

Your  
**NHS** Right Care, Right Time, Right Place



2013

Outcome of Consultation Report

**Proposals for change**  
Maintaining high quality, specialist services

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This report, and other information about the consultation, is available on line at the **NHS Gloucestershire Clinical Commissioning Group** website, **Feedback** page under **Closed engagement or consultations** [http://www.gloucestershireccg.nhs.uk/?page\\_id=15](http://www.gloucestershireccg.nhs.uk/?page_id=15)

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## **1. Introduction**

### **Your NHS – Right Care, Right Time, Right Place 2013 Maintaining high quality, specialist services**

#### **The need for change**

The NHS in Gloucestershire is working together to develop innovative plans to address the challenges facing the NHS locally.

In the early part of 2013, the Gloucestershire Health Community presented for public consultation three new service change proposals:

- Emergency and urgent medical care
- Medical specialties – Gastroenterology & Hepatology, Cardiology and Respiratory (or thoracic medicine)
- Paediatric day cases.

Each of the proposals was developed by clinicians working within the services.

Public consultation about these service change proposals began on 1 February 2013 and concluded on 3 May 2013.

This Outcome of Consultation Report presents the background to the 'Your NHS' proposals, describes the consultation methodology used, summarises the public response and sets out the Gloucestershire Health Community response to the feedback received.

#### **Impact of consultation**

The primary aim of the consultation was to enable as many individuals and groups as wanted, easy access to information about the service change proposals and the opportunity to comment upon them and ask questions to inform their response.

Most frequently asked questions are highlighted in this Report and responses are provided alongside. In addition to specific questions, all comments, and suggestions, received have been considered by the Gloucestershire Health Community and actions in response have been identified.

This report identifies the key themes from the feedback as being access to information, access to services (ranging from access to specialist doctors to availability of public transport) and impact on the ambulance service. No alternatives to the proposals, which addressed the issues set out in the consultation, were received. However, respondents identified several areas where action could be taken to mitigate the impact of the proposed changes.

The following actions have been identified:

- Continue to work with South West Ambulance Service NHS Trust (SWAST) to ensure no significant impact on their response times
- Ensure access to more information on transport options
- Information to the public on distribution of services between CGH and GRH and how to access services
- Progress with planning for implementation
- Progress with monitoring arrangements

## **2. Background to 'Your NHS'**

Engagement and consultation with the public, under the banner of 'Your NHS', has been undertaken in Gloucestershire since 2010. To provide context for the current proposals for change, in this section of the report the background to 'Your NHS' is set out. The current service change proposals are the third phase of 'Your NHS' engagement and consultation.

### **Phase 1: 'Your NHS: Maintaining Quality, Improving Efficiency' (2010)**

Phase 1 of the 'Your NHS: Maintaining Quality, Improving Efficiency' engagement programme took place during the Autumn and Winter of 2010. It communicated a future vision for development of local health services.

Feedback received showed public support for:

- the continued development of community based services – reducing the number of patients having to go into the large hospitals when this is right for the patient and reducing the length of hospital stays where appropriate;
- continuing the work which had already been done to improve the quality and accessibility of community mental health services e.g. promoting self help, increasing access to psychological therapy and providing community based treatment;
- only funding procedures (treatments) and drugs where there is strong evidence of clinical benefits to the patient; and
- looking at how some specialist hospital services are provided in the future in Gloucestershire to ensure safe, quality services. Providing follow-up care and support as locally as possible.

## **Phase 2: 'Your NHS: Right Care, Right Time, Right Place' (2011)**

Following the completion of Phase 1, the NHS in Gloucestershire prepared for Phase 2 of communication and engagement activity, which involved setting out four specific proposals for change and seeking feedback from local residents, community partners and staff. The proposals for service development presented during the Phase 2 engagement period were consistent with the feedback received during Phase 1.

## **Phase 2 Proposals for change (2011)**

Specific proposals for change relating to four services were presented during Phase 2 during the summer of 2011 under the title: 'Your NHS: Right Care, Right Time, Right Place':

- Stroke Care
- First outpatient breast care appointment for symptomatic patients
- Care for People with Major Trauma
- Emergency Paediatric Assessment

Following a three month period of comprehensive public and staff engagement, all four service change proposals were supported unanimously by the Health, Community and Care Overview and Scrutiny Committee (HCCOSC), who felt that the *"proposals demonstrated benefits and logic"*.

## **Update on Phase 2 (2011) proposals for change**

The following service changes have since been successfully implemented:

- Paediatric (child) emergency assessments to GRH 2011
- Major Trauma (multiple, very serious injuries) to Bristol (Trauma Centre) and GRH (Trauma Unit) 2012
- Stroke and Transient Ischemic Attack (mini strokes) to GRH 2012
- First outpatient Breast Care appointments for symptomatic patients, Thirlestaine Court, CGH 2012

### 3. Phase 3: Your NHS: Right Care, Right Time, Right Place 2013 Proposals for change: Maintaining high quality, specialist services.

The following sections of this Outcome of Engagement Report relate to Phase 3: ***Your NHS: Right Care, Right Time, Right Place 2013 Proposals for change: Maintaining high quality, specialist services.***

Phase 3 has involved three month public consultation relating to three service change areas:

- **Emergency and urgent medical care**
  - No change to walk-in 'minors' or GP-reviewed admissions at either CGH or GRH. The proposed change relates to 999 ambulances at night (8pm-8am) attending GRH only from 1 August 2013.
  
- **Medical specialties – Gastroenterology & Hepatology, Cardiology and Respiratory (or thoracic medicine)**
  - The gastroenterology and hepatology proposal is to concentrate the majority of beds for planned (non-urgent) inpatient care at CGH, whilst keeping a service for patients with bleeding from the gut and other critical conditions at GRH.
  - The cardiology proposal is to improve the county's cardiac intervention unit at CGH by providing more space in the Hartpury Suite.
  - The respiratory proposal is to concentrate the service for the majority of long term conditions at CGH. A number of beds would be retained at GRH for patients with emergency respiratory conditions.
  
- **Paediatric day cases**
  - The proposal is that all elective (non-urgent) day case surgery (excl. ophthalmology) and medical interventions be based in a purpose designed paediatric day unit at GRH.

### Development of the Phase 3 service change proposals

Each of the proposals was developed by clinicians working within the services supported by managers. Development work commenced during summer 2012, with the start of public consultation on 1 February 2013.

**Table 1: Pre-Consultation activity**

Date	Activity	Notes
June - October 2012	<ul style="list-style-type: none"> <li>• Specialty work-stream meetings and workshops</li> </ul>	<ul style="list-style-type: none"> <li>• Proposals developed</li> </ul>
October – November 2012	<ul style="list-style-type: none"> <li>• Gloucestershire Hospitals NHS</li> </ul>	<ul style="list-style-type: none"> <li>• Proposals discussed</li> </ul>

	Foundation Trust (GHNHSFT) Main Board <ul style="list-style-type: none"> <li>• Clinical Priorities Forum<sup>1</sup></li> </ul>	
December 2012	<ul style="list-style-type: none"> <li>• Shadow Clinical Commissioning Group (CCG) &amp; NHS Gloucestershire (NHSG) Executives</li> <li>• Cheltenham GP locality group</li> <li>• NHS Reference Group (HCCOSC and Local Involvement Network (LINK) representatives)<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Proposals discussed</li> <li>• GHNHSFT clinicians discussed proposals with Cheltenham GPs</li> <li>• Advance presentation of change proposals and plans for communication and engagement. Plans endorsed by the NHS Reference Group.</li> </ul>
January 2013	<ul style="list-style-type: none"> <li>• Strategic Health Authority (SHA) NHS Gateway Review process assurance</li> <li>• Shadow CCG approval</li> <li>• GHNHSFT Board &amp; Governors</li> <li>• NHS Gloucestershire Board approval</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation of change proposals and plans for communication and engagement. Plans endorsed by SHA.</li> <li>• Proposals approved for engagement by Shadow CCG, GHNHSFT Board and NHSG Board</li> </ul>
<b>3 month public consultation commences</b>		
February 2013	<ul style="list-style-type: none"> <li>• HCCOSC Meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation of change proposals and plans for communication and engagement. Plans endorsed. Activity designated as Public Consultation.</li> </ul>

## Consideration of the terms ‘engagement’ and ‘consultation’?

Plans for engagement with the public regarding the service change proposals were developed by NHS Gloucestershire (NHSG) and Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT). Traditionally, in

<sup>1</sup> **Clinical Priorities Forum** – membership secondary and primary care clinicians working in Gloucestershire

<sup>2</sup> **NHS Gloucestershire Reference Group**

An outcome of Phase 1: ‘Your NHS: Maintaining Quality, Improving Efficiency’ was the establishment of the NHS Reference Group. The purpose of the Reference Group is to provide a forum for informal and confidential discussions between NHS Gloucestershire, NHS provider organisations (e.g. Gloucestershire Hospitals NHS Foundation Trust) and representatives from the Health, Community and Care Overview and Scrutiny Committee and Gloucestershire Local Involvement Network (LINK), about potential service developments. The Group builds on the existing productive working relationship between Gloucestershire Health Community and stakeholders and supports our shared goal of ‘no surprises’. The NHS Reference Group does not replace any functions undertaken by the full HCCOSC or LINK in relation to service developments. Instead the group augments the existing process for determining the significance of proposed changes by providing a forum for discussing issues at an exploratory stage.

Gloucestershire, the NHS commissioning organisation<sup>3</sup> has led engagement and consultation activity regarding service change proposals on behalf of the Gloucestershire Health Community.

The engagement plan was discussed with the NHS Reference Group in December 2011 and with the Strategic Health Authority in January 2012 and finally with the Gloucestershire County Council Health, Community and Care Overview and Scrutiny Committee (HCCOSC) in February 2013. At the meeting of the HCCOSC the activities described in the Engagement Plan were approved. However, the HCCOSC concluded that the activity should be referred to as 'consultation', rather than 'engagement'. This amendment did not materially change the nature, nor the practical arrangements for the activities planned; it related only to the title of the activity. No further consultation activity was requested by HCCOSC over and above that already described in the approved engagement plan.

However, renaming of the activity 'consultation' triggered the involvement of the National Clinical Advisory Team, which has a national role as part of the NHS Gateway Review Process. The National Clinical Advisory Team (NCAT) provides a pool of clinical experts to support, advise and guide the NHS on local service reconfiguration proposals to ensure safe, effective and accessible services for patients.

NHS South West Strategic Health Authority had traditionally undertaken the first part of the Health Gateway Review Process in this region. This review took place in January 2013 when the proposals passed through the Gateway and were approved for public engagement (see Table 1 above).

Following the decision at the HCCOSC meeting in February 2013 renaming the activity 'consultation' rather than 'engagement', the Gloucestershire Health Community, in discussion with the Strategic Health Authority, invited NCAT to review the proposals. A visit of the NCAT took place on 15 May 2013.

The NCAT visit was very constructive, with NCAT representatives having the opportunity to discuss the service change proposals with local secondary and primary care clinicians. At the time of writing this Outcome of Consultation Report the NCAT report has not been received. It is anticipated that a first draft of the NCAT report will be available by the end of May/early June 2013.

## **Considerations regarding the timing of the consultation period**

Much consideration was given to the timing of the three month public consultation. The Gloucestershire Health Community makes it clear in the plans and briefings supporting the consultation activity that there are time constraints associated in particular with the Emergency and urgent medical

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<sup>3</sup> During the period of the public consultation NHSG Primary Care Trust was succeeded on 1 April 2013 by NHS Gloucestershire Clinical Commissioning Group (GCCG) as the commissioner for Gloucestershire for secondary care services provided by GHNHSFT.

care proposals related to the rotation of junior doctors in training in August 2013. There are specific expectations of the training body, The South West Deanery, regarding supervision arrangements for those doctors in training, which must be resolved by August 2013.

Advice was sought from the SHA, Gloucestershire County Council democratic services and legal departments and the HCCOSC Chair regarding the implications of starting consultation in the run up to a pre-election period, continuing through the pre-election period and ending the consultation period shortly after the date of the local county elections.

The consensus was that the consultation should start on 1 February and continue for three months. To mitigate any concerns regarding the engagement of locally elected representatives, all Party Leaders, county and district, were invited to attend a stakeholder briefing, attended by clinical representatives from GHNHSFT and the NHS commissioners. One party leader chose to attend this event. In addition, GCC provided contact details for all prospective county council candidates in April 2013 and a communication was sent by the NHS commissioner to all candidates by the commissioner advising them of the consultation proposals. One prospective candidate acknowledged receipt and requested further information.

## Public Consultation activity

A broad range of consultation methods were used to promote and facilitate feedback from patients, the public, local stakeholders, including elected representatives, and staff. These included:

- Engagement booklets including feedback form (print/on line)
- Countywide media advertising
- Invited stakeholder events (*sent to over 680 individual and group contacts including Local Medical Committee, elected representatives, patient and carer representatives, black and minority ethnic /BME groups, community and voluntary groups*)
- Community, service user and carer presentations
- Targeted group awareness raising
- Public drop-ins / Info Bus
- Staff briefings

Details of the public and staff consultation activities are set out in Table 2 and Table 3 below.

**Table 2: Public Consultation activity timeline**

<b>Activity Number</b>	<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Engagement Activity</b>	<b>Venue</b>	<b>Est. number</b>
1	Fri	08/02/2013	10am	Extraordinary HCCOSC Meeting	Shire Hall, Gloucester	31
2	Thur	19/02/2013	5pm	Meeting with group/party leaders	Prout Room, Sanger House, Gloucester Business Park, GL3 4FE	1
3	Wed	20/02/2013	9am - 5pm	Public Drop-in	Eastgate Shopping Centre, Gloucester	50
4	Thur	21/02/2013	11am - 2pm	Public Drop-in	Moreton Area Centre, Moreton in Marsh, GL56 0AZ	8
5	Thur	21/02/2013	3.00 - 4.30pm	Stakeholder Event /Cancelled few bookings (15.2.2013)	Moreton Area Centre, Moreton in Marsh, GL56 0AZ	0 cancelled, no bookings received
6	Sat	23/02/2013	10.30 - 12.00	Stakeholder Event	Sandford Education Centre, Cheltenham, GL53 7PX	15
7	Mon	25/02/2013	6.00 - 7.30pm	Stakeholder Event	Sanger House, Gloucester Business Park, GL3 4FE	16
8	Tues	05/03/2013	7.00 - 9.00pm	Forest Health Forum	Bream Community Centre, Bream, GL15 6JW	21
9	Thur	07/03/2013	10am - 1pm	Public Drop-in	Co-op, Dockham Road, Cinderford, GL14 2AQ	20
10	Mon	11/03/2013	2.00 - 3.30pm	Stakeholder Event	Forest Hill's Golf Club, Mile End Road, Coleford, GL16 7QD	5
11	Fri	15/03/2013	12.30 - 3.30pm	Public Drop-in	Bishop's Walk Shopping Centre, Cirencester, GL7 1JH	15
12	Fri	15/03/2013	10.30 - 12.00	Stakeholder Event	Bingham Gallery, Dyer Street, Cirencester, GL7 2PP	7
13	Sat	16/03/2013	10am - 3pm	Public Drop-in	Beechwood Arcade, 123 High Street, Cheltenham, GL50 1DQ	25
14	Mon	18/03/2013	4.00 - 7.00pm	Public Drop-in	Morrisons, Tewkesbury , GL20 8AB(Bus)	5
15	Mon	18/03/2013	3.00 - 4.30pm	Stakeholder Event	Holy Trinity Church Hall, Oldbury Road, Tewkesbury, GL20 5NA	8
16	Tues	19/03/2013	10.30 - 12.00	Stakeholder Event	Subscription Rooms (Ballroom), Kendrick Street, Stroud, GL5 1AE	10
17	Tues	19/03/2013	2.00 - 5.00pm	Public Drop-in	Tesco, Stratford Road, Stroud, GL5 4AG (Bus)	5
18	Wed	20/03/2013	4pm - 6pm	FT Members Event	Sandford Education Centre, Cheltenham	76
19	Thur	21/03/2013	11 - 2pm	Public Drop in	St Edwards Hall, The Square, Stow on Wold GL54 1AF	8

20	Tues	26/03/2013	4 - 7pm	Public Drop in	Tesco, Lydney	25
21	Wed	27/03/2013	10am - 1pm	Public Drop in	The Bull Inn, Fairford <sup>4</sup>	0
22	Wed	03/04/2013	3 - 6pm	Public Drop in	Churchdown Community Centre <sup>5</sup>	4
23	Fri	05/04/2013	4 - 7pm	Public Drop in	Tithe Barn, Bishop's Cleeve, Cheltenham <sup>6</sup>	2
24	Mon	08/04/2013	4.30pm	Stroud Youth Council x 3 (8/4, 15/4, 30/4)	Ebley Mill, Stroud	15
25	Sat	13/04/2013	10 - 3pm	Public Drop in	GL1Leisure Centre	35
26	Mon	15/04/2013	11 - 2pm	Public Drop in	Tesco, Cirencester	20
27	Tues	16/04/2013	10 - 12pm	DROP	Redwell Centre, Matson <sup>7</sup>	5 (incl one via Skype)
28	Thur	18/04/2013	10 - 1pm	Public Drop in	Corn Exchange, Tewkesbury Town Council, High Street, Tewkesbury GL20 5AL	6
29	Fri	19/04/2013	11 - 3pm	Public Drop in	Cheltenham High Street (Bus)	25
30	Mon	22/04/2013	11 - 2pm	Public Drop in	Moreton Area Centre, Moreton in Marsh, GL56 0AZ	7
31	Tues	23/04/2013	2 - 5pm	Public Drop in	Sainsbury, Dursley (Bus)	5
32	Wed	24/04/2013	12-1pm	Carers Forum	Guildhall, Gloucester (59 carers of adults, 30 parent carers)	89
33	Wed	01/05/2013	7.30pm	Winchcombe Town Council	Abbey Fields Community Centre, Winchcombe	45
<b>Total: 606</b>						

<sup>4</sup> This event was arranged in response to a request from Fairford Hospital League of Friends

<sup>5</sup> This event was arranged in response to a request from an elected representative

<sup>6</sup> This event was arranged in response to a request from a Practice Participation Group

<sup>7</sup> This event was arranged in response to an invitation from DROP

**Table 3: Staff Consultation activity timeline**

Activity number	Day	Date	Time	Event	Est. number
34	Fri	01/02/2013	10.30 – 11.30	Redwood Education Centre, GRH	80
35	Fri	01/02/2013	12.30 – 13.30	Sandford Education Centre, CGH	85
36	Thur	14/02/2013	12.30 - 1.30	Lecture hall, Sandford Education Centre	51
37	Fri	15/02/2013	12.30 – 13.30	Lecture hall, Redwood Education Centre	11
38	Tues	05/03/2013	12.30 – 1.30	Lecture Hall, Sandford Education Centre CGH	32
39	Mon	25/03/2013	12.00 – 1.00	G2, Redwood Education Centre GRH	9
40*	Tues	02/04/2013	12.30 – 1.30	Lecture Hall, Sandford Education Centre CGH	Cancelled
41*	Fri	05/04/2013	12.30 – 1.30	Lecture Hall, Redwood Education Centre GRH	Cancelled
<p><i>*The final two staff events (40 and 41) were cancelled following a global email to gauge interest receiving fewer than 5 booking confirmations for each. GHNHSFT recognised that meetings were difficult for many staff to attend, and were approached by one person to ask if GHNHSFT could prepare a podcast. As an alternative, Frequently Asked Questions were submitted to both Dr Tom Llewellyn, ED Consultant, and Dr Miles Wagstaff, Paediatric Consultant, on film and these were made available to view on the GHNHSFT intranet.</i></p>					
					<b><u>Total: 268</u></b>
					<b><u>Combined Total (public and staff): 877</u></b>

## Communications activity to support the public consultation

The communications activities undertaken by the NHS commissioner and GHNHSFT to support the consultation are detailed below.

### Communications activities undertaken by the NHS commissioning organisation

#### Stakeholder Briefing

- 31 January 2013 - Briefing sent to MPs, HCCOSC members, local NHS Chairs and Chief Executives, District/County Council leaders.
- 31 January 2013 – details of consultation email notification sent to commissioner stakeholder database (680 contacts).
- 29 April 2013 – ‘Last Chance’ reminder email sent to commissioner stakeholder database (680 contacts).

#### GP briefing /E-bulletin

- 31 January 2013 – Initial briefing sent
- 27 February 2013 – Link to consultation included in GP e-bulletin
- 1 May 2013 – ‘Last Chance’ reminder email sent

**Printed consultation booklets**

- 10,000 copies of Long guide with freepost feedback form
- 17,000 copies of Short Guide with freepost feedback form
- These were distributed to:
  - Gloucestershire Hospitals NHS Foundation Trust
  - Community Hospitals
  - GP Surgeries
  - Pharmacies
  - District Councils
  - Libraries
  - LINK/Gloucestershire Rural Community Council

**Website:**

Information about the consultation and online feedback form published on the NHS Gloucestershire website pre 01/04/2013 and, with a banner divert to the Gloucestershire Clinical Commissioning Group website post 01/04/2013.

**Placing of advertorial on consultation/event advertising:**

- Gloucestershire Echo and Gloucester Citizen: 4, 5 & 6 February 2013 (proposals in depth – 1 proposal per day)
- Gloucestershire Echo and Gloucester Citizen – w/c 18 February 2013 (events and signposting to consultation)
- Wilts & Gos Standard, Cotswold Journal – w/c 18 February 2013 (events and signposting to consultation)
- Stroud News & Journal – 20 February 2013 (Leaders Column – promoting the consultation and Stroud public event)
- The Forester and Forest Review – w/c 25 February 2013 (events and signposting to consultation)
- Gloucester Citizen and Gloucestershire Echo – 27 and 28 March 2013 (events and signposting to the consultation)
- Gloucester Citizen and Gloucestershire Echo: 5 April (feature based on re-stating key elements of the emergency and urgent care proposal following petition misinformation ('A&E Closure') and signposting to the consultation).

**Mail shot – Posters advertising drop-in dates:**

- February – Posters sent to Practice Managers, Pharmacies, Libraries, Children's Centres, District/County Council buildings

**Twitter/Facebook – promotion of the consultation and events**

- 1, 18 February 2013
- 22 March 2013
- 9, 19 April 2013

## **Communications activities undertaken by GHNHSFT**

### **Staff Meetings**

- Gloucester – 1, 15 February, 25 March 2013
- Cheltenham – 1, 14 February, 5 March 2013

### **Staff emails**

- Links to consultation materials and meeting dates sent– 31 January, 6, 12 February, 1, 19, 21, 27 March

### **Staff Newsletter**

- 4 page article in February 2013 edition
- Page in April 2013 edition

### **GHNHSFT Members**

- 4 pages in Spring 2013 Members' Involve (newsletter)
- Open meeting - 20 March 2013

### **Website:**

Information about the consultation and online feedback form published on the GHNHSFT website with a direct link to the NHSG website pre (01/04/2013) with a banner divert to the Gloucestershire Clinical Commissioning Group website (post 01/04/2013).

### **GHNHSFT Governors:**

- Presentation sent on 31 January 2013
- Stakeholder briefing and consultation materials sent on 31 January 2013
- Discussed at Governors meeting 11 March 2013

### **Twitter (GHNHSFT):**

- | Date      | Message with link to consultation material           |
|-----------|--|
| • 22/3/13 | RT NHS Glos consultation message                     |
| • 27/3/13 | RT NHS Glos consultation message                     |
| • 9/4/13  | A&E Proposal   |
| • 9/4/13  | A&E Proposal   |
| • 10/4/13 | Link to A&E advertorial                              |
| • 11/4/13 | reply to question – with link to engagement document |
| • 11/4/13 | reply to question                                    |
| • 17/4/13 | Link to proposals                                    |
| • 24/4/13 | Link to proposals                                    |
| • 25/4/13 | Reply to questions                                   |
| • 30/4/13 | Link to proposals and feedback                       |
| • 3/5/13  | Last day for feedback                                |

### **Facebook:**

- | Date      |                                |
|-----------|--------------------------------|
| • 9/4/13  | Link to advertorial plus photo |
| • 30/4/13 | Link to CCG consultation page  |

## Consultation statistics summary

The following represent the numbers of individual responses/attendances by category recorded during the consultation period:

- On line and print surveys
  - **239** Surveys completed and received
- Written responses and emails
  - **10**
- Hosted Stakeholder Presentations
  - **61** stakeholders took part
- Foundation Trust member event
  - **76** members attended
- Elected representative events
  - **92** members attended (incl. public attendees at meetings in public)
- Community / Service User / Carers Events
  - **115** community representatives/service users/carers took part
- Public Drop-Ins
  - **265** visitors over 18 events
- Staff events
  - **268** staff attended over 6 events
- Media
  - Readership of all local newspapers and listeners to local radio

**Total recorded contacts: 1126**

## Petitions

Two petitions were created linked to this consultation.

The first petition [Petition 1] was organised by the office of Martin Horwood MP, it was entitled:

*We the undersigned call on Gloucestershire Hospitals NHS Trust to rethink its proposals to downgrade emergency care at Cheltenham General Hospital.*

1,228 names and addresses were collected through the e-petition at <http://www.surveymonkey.com/s/6FBMKLJ> or using form published in the Liberal Democrat newspaper the Cheltenham Courier, with data from both entered on the Liberal Democrat Connect database.

Petition 1 was delivered to the offices of Gloucestershire Clinical Commissioning Group on 29 April 2013.

The second petition [Petition 2] was organised by Ms Margaret Allen, it was entitled:

*Please save Cheltenham General Hospital A & E from closing because the nearest hospital is 10 miles away in Gloucester. We as local people need the accident and emergency department in Cheltenham as it could be life threatening.*

7519 names were collected through this on-line petition at the HM Government e-petition website <http://epetitions.direct.gov.uk/petitions/45279>

Petition 2 has not, at the time of writing this Outcome of Consultation Report, been submitted to the Gloucestershire Health Community as part of the consultation feedback. There has been no recorded contact with Ms M Allen.

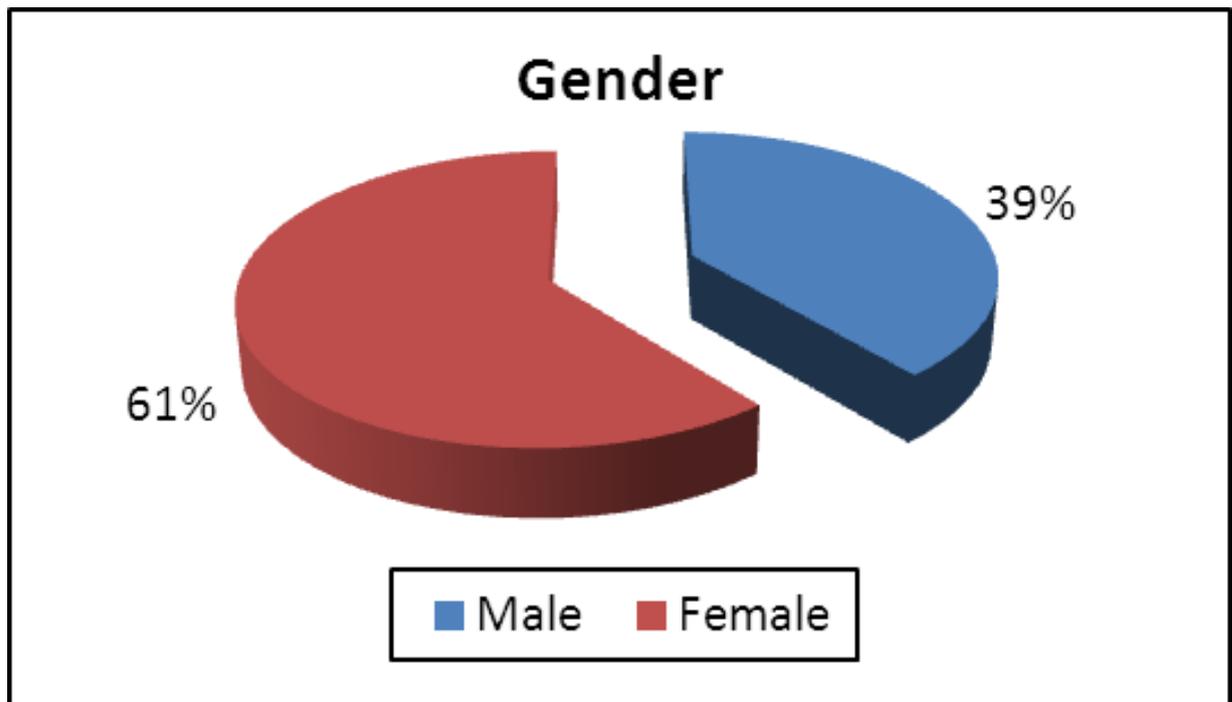
The NHS commissioner made contact with the HM Government e-petitions department to discuss Petition 2 using the on-line 'feedback' facility on the HM Government e-petitions website as soon as the commissioner became aware of the petition on 09/04/2013.

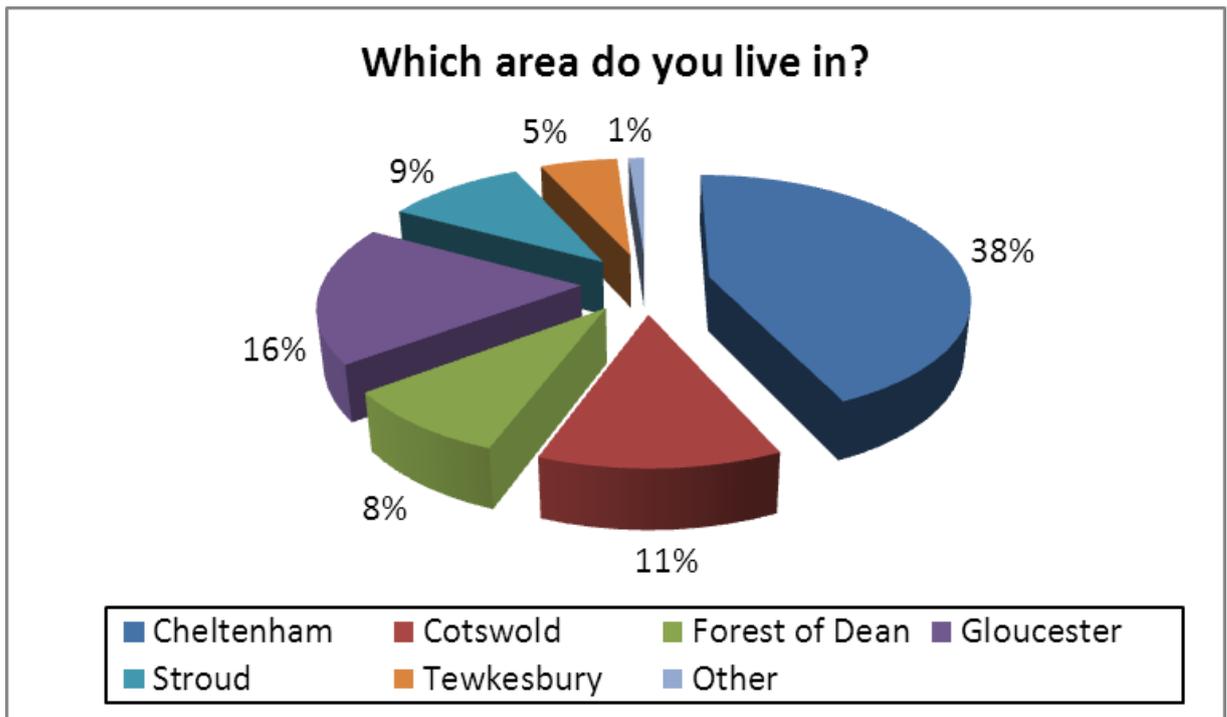
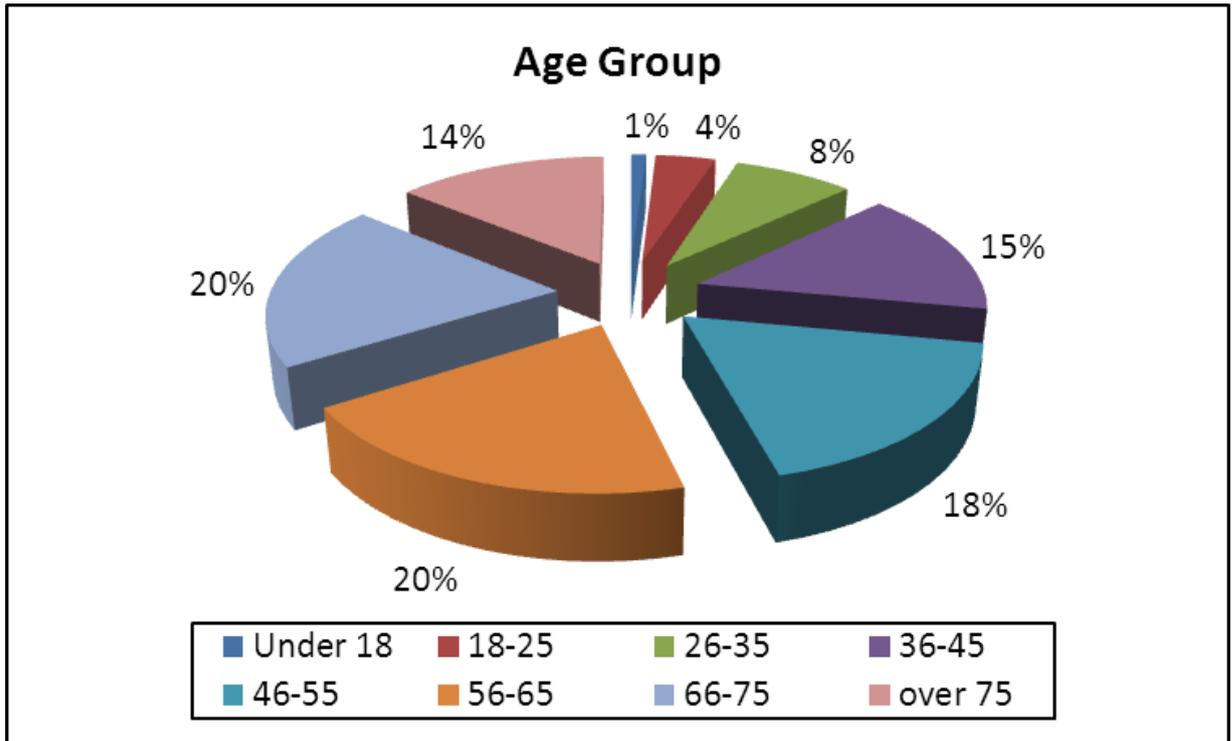
The NHS commissioner wished to register concern regarding the inaccuracy of the petition title and to seek an opportunity to add a comment to the e-petition page providing accurate information about the proposal. It was not possible to amend the site before the petition deadline. Petition 2 closed on 1 May 2013. At the time of preparing this Outcome of Consultation Report the Department of Health has not responded to Petition 2.

## 4. Demographic information

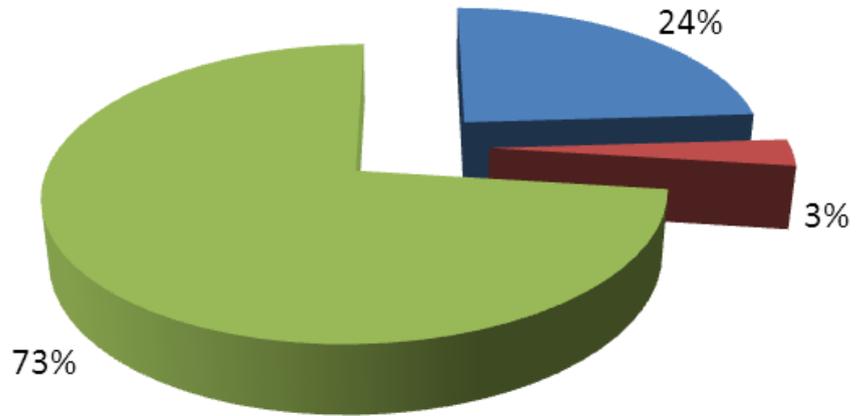
Demographic information was collected from responders to the online and print surveys. Completion of this information was optional. The following charts illustrate the demographic information collected.

Demographic information about individuals who responded to the consultation in other ways e.g. attending an event, visiting a public drop-in, is not collected. However it should be noted that a range of consultation events were targeted at specific groups e.g. Youth Forum, disability rights group, Carers Forum.

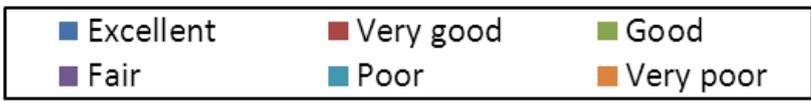
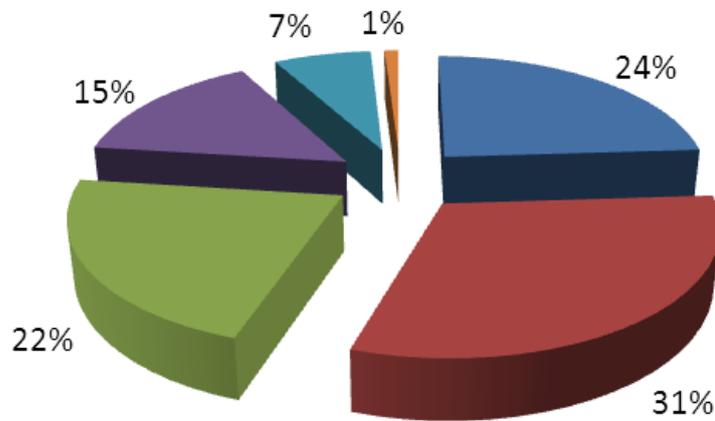




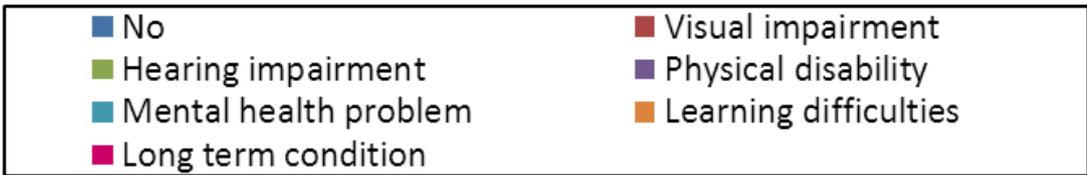
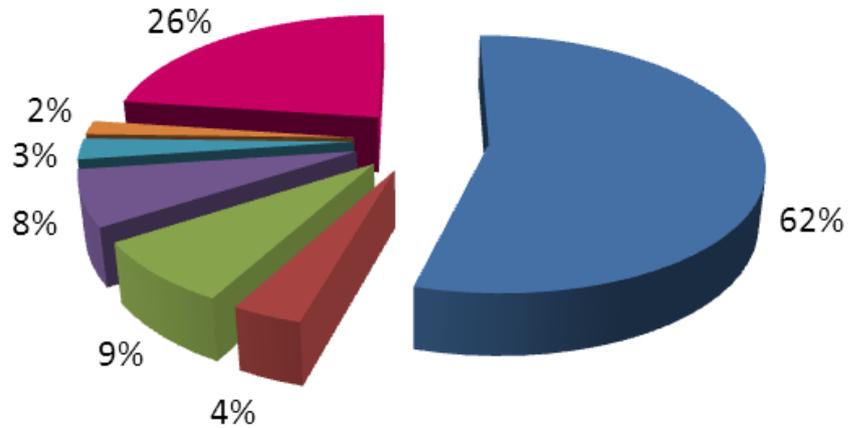
### Which best describes you?



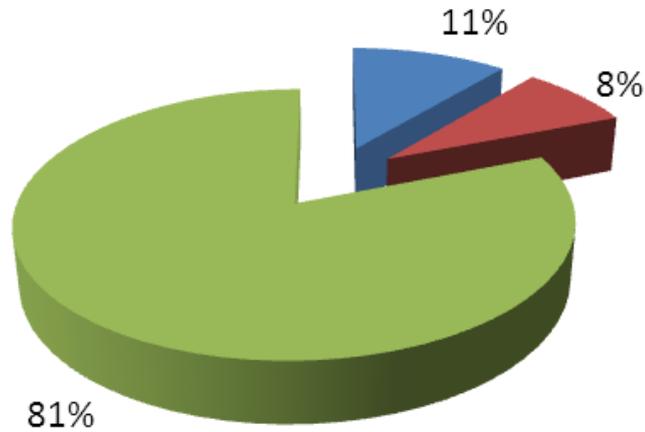
### How would you rate your health during past 4 weeks



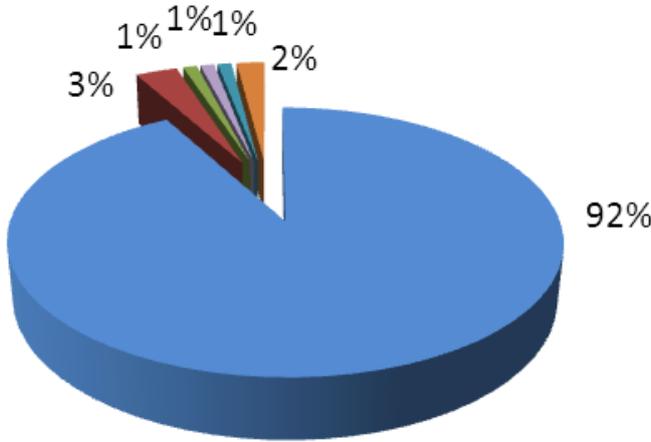
### Do you consider yourself to have a disability?



### Do you care for someone?



### To which ethnic group do you belong?



White British	White Other	Mixed
Black Caribbean	Chinese	Did not say

## 5. Responses to the consultation

The responses received to the consultation are summarised in this section of the Outcome of Consultation report.

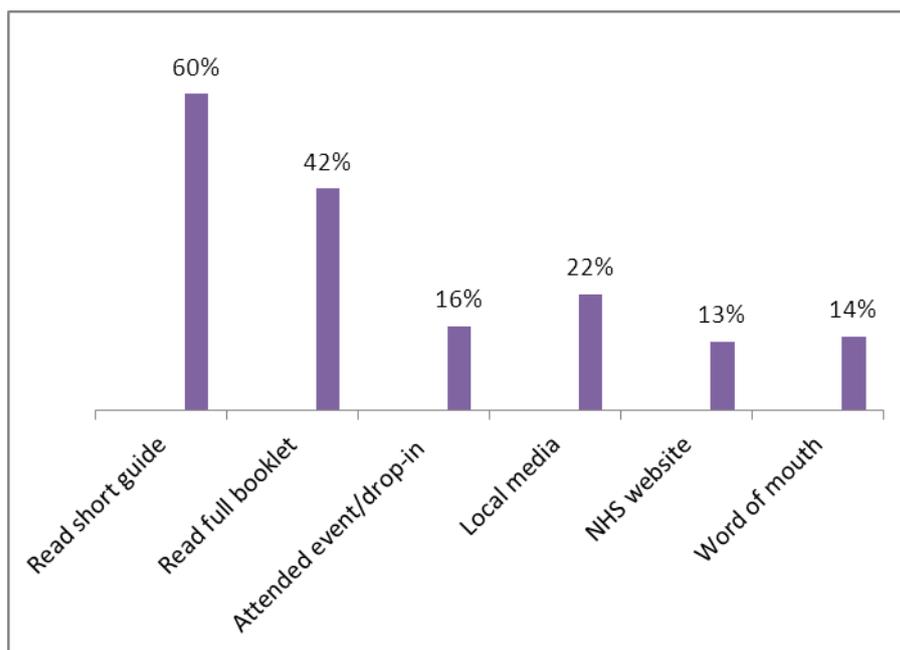
Firstly this section contains information about the views of respondents who used the consultation survey to provide feedback and secondly information about the views of individuals who provided feedback to the consultation in other ways.

### 5.1 Quantitative responses to the consultation online and print survey

The responses to the questions in the consultation survey were as follows:

#### Question 1:

**How have you obtained information about the proposed changes? (select all that apply)**



The totals in this graph add up to more than 100% as respondents were asked to 'select all that apply' and many respondents had obtained information in more than one of the ways described.

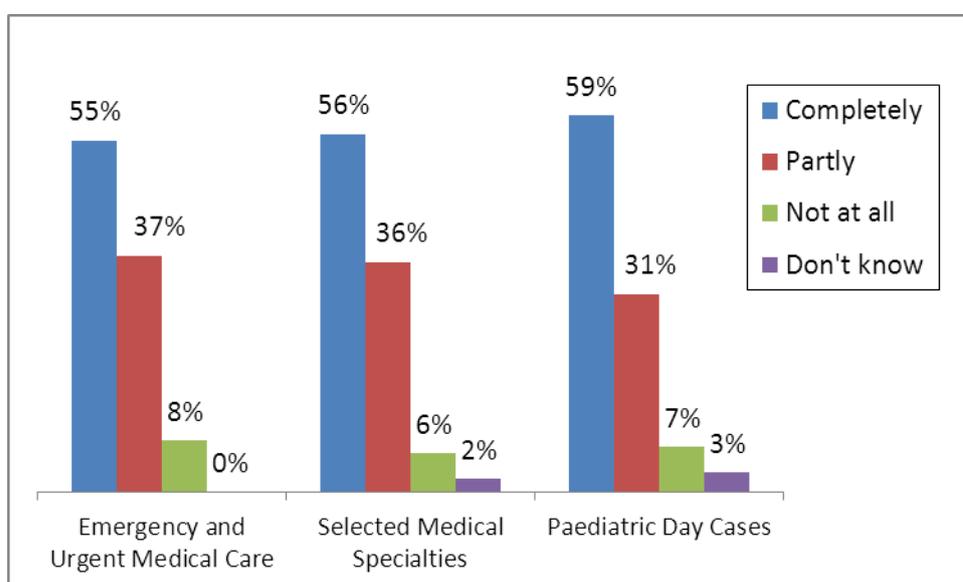
## Question 2:

### Do you have any suggestions about how else we could make this information available?

Suggestions made in response to this question are included in the qualitative section of this Report.

## Question 3:

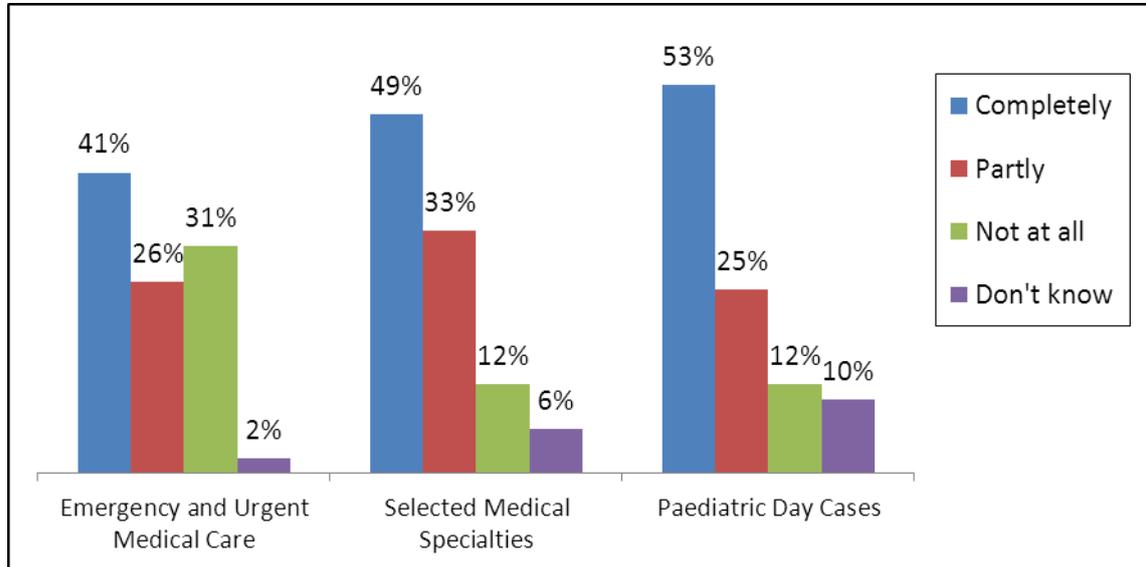
### Were you provided with the right information to help you understand and form a view about the proposals for change?



By combining the 'completely' and 'partly' responses to Question 3, it is clear that 90% plus of respondents were either completely or partially satisfied with the information provided. Those respondents who were partially satisfied provided suggestions regarding addition information which would have been useful to them. These are included in the qualitative feedback to Question 2.

## Question 4:

### Do you agree with the views of clinicians and managers about the proposals for change?



By combining the 'completely' and 'partly' responses to Question 4:

- 67% of respondents agreed completely or partially with the proposal relating to Emergency and Urgent Medical Care. For those who partially agreed with the proposal the most frequent comments related to increased travel times, public transport access, car parking, recruitment of senior doctors and managing demand within the ED at GRH during busy periods. Responses to these comments can be found later in this report.
- 82% of respondents agreed completely or partially with the proposal relating to Selected Medical specialties. For those who partially agreed with the proposal the most frequent comments related to increased travel times, public transport access and access for visitors.
- 78% of respondents agreed completely or partially with the proposal relating to Paediatric Day Cases. For those who partially agreed with the proposal the most common comments related to car parking costs, increased travel times and inconvenience to parents. 10% of respondents did not express an opinion, citing that they did not have children or grandchildren.

## **Question 5: Please give us your views about the proposals for change**

- **Emergency and urgent medical care**
- **Selected Medical Specialties**
- **Paediatric Day Cases**

Views recorded in relation to the proposals for change are included in the qualitative section of this report.

### **Further comments**

Further comments are included in the qualitative section of this report.

## **5.2 Qualitative responses to the consultation (online and print) survey and letters and emails.**

It is important to take into account qualitative feedback as well as the quantitative feedback above. However, it should be recognised, that the analysis of qualitative feedback is more difficult to represent in a written report such as this. In the following section, this report presents a representative sample of the most frequently occurring comments, questions and suggestions received.

It should also be noted that those responders who chose to provide additional comments were significantly more likely to be less positive about the proposals, whilst those responders supporting the proposals frequently choose not to make further comments. Therefore, the comments selected below should be read taking this into account.

### **Question 2: Do you have any suggestions about how else we could make this information available?**

Many comments were received stating that the information provided was clear, well presented and sufficient.

*The information is very clear and well set out in the full version of engagement process booklet.*

*I think that the info provided is sufficient to understand the problems facing the Trust and the need for changes.*

*More detail would have been information overload. The booklet is simple and concise and presents both the reasons for the changes and the proposals themselves clearly.*

Suggestions for how else information could be made available can be found below. Most respondents suggested methods which had already been employed, including advertising in the local media and providing information in GP surgeries and public libraries.

<b>How else we could make information available</b>		
<b>(S)</b>	<b>Suggestion</b>	<b>Response<sup>8</sup></b>
S	Send information to schools and colleges	NHS Commissioner response: we will discuss arrangements with Gloucestershire County Council for future engagement / consultation activities.
S	Make presentations to PHSE lessons	NHS Commissioner response: we will discuss arrangements with Gloucestershire County Council for future engagement / consultation activities.
S	Door to door household direct mail drop	On a county-wide basis, this would be a hugely expensive exercise (printing and distribution). However, further consideration will be given to expanding the range of community outlets the information is available from.

The survey asked respondents:

**If you felt that other information would be useful, please say what else you would like to know.**

**Most frequently occurring suggestions were:**

- Statements about shortage of specialist staff should be supported by statistically valid data.
- How the ambulance services will cope with ferrying patients between the sites.
- How ambulance services would be improved to compensate for changes in night-time emergency procedures. Evidence that you have considered the problems of people living far away from Gloucester.
- Need to know how the changes, particularly a to A&E are to be managed at GRH, which is regularly at capacity now.
- Clarity about how patients who "walk in" and are subsequently found to have more serious complaint that require admissions will be treated.

<sup>8</sup> Responses provided by GHNHSFT, GCC and GCCG

- More details on staffing particularly in ED proposals. More details on paediatric staffing on new day care unit at GRH and impact on staffing for OPD in CGH.
- Information about the action taken to recruit doctors.
- Information about how much it would cost to implement the changes.
- Information about how these service change proposals fit into the Trust's longer term plans.
- More information about "support in the community".
- Signposting information about transport options between the two hospitals and to the two hospitals from rural areas.
- Information about any increased risk of mortality associated with the proposed changes.
- More detailed information regarding the steps taken to obtain required staff
- Incorporate the views of general practitioners.
- An example of how outcomes (CQC inspections etc) would be better with these changes i.e. red scoring to green/amber
- Comparable data for other hospitals/trusts.
- Include an implementation timescale if possible.
- No information on how many staff were consulted at different grades and how that consultation was carried out.
- More information about the social impact of the proposed changes.

## **Question 5: Please give us your views about the proposals for change**

- **Emergency and urgent medical care**
- **Selected Medical Specialties**
- **Paediatric Day Cases**

In this section this Outcome Report summarises the free text comments made in relation to Question 5 above as well as feedback received by letter and email. Comments and grouped under:

- general comments, suggestions and questions
- comments against the proposals
- comments supporting the proposals

It should be noted that no alternatives to the service change proposals, which addressed the issues set out in the consultation, were suggested. However, respondents identified several areas where action could be taken to mitigate the impact of the proposed changes.

## The views of residents with disabilities

The consultation received specific feedback from individuals representing individual residents in Gloucestershire with disabilities. The feedback received suggested that the service change proposals did not in themselves represent a significant negative impact on people with a disability. However, it was stated that access to services for individuals with a disability is more difficult and more could be done to improve access to services across the board and support for individuals with a disability whilst in hospital.

## Emergency and Urgent medical care

### Summary:

Significantly more comments were recorded regarding the Emergency and Urgent Care Proposals than the other proposals.

Many comments related to the need for clear communication about any changes made. There was concern that people would not understand the changes and people would subsequently be put at risk as a consequence of seeking to access a service at the wrong hospital site. Some comments demonstrated a lack of awareness/understanding about the way that some services are already configured e.g. Stroke care centralised at Gloucestershire Royal Hospital following public engagement in 2011. Respondents queried whether ambulance services had been involved in the development of the proposals for change.

Below are a sample of **comments, suggestions and questions** to illustrate the main themes expressed:

- *It is not good enough to concentrate evening/night time services in one unit unless something is done to deliver much greater space and treatment facilities and improve the movement of patients through A&E in order to avoid backlog of cases coming in.*
- *If patients arrive at GRH during the night, they have no satisfactory way of getting home - this is particularly difficult for elderly and vulnerable patients.*
- *If I had an accident/urgent health issue I'd want to know I was getting the most expert care as quickly as possible and I'd prefer a longer ambulance journey in the first instance to get to GRH than being moved after admission.*

### A selection of comments against proposal:

There was much concern that the proposals were the “*thin end of the wedge*” and would lead to eventual closure/downgrading of the Emergency Department at CGH. Respondents also showed scepticism and some saw cost cutting as the motivation for the proposals rather than quality and safety. Many respondents incorrectly thought the proposal was to close the ED at CGH completely.

- *I feel that this is the beginning of the eventual closure of CGH ED.*
- *I believe that there should be full emergency services on both sites to account for the demands of the rural community that spreads way beyond Cheltenham town.*
- *There seems no rational reason for this - there will be the same doctor/patient ratio but with a more limited resource at Gloucester and I therefore do not see the benefit. Conversely patient safety will be compromised by the additional transportation times by paramedics and ambulances.*
- *Lives will be lost.*
- *Cheltenham is an expanding town with another 1000 homes just been approved and growing university population. Even Stroud and Cirencester A&E have a doctor overnight.*
- *Neither ED can cope with current demand so there is no way that GRH would cope with Cheltenham patients.*
- *Gloucester too far from the Cotswolds for patients.*
- *This A&E reduction proposal will be detrimental to the health care of patients in Cheltenham and the Cotswolds who require urgent medical treatment at night that will be delayed by an extended ambulance journey to Gloucester to become an additional demand on an A&E department where the waits can already be too long.*
- *Concerns at potential transfer times to & waiting times in Gloucester at night, difficulty in non-ambulance services accessing A & E and getting home after treatment at night.*
- *More efforts should be put into recruiting the required number of consultants and doctors.*
- *The trust web site does not state it wants to close A&E in Cheltenham.*

### **A selection of comments supporting the proposal:**

There was acknowledgement that if a patient needed to see a more senior doctor in the ED Department the additional travel at night for 999 ambulances from the eastern half of the county was justifiable.

- *If changing the arrangements at night time preserves the two site Emergency Department service then I support it.*
- *Better to travel for better treatment, particularly if there is earlier senior assessment and decision making when the patient arrives at hospital.*
- *It is important that people get the adequate level of care they require and the theory behind this seems sound given the medical vacancies.*
- *The proposals seem realistic in view of the available resources*
- *Change is clearly needed to make services safe.*

**Emergency and Urgent medical care:  
Suggestions and Questions**

<b>Suggestion</b>	<b>Response</b>
<p>Consideration should be given to providing additional hours for support workers to provide personal assistance to individuals with disabilities to take into account accessing services further from home and for when appointment times are delayed.</p>	<p>The amount of time, or personal budget, a disabled person is entitled to depends upon their needs. When those needs are assessed, the Social Worker will take into consideration all of their circumstances, including access to services. If someone has a personal budget and is using that for support, they can decide how to flex their allocation to ensure their personal assistant can help them access appointments or services further from home. If they have chosen to have a service directly provided, their support plan can be flexible if the service user has identified this as a need and they meet the criteria supported by the Council of substantial or critical.</p>
<p>Every effort should be made to avoid delays in hospital for individuals with disabilities who have paid support workers, to enable support workers to remain with the individual until the end of their appointment within their paid working hours.</p>	<p>Every effort should be made to avoid delays in hospital for all patients. If patients with disabilities accompanied by paid support workers make their needs known to our staff we will do our best to accommodate them</p>
<p>Concerning stroke patients - given that the paramedics are already treating these patients for strokes before they arrive, and that A&amp;E itself waits for specialist advice from the stroke unit before sending patients upstairs, I would like to suggest that stroke patients are delivered direct to the stroke unit, thereby avoiding the backlog in A&amp;E (important for these time-critical patients) and reducing the load there.</p>	<p>Our stroke pathway is now well established following the centralisation of this service on the GRH site last year. The paramedics do assess the patients with stroke, and can now deliver some patients direct to the CT scanner to speed their care. The emergency clot busting drugs still need to be given by a senior doctor and this needs to be done in the Emergency Department, but patients are then transferred to the Stroke Unit as fast as possible.</p>
<b>Question</b>	<b>Response</b>
<p>I appreciate the issues regarding doctor training. However, what</p>	<p>The emergency nurse practitioners will be able to access advice from the</p>

<p>happens when people "walk in" as they will with complex problems how will they be managed. The public will expect a DGH to have a fully functional emergency dept.</p>	<p>senior doctors in the emergency department in GRH. They will also be able to refer to the acute Physicians and Surgeons in CGH. If a patient's condition cannot be treated in CGH we will arrange their transfer to GRH. We already have operational policies in place to cover this, for instance if a child requiring admission "walks in" to CGH or a person with a urological problem requiring immediate treatment "walks in" to GRH.</p>
<p>If a patient goes to GRH and needs admission will they be transferred to CGH during night to inpatient ward or all admitted to GRH?</p>	<p>Wherever appropriate patients will be admitted to the site at which they presented, most usually to our acute care units. For some patients who require admission to a medical specialty ward it may better for them to be transferred to our other hospital to secure the best treatment. This can happen now in both of our hospitals.</p>
<p>Please clarify long term plans for A&amp;E in Cheltenham.</p>	<p>There are no plans for further changes to the accident and emergency department in Cheltenham. As with all our services we will continue to monitor the ability of our services to deliver the expected standards and outcomes, particularly as the demands for our services change. If we believe that any further significant changes are required these will be subject to a further consultation process.</p>
<p>Why (is) a permanent change being made to deal with temporary recruitment problems?</p>	<p>The recruitment problem is not temporary. There are insufficient doctors in training to fill the required numbers of consultant posts. Because of the length of time it takes to train specialists, this position is unlikely to change before 2020.</p>
<p>Are there enough consultants to provide emergency care at GRH and what will be the availability of "the bay" in ED?</p>	<p>Implementing these proposals will enable us to match the presence of senior doctors to the flow of patients through the department better.</p>
<p>Could lives be lost as a result of the delay in getting to GRH A&amp;E Department?</p>	<p>We recognise the concerns about possible increased mortality with extra distance for ambulance travel. The main source cited for this</p>

	<p>concern is the paper by Nichol et al from the Emergency Medicine Journal in 2007. This paper did note an increase in mortality for severely ill patients of an extra 1% in mortality for every extra 10km travelled. The authors themselves point out this was only for those patients with severe illness and that there are other limitations to their study.</p> <p>A practical approach to this information is summarised in “The Way Ahead 2009”, a major policy document from the College of Emergency Medicine:  “Where small/medium EDs are geographically close (within 10km), a more coherent emergency service may be possible by amalgamation. Between 10-20 km the local health communities will have to make a judgement on the balance of risk of having ill patients travel further against the benefits of centralisation”.</p> <p>In view of the major risks to sustainability of the service, we believe that the benefits of the change greatly outweigh any risks.</p> <p>The most urgent condition we deal with is cardiac arrest and we will still receive these patients in CGH.</p>
<p>It is better to have to travel for a little longer to receive top quality care, rather than Glos NHS trying to cover two centres with only adequate care. I would want to be in receipt of the highest level of expertise. My only concern is how we gain a guarantee that The Ambulance Trust can fully support that transportation requirement.</p>	<p>We have included colleagues in the South West Ambulance Trust (SWAST) in our discussions. They have confirmed that given the geographical area that they cover, the proposal for all 999 ambulances to attend GRH overnight is unlikely to impact on their quality of service or response times. However, if this were to result in an increase in ambulance handover delays then it would have an impact on their response. We will work with colleagues in SWAST to ensure that this does not happen.</p> <p>The changes proposed will reduce</p>

	<p>ambulance handover delays for GP reviewed admissions at CGH, as suitable patients (following pre agreed conditions) will be taken direct to the acute assessment unit.</p> <p>The improved staffing levels and full use of the additional "majors" area at GRH will mitigate the risk of ambulance handover delays increasing at GRH.</p> <p>We will agree with SWAST a period of additional cover after the proposals are implemented to enable us to understand the impact of additional transfers between sites better.</p>
Are the Emergency Nurse Practitioners in ED trained to deal with paediatric accidents and illnesses?	Yes. Their training includes Advanced Paediatric Life Support Training (APLS), minor illness assessment and treatment and the care of patients with minor head injuries.
You keep saying "at night" in reference to A&E cover at night but you don't give a time.	References to "at night" in the consultation material relate to the period 8pm to 8am as stated.
If Gloucester is full or closed for any reason how can A&E be quickly re-instated at Cheltenham and when there is a full scale emergency when sometimes patients are taken to both Hospitals how will Gloucester cope?	We have well established policies and procedures in response to major incidents. These include calling in or diverting from other areas both doctors and nurses. The emergency department in CGH will continue to be available in such incidents. At times of excessive demand at GRH, the opportunity to divert GP reviewed attendances will still exist.
Why was GRH chosen as the hospital to receive the Ambulances at night?	The choice of GRH as the site to receive 999 ambulances overnight is to ensure the availability of support from children's and women's services and the major trauma team.
The all singing all dancing General Hospital is no longer a viable option and change is necessary. However in the case of any further reduction in A&E at CGH I believe that great consideration be given to: <ul style="list-style-type: none"> <li>• effect of multiple casualty incidents on one unit only</li> <li>• can GRH really cope with 40%</li> </ul>	Agreed. If further changes to the emergency department at CGH were to be considered, these would be important considerations.

<p>+ increase in throughput</p> <ul style="list-style-type: none"> <li>• can SW Ambulance Trust provide an acceptable service?</li> </ul>	
<p>Have you really tried all options to fill those A&amp;E posts? Foundation trusts have the freedom to pay doctors more if they are proving hard to recruit but recent advertisements by the trust for emergency doctors are on the standard pay scale.</p>	<p>Yes, we believe we have. Whilst it is true that as a Foundation Trust we could deviate from national terms and conditions of service, to do this would have significant implications for us. In practice we have tested our ability to fill our vacancies through paying more by using locum appointments. In 2012/13 we spent £0.7m on ED locum and agency doctors yet despite this we have still been unable to consistently fill the rotas.</p>
<p>Is the Trust pre-empting the current Keogh review of emergency medicine? Surely they should wait to hear his findings before making changes at Cheltenham.</p>	<p>Our proposal to reconfigure emergency services predated the announcement of the Keogh Review and we do not have time to wait for it to be published as we need to have a solution that resolves the risk of withdrawal of training doctors by August 2013. We will review the services in Gloucestershire against the recommendations of the Keogh Review when it is published, as we would with any national policy directive. Our expectation is that these proposals will be consistent with the likely direction of travel that will be reflected in the review.</p>
<p>Is UTOPIA still operating?</p>	<p>The key principle of UTOPIA is for patients to be triaged by a senior decision maker as early as possible to ensure they are put on the right care pathway, first time. This principle has been maintained in the proposed service changes.</p>
<p>As well as lung disease, which emergency cases would be taken to the CGH at night?</p>	<p>Our clinicians are currently in discussion with the ambulance Trust to agree which groups of patients should continue to come to CGH at night in order to access the right care pathway, first time.</p>

## **Selected Medical Specialities**

### **Summary**

Some of the comments received highlight a lack of understanding of the proposals. A clear message will need to be given regarding any changes that are made and about previous changes made e.g. centralisation of Stroke services. GHNHSFT may wish to consider ways to share information about how services are configured across the two sites.

Below are a sample of comments, suggestions and questions to illustrate the main themes expressed:

- *It is not easy to remember, when certain forms of treatment are split between CGH and GRH e.g. Gastroenterology and Respiratory Medicine.*
- *I know we have to be cost effective but this means patients have to be moved from one location to another which has an effect on the patient and families concerned as a lot of people can find travelling very difficult.*
- *This means we can't have a choice of hospital.*
- *During daytime the 99 bus service is superb, but if you live in Glos evening visiting would be difficult for elderly or non-drivers, when most services are at CGH.*
- *The proposed changes here make sense, and secure the future of both CGH and GRH as credible district general hospitals.*

### **A selection of comments against proposal:**

- *With populations increasing it seems illogical that in order to have effective services we have to travel further; demand for and use of local services should be increasing. Decreases in public transport and increased traffic and parking issues result in increasing difficulties accessing services.*
- *I have an on-going degenerative respiratory condition and am likely to be admitted at various times over the next few years. I have seen no sign of community respiratory support to replace hospital care.*
- *I do not wish to be admitted to Cheltenham as:*
  - *1 It is difficult to access from my home area (Forest of Dean) and that of family members (Berkley Vale area. Public transport is very difficult and parking very poor.*
  - *2 Access issues at the hospital for someone with impaired mobility and;*
  - *3 I perceive Cheltenham to be an old, out of date hospital which is unfit for purpose. I would prefer to be treated in a modern, clinically suitable setting.*

### **Comments supporting the proposal:**

- *It does make sense to have centres of excellence and increased skills.*
- *Cardiology one sex wards would be welcome.*
- *Good to have specialist staff skills on one site.*

- *I can definitely see the advantages of centralising services where that would provide the right expertise from staff and better patient outcomes.*
- *Locality versus reassurance of specialisation will always be the crux of this argument.*

<b>Selected Medical Specialties Suggestions and Questions</b>	
<b>Suggestion</b>	<b>Response</b>
/	/
<b>Question</b>	<b>Response</b>
Does keeping non-urgent gastroenterology de-skill the clinicians if they do not manage any emergencies. How will they manage if a case becomes urgent?	No as the clinicians will operate as a countywide team with all clinicians continuing to treat patients who present as an emergency or for a planned treatment.
In principle I support the proposals. I would be interested to understand the demographic make-up of the two areas (Cheltenham and Gloucester) to understand whether those specialisms are best placed either at Gloucester or Cheltenham, and I'd also be keen to understand whether there is such a thing as 'linked' specialisms would continue to operate successfully if they are split across site (medical expertise not strong here but for example ENT and Respiratory).	We do not think there are any significant differences between the populations of Cheltenham or Gloucester that would influence the location of any of the services included in these proposals. Critical clinical linkages are an essential factor that we take into account whenever we are considering changing the distribution of services between our 2 sites.
Will cardiology services in extended accommodation at CGH be available at weekends?	Not at present. The proposals are to improve the quality of our cardiac interventional service which currently operates between the hours of 9am and 5pm, Monday to Friday.

## Paediatric Day Cases

### Summary

This service change proposal received the least number of comments. The key theme was access for parents and visitors.

### A selection of comments against proposal:

- *It is difficult for mother's to travel distance with children and this can be stressful for both, so I feel Cheltenham should still be used for day treatments.*
- *The children's facilities at GRH are very good; my reservation is whether Gloucester is accessible for all families.*
- *Concentrating skills is important but I have concerns about extra travelling involved for people with young and possibly sick children.*
- *Gloucester is very big and scary for young children. CGH is not.*

### A selection of comments supporting the proposal:

- *I feel this is probably best solution as better to have highly experienced specialists dealing with whole service rather than fragmenting across county.*
- *Sounds very positive and well thought out.*
- *I fully support these proposals, as long as the Out Patient services provided at CGH continue to be available with specialist Paediatric Care.*
- *The location is not as important...as the SERVICE received at point of contact.*
- *I think it is a great idea, and if all the children are put together then perhaps they may feel more relaxed with others from their age group in similar situations.*
- *Very supportive of a new children's day surgery unit at GRH, children in an adult day surgery unit is not right.*

<b>Paediatric Day Cases Suggestions and Questions</b>	
<b>Suggestion</b>	<b>Response</b>
Would be better if cheaper parking, as to stay all day with your child is very expensive to park.	We do recognise that parking charges do have an impact on people using our services. The level of charges are influenced by 2 things; firstly a need to recover the cost of providing parking through charges to avoid diverting resources away from delivering healthcare and secondly matching our charges with those charged by the local authorities to prevent our car parks being used by people not attending our hospitals. Arrangements

	are in place to enable people in receipt of benefits to recoup these charges. There is also a reduced rate for frequent visitors. Details are available on the GHNHSFT website at: <a href="http://www.gloshospitals.nhs.uk/en/Patients-and-Visitors/Travel-and-Parking/">http://www.gloshospitals.nhs.uk/en/Patients-and-Visitors/Travel-and-Parking/</a>
<b>Question</b>	<b>Response</b>
Good to see outpatient services maintained at both sites. Do community hospitals provide children's outpatients?	Yes. Paediatric clinics are provided at Stroud, Berkeley, Lydney, Dilke, Moreton-in-Marsh, Bourton on the Water, Tewkesbury, Cirencester and Winchcombe. In addition there are a number of clinics provided at special schools for children with neuro-disabilities.
How will you help Cheltenham families to manage attending GRH without affecting other children in the family group adversely?	Whenever it is practicable to do so we will continue to provide services for children as close to home as possible through our community based services. When attendance at GRH is essential we will always try to schedule this at dates and times that minimise the impact on other children in the family.

## Any further comments?

Below is a selection of 'other' comments, suggestions and questions received, which do not refer specifically to one of the three service change proposals. The most frequently occurring further comments not related to specific change proposals were pragmatic.

- *The implementation of these proposals is overdue in my view. This is what management are paid to do! With the NHS under considerable financial pressure it must be managed more effectively. Everything cannot be done on both sites.*
- *There is a real challenge to parking at both hospitals, notably the lack of, and expensive.*
- *Just be resolute. A very long time ago I worked at a northern regional hospital which provided specialist services for a very large area. This was familiar & expected. People just don't like change. Please ensure that families & carers get support to understand the issues for their person & help in travelling to see them.*
- *The main thing is that patients receive good quality care and are treated by experienced specialists in dedicated areas. So it makes sense to centralise services rather than lose them altogether.*
- *With 2 hospitals within 9 miles of each other it makes sense to split services on either site.*

- *I agree that the advances in modern medicine mean greater specialisation and this means all services will not be available on all geographical sites.*

<b>Other suggestions and questions</b>	
<b>Suggestion</b>	<b>Response</b>
Make appointments when at hospital if further treatment needed instead of posting it, then people have to phone back as appointment not convenient so further postage and paper.	<p>If a patient needs a follow up appointment within 6 weeks then this is arranged at the time at the outpatient desk.</p> <p>If a follow-up is needed beyond 6-weeks then patients are added to a follow-up pending list. This is to stop the multiple cancellations and re-booking of appointments due to doctors being on leave for example. In our annual patient survey we receive positive feedback on the lack of appointment cancellation and re-booking and we wouldn't want to undo this.</p>
I think the county need to work hard to educate the public to choose the correct service and help them understand that minor illnesses do not need hospital treatment.	Agreed. The NHS is expanding its targeted 'Choose Well' campaign this year and has a comprehensive plan in place for the Autumn and Winter. This includes advice on self-care, use of community pharmacies and other healthcare options.
If the doctors were managed as well as the nurses then we would not be in this position. Nurses have no choice about shift rotation and this should be made compulsory to consultants, if they choose the speciality of emergency medicine then they need to provide a 24 hour service.	<p>This observation is not accurate. Doctors entering the specialty of emergency medicine do recognise the requirement for 24 hour cover and cannot opt out of the rotas required to deliver this. The problem is that fewer doctors in training are choosing emergency medicine as a career.</p> <p>The bulk of our patients come in during the day. To cover nights with consultants would require a significant increase in consultant numbers. Our consultants are not averse to providing night cover if there were sufficient numbers of consultants available.</p>
The hospital needs to promote the specialisation of services - the	This is an excellent suggestion. We will look to do this more effectively

<p>diagram on page 3 of the full consultation booklet is helpful and could be modified to provide information for patients and carers about where services are delivered.</p>	<p>through our patient information and our website, making more use of the diagram referred to.</p>
<p>The message must be got across to the older generation, if these changes go ahead, that if in doubt call 999!</p>	<p>This will be considered as part of a communication programme to support implementation should the proposals be agreed.</p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p>What happens if the M5/Golden Valley is closed and there is traffic gridlock throughout the area?</p>	<p>Firstly, it should be noted that there are very few patients that need to be rapidly transported to hospital under blue light conditions and therefore the main concern is being able to respond to calls in the first instance. There are currently rare occasions when the Golden Valley is closed and given that the main ambulance base for the Gloucester and Cheltenham areas is located in the industrial estate area of Staverton then contingency arrangements are made. SWASFT have standby points located at both ends of the Golden Valley and have access to the motorway via the police base at Bamfurlong. Given that CGH will only not accept ambulances at night then this will be outside peak traffic flows, if the Golden Valley is closed then other routes such as the M5, Cheltenham Old Rd or the Brockworth bypass can be used. Generally, with the use of blue lights emergency vehicles can proceed through the heaviest of traffic; if necessary a police escort can be requested.</p>
<p>Will you feedback what changes have been incorporated from the engagement/consultation with the public?</p>	<p>Yes, feedback will be provided through the publication of this Outcome of Consultation Report and through regular reporting to the HCOSC.</p>
<p>How will you introduce innovation to improve standards e.g. think outside the box as has occurred in other hospitals?</p>	<p>We are always looking to improve our services. We do this by assessing ourselves against published good practice, comparing ourselves with other providers, encouraging peer review and participating in</p>

	improvement networks such as the South West Patient Safety Programme.
Will the results of this questionnaire be fully available to the public?	This Outcome of Consultation Report will be published on the NHS Gloucestershire Clinical Commissioning Group website.

### **5.3 Themes from qualitative responses collected through other consultation activities e.g. presentations, public drop-ins.**

The commissioner hosted six invitational Stakeholder presentations in districts across the county. Presentations of the specific service change proposals were made by representatives from the NHS commissioner and GHNHSFT were followed by question and answer sessions.

It should be noted that the consultation proposal relating to proposed changes to Emergency and Urgent Care Services generated the highest level of comment amongst stakeholders; and all other respondents to the consultation. Proposals regarding changes to selected medical specialties and paediatric day surgery attracted significantly less discussion.

Below is a summary of the key discussion points:

#### **Access to services**

A most common theme at stakeholder events was access to services. Access was a key discussion point across all three service change proposal areas. Discussions related to access to staff, access to transport, equity of access and perceived restrictions to access in terms of opening times and geographical access i.e. centralisation at either CGH or GRH.

#### **A subset of access to services was access to specialist staff**

There was general agreement that junior doctors required good quality supervision.

There was general agreement that the recruitment of more senior doctors in A&E was a national issue that must be resolved at that level.

#### **A subset of access to services was transport (public and own) and car parking**

##### **Public Transport**

Access to public transport, particularly in the rural areas of the county, was a frequent discussion point. Stakeholders reflected a common theme from

respondents to the survey, that the public transport network was not adequate to meet the needs of local residents. This was in terms of area covered and frequency of services. Several suggestions were made about the scheduling of appointments for people with bus passes after 9.30am in order for them to take advantage of free bus travel.

It was noted that evening and weekend discharges from hospital were a concern for those people reliant upon public transport.

There was acknowledgement that the NHS does well to get many local buses to call at CGH, but that public transport from rural areas is often impossible. This situation is worse at night-time.

### **Ambulance Transport**

Stakeholders acknowledged the crucial role played by the ambulance service in ensuring patients are transported to the most appropriate hospital site. Close working between GNHSFT and SWAST in the implementation of service change was recommended.

### **Volunteer drivers**

The contribution made by volunteer drivers was acknowledged. It was noted that the availability of volunteer drivers in the county was reducing. It was also noted that the cost to patients for using volunteer drivers was being affected by the need for volunteer drivers to pay for additional parking hours at CGH and GRH due to appointment delays.

### **Transport information**

Stakeholders noted that people, both patients and staff, were unaware of the full range of public, community and volunteer transport options available.

### **Hospital parking**

Stakeholders were concerned that parking at either hospital could be a problem at the hospital with centralised services.

## **Other non-access related discussion points:**

### **Individual / family / community responsibility**

Stakeholders noted the contribution individual and families could make towards improving their health and wellbeing, thereby reducing demand on NHS and social care services.

### **Use of community hospital beds and other beds**

Stakeholders noted that the reduction in beds within community hospitals could add additional strain to the system during busy periods.

## Capacity at GRH Emergency Department

It was noted that GRH ED is already often very busy, concern was expressed that it would not have capacity to receive additional 999 ambulance patients. It was also noted that this was a whole community issue to be resolved.

## Paediatric Day Cases

There was broad support for this proposal from stakeholders and the public. A dedicated paediatric team would ensure that CQC standards are met in terms of numbers of paediatric procedures carried out per surgeon, thereby ensuring a safer delivery model.

## Consultation and communications activity

Stakeholders enhanced the consultation activity by recommending additional venues to hold public consultation events (public drop-ins, community presentations).

Some concern was raised regarding the timing of the consultation overlapping with the pre-election period [see *Considerations regarding the timing of the consultation period* earlier in this Report.]

## Next steps

Stakeholders asked for a review of all changes if/when implemented to monitor for expected outcomes and unintended consequences. Below is a selection of most frequently occurring suggestions and questions raised through other consultation activities.

<b>Suggestions and Questions: From qualitative responses collected through other consultation activities e.g. presentations, public drop-ins, correspondence</b>	
<b>Suggestion</b>	<b>Response</b>
The current system means that the NHS is responsible for getting the patient to hospital if unwell. However, it is the patient's responsibility to get themselves home... perhaps the hospital could provide patients with information about some of the charities which provide transport and other transport options.	This is an excellent suggestion which we will pursue. We already provide some information but it can certainly be improved.
Scheduling of appointments should support the use of free public transport.	We can rearrange appointments on an individual basis for those people eligible for and/or restricted to free public transport timetables and patients should contact the booking office to do this.

Could GPs send patients directly to community hospitals?	Yes, GPs frequently send patients to community hospitals closer to where patients live.
Gloucestershire Health Community should consider ways in which information about transport options, including voluntary, can be made available to the public and staff.	This is something that the commissioner has been actively looking at as part of the development of a revised patient transport service specification. We are seeking a single point of access call centre to support individual patients' transport needs.
Gloucestershire Health Community should promote all urgent and emergency service system options more widely.	Agreed. The NHS is expanding its targeted 'Choose Well' campaign this year and has a comprehensive plan in place for the Autumn and Winter. This includes advice on self-care, use of community pharmacies and other healthcare options.
GHNHSFT should consider publicising more clearly which sites provide specific specialties.	This is an excellent suggestion. We will look to do this more effectively through our patient information and our website, making more use of the diagram included in our consultation material which people indicated was helpful.
Revised escalation arrangements during busy periods will be required.	This is correct and they are currently being finalised to share with colleagues across the health community to be reflected in our countywide escalation plans.
GHNHSFT should consider options for providing free or reduced rate parking permits to volunteer drivers.	We are planning to provide free car parking for volunteer drivers in the spaces provided by the demolition of some disused buildings at GRH. Unfortunately the space at CGH is very tight, hence the application for a multi-storey car park (see other response).
Review the operating hours of the 99 shuttle bus between CGH and GRH – explore whether it would be possible to extend the hours later into the evening.	<p>We are actively pursuing extending the hours of operation of the 99 bus to be available between 06.20 and 22.05 with last pick up from CGH at 21.45. (Current last pick up at CGH is 18.55 arriving at GRH 19.20)</p> <p>We have reached agreement with the transport provider Stagecoach, and are waiting for confirmation that the hours of availability of the park and ride facility at Cheltenham Racecourse can be extended.</p>

Question	Response
Stakeholders wanted to know whether a patient attending the Emergency Department at Cheltenham General Hospital at CGH has a right to see a doctor rather than a nurse?	Patients have the right to appropriate care. Nurses will be experienced and will have support from senior acute care doctors.
Can GHNHSFT influence public transport providers?	The provision of public transport is the responsibility of the local authority. GHNHSFT does seek to influence the local travel plans and to ensure that any changes to our services that might have implications for transport providers are highlighted. The Board of GHNHSFT has recently endorsed its own travel plan which will be shared with the County Council.
Can GHNHSFT provide a comfortable lounge for patients to wait following discharge late at night, or following 999 transfer to GRH not resulting in an admission until public, community or volunteer transport is up and running in the morning.	We will look into ways in which we can provide more comfortable waiting areas for people waiting for transport home.
Since the opening of the multi-storey care park at GRH parking has become much easier for patients and visitors. Plans have been submitted to Cheltenham Borough Council for a multi-storey car park on the CGH site. Why have these plans have been rejected by the Borough Council?	The application by VINCI Park was rejected because objections were raised by a number of people including the Lido about light encroachment from the various options submitted.
How will GRH A&E be reconfigured to manage extra demand from 999 ambulances at night?	Seven new A&E majors bays were installed in GRH last year. These are currently funded to open 8 hours per day. Post August these bays will be open 24 hours a day. In addition, changes to Ambulatory Emergency Care clinics will increase the number of patients who can be managed in an outpatient type environment rather than in A&E.
Explore closer working between hospital and community children's services to facilitate earlier discharge and reduce admissions.	This is already happening. There is close inter-agency liaison between the hospital, the children's community nursing team, social services and Children and Young Persons Service (2gether NHS Foundation Trust).

	The team are constantly reviewing whether there are further improvements that could be made to facilitate discharge and reduce admissions further.
If the proposed changes do not work, can the services be returned to the current arrangements?	We are making no structural changes which mean the services could not be returned to the current arrangements but our ability to do this would be limited by the shortage of specialist staff which is the driver for these proposals.

## 6. Impact of consultation

Taking into account the quantitative and qualitative responses to the: Your NHS: Right Care, Right Time, Right Place 2013 Proposals for change: Maintaining high quality, specialist services communications and consultation programme, the following actions have been identified:

- Continue work with SWAST to ensure no significant impact on their response times
- Ensure access to more information on transport options
- Information to the public on distribution of services between CGH and GRH and how to access services
- Progress with planning for implementation
- Progress with monitoring arrangements

## 7. Acknowledgements

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- GHNHSFT clinical teams
- GHNHSFT management
- NHS Commissioners
- Patient and Public Involvement and Communications staff
- NHS South Strategic Health Authority
- National Clinical Advisory Team
- NHS Reference Group Members (HCCOSC and LINK)
- HCCOSC Members  
and finally
- All respondents to the consultation

### **Becky Parish**

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On behalf of the NHS health community in Gloucestershire

May 2013