IR and Cardio Some centralisation benefits Almost running a tertiary service
Improving workforce capacity resilience and impreducing the risk of temporary service changes? are decided in the risk of temporary service changes? are decided in the risk of temporary service changes? At 4.2 What is the likely effect of this solution on the control of the c	nprove the resilience of service provision – louwing a more flexible and responsive eaction to cover gaps arising from sickness r other on-the-day issues.		Don't Know	sg Worse	centre was fully staffed, and there would be better capacity to cope with sickness or other		relocate or change their working hours patterns without a significant incentive	og Better	pig Worse		operational difficulties; significant	plus for IR and Cardio Some centralisation benefits
all the risk of temporary service changes? A.2 What is the likely effect of this solution on export the solution on the solution of the solut	llowing a more flexible and responsive eaction to cover gaps arising from sickness rother on-the-day issues. stablishment of a hub for IGIS will improve	respect of staff who prefer CGH as base.			better capacity to cope with sickness or other		patterns without a significant incentive					Some centralisation benefits
re or or or or or or or or or or or or or	eaction to cover gaps arising from sickness r other on-the-day issues.			1							challenge - not deliverable	
or 1.2 What is the likely effect of this solution on given in the efficient and effective use of efficient staff? 1.2 What is the likely effect of this solution on likely effect of this solution effect of this solution on likely effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution effect of this solution	r other on-the-day issues. stablishment of a hub for IGIS will improve			١ ١	issues which might pop up.							
.2 What is the likely effect of this solution on plainising the efficient and effective use of efficient staff? Inical staff? Solution of this solution on the solution of the solution on the solution of the solution on the solution of t	stablishment of a hub for IGIS will improve						improved job satisfaction					- if don't develop will lose staff
ptimising the efficient and effective use of efficient staff? be CC CC AND AND AND AND AND AND AND AND AND AND				1			improved job satisfaction					24/7 cover required for
optimising the efficient and effective use of efficient and effective use of all be CC CC CC CC CC CC CC CC CC CC CC CC CC												24/7 cover required for interventional
optimising the efficient and effective use of efficient and effective use of efficient staff? CC CC SE I.3 What is the likely effect of this solution on N			'									radiology/cardiology
optimising the efficient and effective use of efficient and effective use of efficient staff? CC CC SE I.3 What is the likely effect of this solution on N			1 '									radiology/cardiology
optimising the efficient and effective use of efficient and effective use of all be CC CC CC CC CC CC CC CC CC CC CC CC CC			61 B 11	SI Better	MI 1 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Comp. 1 1 1 1 1 1 1	Cia Bottor	Goldono	Centralisation into hub = efficiencies		241 1 1 1 1 1 1 1
linical staff? all be Common Staff? be Common Staff? be Common Staff?			Sig Better	2) Retter	The benefits outweigh the negatives- it is a better use of manpower- which can only be		Still includes support of the vascular activities at CGH so the staff flexibility is	og setter	ag 110110	Centralisation into nub = efficiencies	separation of vascular, emergency and complex Pts having to travel	move to Gloucester
be CC Cc be be 1.3 What is the likely effect of this solution on No	fficient deployment of technical staff – llowing radiographers to quickly move		/	4 /	beneficial to the patient.		limited				complex Pts having to travel	move to Gloucester
Core re be 1.3 What is the likely effect of this solution on No	etween facilities and support multiple lists.		/	4 /	beneficial to the patient.		limited					
rei be I.3 What is the likely effect of this solution on No	oncentration of IGIS facilities will also		/	4 /								
be 4.3 What is the likely effect of this solution on	educe the time currently lost by travelling		/	4 /								
	etween sites.		/	4 /								
	o impact	No impact	Don't Know	Don't Know	Should improve cross-organisational working			Similar	Similar		 	+
	o impact	To impact	Don't know	Don't know	since this solution should improve staff							
patient pathway?				[knowledge and experience making them more							
				[adaptable to different environments							
				[backable to uncreat environments							
				[
		<u> </u>		└							<u> </u>	
1.4 What is the likely effect of this solution on Co	oncentrated co-location of IGIS facilities		Don't Know	Don't Know	increased skills gaining opportunities for staff		1	Sig Better	Similar	Extended scope nursing and	Vascular worse	
supporting the flexible deployment of staff and im	nproves the flexible deployment of staff.	1	1 '	İ	will greatly assist flexible deployment		1			radiographers		1
the development of innovative staffing models? The	he co-location of catheter labs with			1	Opportunity to develop innovative nursing					Hub centralisation benefits		1
In	nterventional Radiology improves the			[and technician roles that support both							
	pportunity to develop innovative nursing			1	services.							1
ar	nd technician roles that support both			[
se	ervices	1	1 '	İ	1		1					
4.5 What is the likely effect of this solution on	nproved ability to attract and retain staff	There may be some staff dissatisfaction in	Sig Better	Don't Know	Any solution that reduces staff stress has to		1	Sig Better	SI Worse	Better resilience, improved scope for	Vascular staff - No. Also more time in	+
	rill reduce the pressure on existing	respect of staff who prefer CGH as base	- 3 5-111.		have beneficial effects and will improve					development	car	
	onsultants to fill gaps in on-call rotas in			1	internal informal 'advertising' that should		1			pm		
ability to sell cure.	ddition to their existing allocation thereby		,	i .	result in better retention & recruitment							
au 	educing stress and improving staff health		,	i .	More likely to be fully staffed- so people are							
Te.	educing stress and improving stail health		,	i .	covering their roles instead of trying to do							
			,	i .								
			,	i .	their own designated role and cover others-							
			,	i .	which in turn leads to stress							
			,	i .								
4.6 What is the likely effect of this solution on Es	stablishment of an IGIS hub is expected to		Sig Better	SI Better	The IGIS hubs sounds like a place you would	Might be a negative impact on staff		Cia Battar	Cimilar		Vascular worse	
	stablishment of an IGIS nub is expected to ave a significant impact on staff recruitment		Sig Better	2) Retter	want to to work at, and if you are existing	retention if CGH staff are reluctant to		og setter		Cardiology good	vascular worse	
	nd retention, providing a much more	respect of stall who prefer con as base.	/	4 /	staff there is the opportunity to grow and	relocate - knock-on effect on recruitment?						
permanent starr with the right skills, values and	ppealing offer to staff.		,	4 /	stan there is the opportunity to grow and	relocate - knock-on ellect on recruitment?						
competencies?	ppealing offer to staff.		/	4 /	develop in your career.							
			/	4 /								
			/	4 /								
			/	4 /								
4.7 What is the likely effect of this solution on No.	o impact	No impact	Don't Know	SI Better	Should improve staff development due to			SI Better	SI Worse	Cardiology hub is good. Varied and	IP base separate - catastrophic for	Positive cardiology and
retaining trainee allocations, providing					lower stresses & greater availability of					complex interventions	vascular trainees	radiology, no change vascular
opportunities to develop staff with the right skills,			'	[i	supervisory/training staff							
values and competencies?			'	[i	· · · · ·							
·			'	[i								
			1 '	[i								
			'	[i								
4.8 What is the likely effect of this solution on Th	he co-location of IGIS facilities will improve		Don't Know	SI Better		Might be a negative impact on staff		SI Better	SI Worse		1	1
maintaining or improving the availability of th	ne ability to train junior radiographers		1 '			retention if CGH staff are reluctant to						
trainers and supporting them to fulfil their training	cross IGIS competencies.	1	1 '		I	relocate - knock-on effect on recruitment?	1				1	
role?		1	1 '		I		1				1	
		1	1 '		1		1					
l l			1 '									
4.9 What is the likely effect of this solution on Th	he co-location of IGIS facilities will improve	+	Cia Datas	SI Retter		Dadward access of second shelf are	 	Sie Retter	Smilar	Continuous and ID and	Solit site had, vascular had	+
			and netter	oi petter		Reduced access of many staff groups to				Cardiology good, IR good	Spire Site Dad, Vascular Dad	
	ne ability for radiographers to expand their	1			1	important facilities.	1					
capabilities/ competencies?	ompetencies across IGIS.											
		1			1		1					
4.10 What is the likely effect of this solution on No.	o impact	No impact	Don't Know	SI Worse		Reduced ability of Vascular Surgeons to	·	Sig Better	Similar			
enabling staff to fulfil their capability, utilising all			1 '			undertake interventional procedures.						
of their skills, and develop within their role?		1	1 '				1				1	
			1 '									
			1 '									
		1	1 '				1					
4.11 What is the likely effect of this solution on Fu	urther analysis required	Further analysis required	Similar	SI Better		Will be worse for CGH staff who agree to	1	SI Worse	SI Worse		CGH based nursing staff - short term	+
the travel burden for staff? e.g. relocation time	snaryss required				I	relocate and may have increased travel	1				impact for specific staff	
the travel burden for starr? e.g. relocation time		1			I	times & costs. Transport is a cross-solution	1				relocate cardiology to CGH. Travel is	
anu cost.		1			I	problem for both staff and patients.	1				relocate cardiology to CGH. Travel is unsustainable	
		1			I	problem for both staff and patients. Working closely with the GCC transport	1				unsustamable	
						Working closely with the GCC transport team is a MUST						
		I			1	team is a MUSI	1					
	o impact	No impact	Sig Better	SI Better	Consultant and staff together in one place at		I would expect for there to be	Sig Better	SI Worse	·		
	o impact				Line					ı		
5.12 What is the likely effect of this solution on No maintaining clinical supervision support to staff?	o impact	1			all times.		improvements rather than a negative					
	o impacc				all times.		improvements ratner than a negative impact					
	o impacc				all times.							
	o impace				iaii times.							