Your NHS
Right Care, Right Time, Right Place

2013

Full Engagement Booklet

Proposals for change
Maintaining high quality, specialist services

You can also feedback online at: www.nhsglos.nhs.uk. Deadline for responses 3 May 2013.
Maintaining high quality, specialist services

The need for change

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

We are committed to providing as many services as possible close to the patient’s home, but where very specialist care is needed in the larger hospitals, we continue to look at how best to organise services to maintain quality, ensure safety of patients and achieve the best possible health outcomes for these individuals.

During the latter part of 2012, Gloucestershire County Council and the NHS in Gloucestershire presented the county’s Health and Wellbeing Strategy ‘Fit for the Future’ and the five year Strategy for Care ‘Your Health, Your Care’ to the local population for their views and comments.

Feedback on ‘Your Health, Your Care’ received from local people showed a high level of support for our vision to develop and deliver health services in the future. This included:

- Supporting people in their communities – further development of joined up (integrated) community teams to support people in their own homes, including GPs, as well as social care, nursing and physiotherapy
- Development of a ‘co-ordinator’ role to support people with long term conditions and ensure they receive the advice, support and services they need.

These, and other developments, will help to reduce the traditional reliance on hospital based services.

There was also strong support for maintaining high quality specialist health services in the county.

During the 2010 and 2011, ‘Your NHS’ engagement process, we put forward proposals for changes to major trauma services, stroke services, emergency paediatric (child) assessment and outpatient breast care services.

There was real recognition of the need for the changes put forward to make the most of the specialist staff, skills and equipment available in the county.

There are a number of benefits to this kind of change including:

- Bringing certain specialist staff together and reducing the risk to patients by having robust medical cover at all times
- Speeding up assessment for patients and decision making about their treatment and onward hospital care
- Improving the links between related services to improve the patient experience and make services more joined up
- Improving the patient environment and developing services and facilities that are better suited to the needs of the patient
- Clinicians seeing enough patients to maintain their skills. The more frequently a doctor performs a particular treatment or procedure the better the outcome for the patient
- Ensuring consistency of care 24 hours a day, 7 days a week.
Local history of service change

Gloucestershire has a history of successful site and service changes for specialist hospital services. This includes:

- Neutropenia Service (for people suffering severe side effects of cancer treatments) to Cheltenham General Hospital (CGH) 1994
- Interventional Cardiology Service (pinhole surgery for heart conditions) to CGH 1996
- Specialist Ear, Nose and Throat services to Gloucestershire Royal Hospital (GRH) 2000
- Ophthalmology (eye surgery) to CGH 2000
- Paediatric (child) inpatient care to GRH 2006
- Obstetrics (maternity services for women considered ‘high risk’ during pregnancy), neonatology (care for premature babies) and benign gynaecology (treatment of conditions related to the female reproduction system) to GRH 2011
- Inpatient Urology (treatment of urinary conditions and conditions related to the male reproductive system) to CGH 2011
- 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
- General and Old Age Medicine (GOAM) – both sites 2012.

There is also a commitment to centralise inpatient vascular surgery (surgery to treat conditions in arteries and veins) to CGH in 2013.

These changes have resulted in bringing together specialist expertise and have improved outcomes for the patient.

For example, since the recent centralisation of Stroke and TIA services, the Hospitals Trust now consistently meets quality of care targets, which were frequently unachievable before.
The current distribution of specialist inpatient services across the two main hospital sites is shown below:

**Bed use by Specialty**
(size of bar indicates usage during 2011-2012)

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**2013**

We have new proposals for change in 2013 to the following services:

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

Each of the proposals has been developed by clinicians working within the services and managers. The proposals have also been discussed by the Clinical Priorities Forum (a group of leading clinicians from the NHS organisations in the county).
Principles

Throughout this booklet you will see the following coloured symbols representing important principles local clinicians and managers believe are key to the development of services. These symbols represent:

- Alternatives to hospital admission
- Improving Access and Reducing Unnecessary Delays
- Patient Safety
- Clinical Benefit
- Improving Health Outcomes
- Value for Money.

Feedback

We would value your feedback on the proposals set out in this booklet. You can share your views by completing the Feedback Form at the back of this booklet or you can visit the ‘Your NHS’ web page at www.nhsglos.nhs.uk. The deadline for feedback is 3 May 2013.

The web page also includes information on a series of Public Drop In events, which will be held over the next few months at locations across the county. You will be able to find out information and talk to NHS representatives about the proposed changes. You can also speak to someone about the events by calling: 0800 015 1548.
Proposal 1 – Emergency and urgent medical care

Description of the current service

Patients come to hospital in an emergency or for urgent care through three main routes:

- ‘Walk-in’ patients - patients who literally walk in to the Emergency Department (ED) or who come by car or public transport
- Patients who have been reviewed by their GP and advised to come to the ED, either by ambulance or their own transport
- Patients who have been brought to the ED by ambulance after a 999 call.

The table below shows some examples of the common types of illnesses and injuries treated by emergency and urgent medical care services:

<table>
<thead>
<tr>
<th>Walk-ins</th>
<th>GP-reviewed admissions</th>
<th>999 ambulances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuts/bruises</td>
<td>Chest infection</td>
<td>Fractured hip</td>
</tr>
<tr>
<td>Sprains</td>
<td>Urinary infection</td>
<td>Heart attack</td>
</tr>
<tr>
<td>Broken arm</td>
<td>Shortness of breath</td>
<td>Stroke</td>
</tr>
<tr>
<td></td>
<td>Palpitations</td>
<td>Trauma</td>
</tr>
</tbody>
</table>

The current emergency care services at Cheltenham General Hospital (CGH) and Gloucestershire Royal Hospital (GRH) form part of the whole health community’s urgent and emergency care services, including community hospitals (Minor Injury Units), GPs and the ambulance service.
The Health Community aims to provide services as close to home as possible, but some specialist emergency and urgent care hospital services have already been brought together on to one site in Gloucestershire to improve the outcomes for the patient.

This is to ensure that patients have access to specialist care when they need it provided by very specialist staff with the right skills and experience, 24 hours a day, 7 days a week.

These services are:

- **Major Trauma (severe, multiple injury)** – patients are taken to the Major Trauma Centre in Bristol or to the Major Trauma Unit at GRH where their condition can be stabilised
- **Urgent Cardiac (Heart) treatment** – patients are taken direct to the Hartpury Suite at CGH (about 130 patients a year) or to Bristol Cardiac Centre
- **Stroke and Transient Ischaemic Attack (TIA)** – patients are directed to GRH
- **Maternity and gynaecology (including early pregnancy)** – patients are directed to GRH unless they have been assessed as suitable for Cheltenham Birth Centre
- **Paediatric emergencies** – patients are directed to GRH
- **Adult urology patients** – patients are directed to CGH.

The picture below shows the number of patients coming to both Emergency Departments on an average day (8am-8pm) and night (8pm-8am) and the number who stay in hospital or return home.

Approximately 50% of all patients attending our EDs are ‘walk-in’ patients, close to 30% are ‘999’ ambulance patients, and nearly 20% patients have been reviewed by a GP.

More than 90% of ‘walk-in’ patients are able to go home after initial assessment and treatment in ED.

### Average day (8am-8pm)

<table>
<thead>
<tr>
<th></th>
<th>Cheltenham General Hospital</th>
<th>Gloucestershire Royal Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Walk in</strong></td>
<td>52</td>
<td>63</td>
</tr>
<tr>
<td><strong>GP reviewed</strong></td>
<td>22</td>
<td>32</td>
</tr>
<tr>
<td><strong>999</strong></td>
<td>7</td>
<td>34</td>
</tr>
<tr>
<td><strong>ED</strong></td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td><strong>Acute Care Unit/wards</strong></td>
<td>13</td>
<td>17</td>
</tr>
</tbody>
</table>

### Average night (8pm-8am)

<table>
<thead>
<tr>
<th></th>
<th>Cheltenham General Hospital</th>
<th>Gloucestershire Royal Hospital</th>
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</thead>
<tbody>
<tr>
<td><strong>Walk in</strong></td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td><strong>GP reviewed</strong></td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>999</strong></td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td><strong>ED</strong></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Acute Care Unit/wards</strong></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
What are we proposing to do?

Our priority is to ensure that the sickest patients are seen by very skilled specialist staff when they need to be.

To do this, we need to ensure that those specialist staff are available to respond to patients and the public 24 hours a day, 7 days a week.

The changes we are proposing to make at this time relate to services at Cheltenham General Hospital, at night only. This is to ensure least disruption whilst maintaining safety. Night time is the time when medical staffing levels are the most difficult to deliver.

The following picture shows how we propose to change the services:

<table>
<thead>
<tr>
<th></th>
<th>Cheltenham General Hospital</th>
<th>Gloucestershire Royal Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Walk-in ‘minors’</td>
<td>GP-reviewed admissions</td>
</tr>
<tr>
<td><strong>Daytime</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>8am-8pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Night</strong></td>
<td>✓(2)</td>
<td>✓</td>
</tr>
<tr>
<td>8pm-8am</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Except trauma, stroke, paediatrics, maternity (in line with current arrangements)
2. Patients requiring admission only directed/transfered to GRH
3. Except for patients with specific conditions agreed with the Ambulance Service e.g. lung disease.

As part of the proposal, the Emergency Care Centre (within the current ED) at CGH would be run at night by specially trained nursing staff who are capable of treating the vast majority of walk-in patients. Doctors (Acute Physicians) would continue to be on site to receive patients who had previously been reviewed by a GP. However, patients with a critical illness and injury who need treatment from emergency medicine doctors would go to GRH at night.

If a patient with a critical illness or injury arrives as a ‘walk-in’ at CGH, they will be assessed in the Emergency Care Centre, receive initial treatment and a decision will be made on whether they can be admitted in to hospital (CGH) under the care of an Acute Physician (Doctor) or transferred by ambulance to GRH.

With this proposal as a whole, the vast majority of patients would continue to access services in the way they do now.

Based on current planning, it is estimated that on average around 16 patients with critical illness or injury would be diverted from CGH to GRH at night time under these proposals.

For patients with orthopaedic injuries (injuries to bones and joints), walk-in services will remain in both Emergency Departments and they will be able to access Fracture Clinics daily in Cheltenham and Gloucester.

However, it is proposed that patients being brought by ambulance or needing to go in to hospital for trauma surgery would be taken straight to GRH to be seen by specialist ED and orthopaedic staff for treatment. In order to provide robust surgical cover and consistent quality of service for these patients, this particular change would be required 24 hours a day.
Why are we proposing these changes?

*Emergency Medicine (A&E) Consultant, Dr Tom Llewellyn*

“We believe this proposal strikes the right balance between providing excellent specialist clinical care in an emergency and maintaining local access to services whenever possible.”

**Patient Safety**

**Availability of Specialist staff**

Gloucestershire Hospitals NHS Foundation Trust (The Trust) needs to ensure that it can make best use of the specialist staff and skills available and that it continues to provide safe, timely services to the people of Gloucestershire 24 hours a day, 7 days a week.

The Trust is facing increasing pressures as nationally, recruitment into emergency medicine remains extremely challenging.

“The speciality of Emergency Medicine is currently facing critical workforce shortages in many areas in England. This problem is sufficient to potentially threaten the reliable delivery of urgent and emergency care services.” College of Emergency Medicine (CEM) Taskforce 2012.

Despite numerous attempts, The Trust has not been able to recruit close to the number of recommended doctors in emergency medicine it needs to maintain services the way they are currently set up in the county.

**Emergency Medicine consultants**

Since 2009, the Trust has repeatedly attempted to recruit to reach the CEM’s recommended minimum number of 10 Emergency Medicine consultants per site covering 16 hours/day.

The Trust currently has 11 consultants working across the two sites (i.e. fewer than 6 per site) with ‘shop floor’ presence of either 1 or 2 consultants per shift between 8am and 9pm (Monday-Friday) and 9am and 6pm (Saturday-Sunday) at both CGH and GRH.

At night, there is one on-call rota to cover the two sites. This provides 1 emergency medicine consultant on-call covering both sites.

**‘Middle grade’ doctors**

‘Middle grade’ doctors have a number of years’ experience in emergency medicine.

According to the CEM, the Trust should have a minimum of 8 per site. We currently have only 7.5 across the two sites; a combination of senior trainees allocated by the regional training agency (The Deanery) or doctors who have already got equivalent experience.

Between them, these doctors cover 3 shifts at each site covering a 24 hour period. At night, the service is particularly dependent on ‘middle grade’ doctors.

However, due to the national shortages, there are not enough doctors in training for every hospital in the country and as a result of changes brought in under European legislation, those we do have are available for fewer hours in the week. The result is more junior staff having to ‘fill the gaps’, which is unacceptable in terms of patient safety.
Patient experience and outcomes

There are a number of important aspects of the service which we think are unsustainable under the current arrangements.

By bringing together specialist emergency medicine staff at GRH at night time, The Trust will be able to ensure:

- Early senior assessment and decision making, which will benefit the sickest patients
- More robust senior medical cover, round the clock.

The reason for concentrating our resources at night at GRH rather than CGH, is due to the critical links to other services which are based there, such as children’s services, high risk maternity services and stroke care.

Timescale for change

From August 2013, there is no guarantee that the Trust will have the number of doctors they currently have so they will need to plan responsibly to ensure patient safety.

If this proposed change is introduced, it will need to be kept under review to assess whether it has been successful and is sustainable or whether further change is needed.
Proposal 2 – Selected Medical Specialties

Description of the current service

These proposals relate to the following specialist medical services:

**Gastroenterology and hepatology** – care of patients with problems with their digestive system and/or liver

**Cardiology** – care of patients with heart problems

**Respiratory (or thoracic) medicine** – care of patients with breathing and lung conditions such as Chronic Obstructive Pulmonary Disease (COPD), commonly referred to as emphysema.

Currently, both inpatient (when patients stay in hospital) and outpatient (when patients have treatment or see a specialist and then return home) services for these medical specialties are provided at both CGH and GRH.

The interventional cardiac investigations service (pinhole surgery for heart conditions) is based at CGH only, in the Hartpury Suite.

Description of the proposed changes

These proposals, summarised below, do not include centralising any of the services completely and do not apply to outpatient services which would remain the same as they are today.

**Gastroenterology**

- The 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 their gastrointestinal tract (gut) and other critical conditions in a single emergency bay at GRH.

  This will free up beds at GRH for increased emergency medicine and trauma cases and retain the key parts of the gastroenterology service required there for those emergencies. Concentrating the majority of beds at CGH will support the bringing together of specialist expertise.

**Cardiology**

- The proposal is to improve the facilities in the county’s cardiac intervention unit at CGH by providing more beds in the unit, which will reduce the delays to patients needing these complex procedures.

  The Trust would also be able to improve the patient experience through more privacy and dignity for patients as the extended unit would have separate male and female facilities.

**Respiratory Medicine**

- The proposal is to concentrate the service for the majority of long term respiratory conditions (e.g. lung cancer or lung disease) at CGH. A number of beds would be required at GRH for patients with emergency respiratory conditions, such as those requiring ventilation.

  This will free up beds at GRH for increased emergency medicine and trauma cases and retain the key parts of the respiratory service required there for those emergencies. Concentrating a greater proportion of beds at CGH will support the bringing together of specialist expertise.
Why are we proposing these changes?

The doctors and nurses providing these services have identified opportunities to improve quality of care by bringing together the specialist staff skills currently split across sites.

The proposals are also in response to the proposed changes for emergency and urgent medical care, which require other services to adapt so that patient transfers between the two sites are kept to a minimum.

Since the number of emergency patients going to GRH is likely to increase as previously described, other services will need to adjust to ensure there is the space available to meet the needs of these patients.

The changes to medical specialties will help us manage this increase by ensuring that patients with clearly diagnosed medical conditions are admitted directly to the relevant specialist team at CGH.

As well as these proposals, the NHS in Gloucestershire is also developing community services which are helping to reduce reliance on hospital services – providing care in the patient’s own home or close to home.

The NHS is working together to develop a community respiratory team.

The team will be responsible for co-ordinating a number of services for people with lung disease, which will result in fewer hospital admissions due to better management and control of symptoms, and a reduced length of stay for those patients who have to go into hospital for emergency treatment.

There is also a comprehensive countywide service in place specialising in community cardiac rehabilitation and heart failure management; the teams are supported by Consultant Cardiologists and GPs with a specialist interest in heart disease.

Timescale for change

The proposed changes are linked to the proposals for Emergency and urgent medical care and would need to be introduced with similar timescales.

This would ensure that disruption is minimised at the two hospitals as services are moved. The Trust would therefore envisage making the first changes to medical specialties as described from August 2013.
Proposal 3 – Paediatric Day Cases

Description of the current service

These proposals relate to elective (non-urgent) care for children who need a test or procedure that doesn’t involve an overnight stay in hospital, but which cannot be carried out during an outpatient appointment.

The service includes day surgery and procedures such as tests and infusions (delivering drugs by drip) and tests under sedation.

The current service at Cheltenham General Hospital (CGH) includes:

- A Paediatric day case facility for elective surgery (planned, non-urgent), open 2 days a week (307 patients in 2011/12) and other non-surgical tests and procedures (468 patients in 2011/12)
- Paediatric nursing resource on Eyeford Ward at CGH for dental procedures (286 patients in 2011/12) and eye surgery (156 patients in 2011/12).

The current service at Gloucestershire Royal Hospital (GRH) includes:

- Paediatric day case elective surgery (planned, non-urgent). The main GRH Day Surgery Unit has a paediatric bay within the adult unit, open 5 days a week (1159 patients in 2011/12)
- Paediatric day case service for non-surgical tests and procedures in the Outpatients and Paediatric Assessment Unit in the Children’s Centre at GRH, open 5 days a week (324 patients in 2011/12).

There are comprehensive outpatient services at CGH and GRH for children to be assessed and receive the majority of simple tests, such as blood tests, which, under the proposals, would stay the same as they are today.

Description of the proposed changes

The proposal is that all elective (non-urgent) paediatric day case surgery (excluding ophthalmology) and medical investigations are based in a purpose designed paediatric day unit on the Gloucestershire Royal site.

Why are we proposing these changes?

Consultant Paediatrician, Dr Miles Wagstaff

“Bringing together the day case services will ensure we have a sustainable model for the future.”
Not enough specialist staff

- There is a shortage of specialist doctors and nurses to care for children. Bringing together the day case services will ensure we have a sustainable model for the future, with consistent quality of care.

Not enough procedures carried out by specialist staff

- The Care Quality Commission Children’s Services Review has indicated that the Trust currently has a red rating against 2 standards. These relate to the number of surgeons carrying out a small number of procedures/treatments per year on children aged 29 days to 12 years and also anaesthetists carrying out a small number of procedures.

  The more frequently a clinician carries out a procedure or treats a particular condition, the better the outcome for the patient.

Child and family friendly environment

- Most areas within the hospitals where paediatric care is provided meet environmental standards, being both child and family friendly. However, although children who receive day case care in the Day Surgery Unit at GRH today are in a separate bay, they are very close to adults receiving care, which is not ideal.

  The proposed new paediatric day unit at GRH would be staffed only by children’s doctors and nurses and play specialists in a child and family friendly environment, totally separate from adult facilities. It is an opportunity to establish a dedicated paediatric theatre with a dedicated paediatric team made up of surgeons, anaesthetists and nurses.

  Creating a separate day unit would mean that there is less risk of elective (planned) appointments being cancelled when we have high numbers of emergency patients.

Equity of care and quality of service

- The Trust wants to provide a consistent quality of service in the best possible environment for all children and their families wherever they live in the county.

Specialist care immediately after an operation (if needed)

- This proposal would reduce the need for children to travel after their operation if they needed specialist follow up care and an overnight stay.

  The majority of services for children in the county are based at GRH at the Children’s Centre, including emergency and overnight inpatient care.

  We believe it would be better for the new day unit to be on the same site, so that children don’t have to travel after their procedure if there are complications. Locating the services together means we make the best use of scarce expert resources.

Timescale for change

The Trust believes it needs to improve the facilities for children having day case procedures at GRH as soon as possible and has therefore committed to the creation of a separate day unit (small ward) in the Children’s Centre by the summer of 2013.

Depending on the outcome of this public engagement, clinicians would like this new unit to accommodate the activity from CGH as soon as possible.
Our Proposals

The NHS in Gloucestershire has a strong track record in successfully bringing together certain specialist services.

Previous changes, described in the Introduction to this booklet, have resulted in improved outcomes for the patient and this has always been the guiding principle as clinicians and managers develop proposals for change.

Once again, we confirm our commitment to two vibrant hospitals in Cheltenham and Gloucester providing high quality care and treatment to patients from across the county and beyond.

That said, services will need to evolve and we will need innovative solutions to meet future challenges and to keep our most specialist services within Gloucestershire.

We look forward to hearing your views and meeting you at our public drop in events.

Section 4

Feedback

The questionnaire which follows is one of a number of ways in which people can express their views as part of the engagement exercise.

This questionnaire is intended to capture a broad view of the response to the proposals set out in the engagement booklet. You may not want to feed back on every proposal, so you need only respond to questions you are interested in.

There are number of other ways in which you can have your say. Full details can be found at: www.nhsglos.nhs.uk. You can:

- Complete this questionnaire online at: www.nhsglos.nhs.uk
- Send your comments by email to: consultation@glos.nhs.uk
- Write to: Caroline Smith, Community Involvement Manager, NHS Gloucestershire
  Freepost RRRY – KSGT – AGBR
  Sanger House, 5220 Valiant Court
  Gloucester Business Park, Brockworth GL3 4FE.
  If you are a member of NHS staff, please use the internal post system and return to the Patient and Community Involvement Team at Sanger House.
- Visit the Information Bus when it visits a location near you.
  To view the the Bus schedule visit: www.palsglos.org.uk/userfiles/docstore/pdf/Schedule.pdf.
- Attend a public ‘Drop In’ event.

If you would like assistance to complete this questionnaire or to express your views in any other way please call the Patient Advice and Liaison Service (PALS) on Freephone 0800 015 1548.
Questionnaire

Please take some time to read through this booklet before you complete the questionnaire below. There is also a short guide version of the booklet and this is available from: NHS Gloucestershire, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth GL3 4FE, via the website www.nhsglos.nhs.uk or call 0800 015 1548 for a copy.

It will help us to capture your views accurately if you mark your answers clearly in a dark coloured ink. If you choose to add your own comments at the end of this questionnaire, please can you ensure that you write clearly and concisely.

**Question 1:** How have you obtained information about the proposed changes? *(Please select all that apply)*

- [ ] read the short guide
- [ ] read the full engagement booklet
- [ ] attended a Community Event/Public drop-in session
- [ ] local media
- [ ] NHS website
- [ ] Information Bus
- [ ] word of mouth
- [ ] other (please give details) .............................................................................................................................................

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

**Question 3:** Having read this booklet do you think you have been provided with the right information to help you to understand and form a view about the proposals for change?

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Completely</th>
<th>Partly</th>
<th>Not at all</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency and urgent medical care</td>
<td></td>
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<tr>
<td>Selected Medical Specialties</td>
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<tr>
<td>Paediatric Day Cases</td>
<td></td>
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</tbody>
</table>

If you felt that other information would be useful, please say what else you would like to know (in the box below)
**Question 4:** Do you agree with the views of clinicians and managers about the proposals for change?

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Completely</th>
<th>Partly</th>
<th>Not at all</th>
<th>Don’t know</th>
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</thead>
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<tr>
<td>Paediatric Day Cases</td>
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**Question 5:** Please give us your views about the proposals for change?

<table>
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<tr>
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<th>Your views</th>
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<td>Selected Medical Specialties</td>
<td></td>
</tr>
<tr>
<td>Paediatric Day Cases</td>
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</tbody>
</table>

**Any further comments?**

Please use the space below to make further comments you may have. Please ensure that you write clearly and concisely.
About you
These questions are optional, but to help us ensure we reach a good cross-section of the local population, we would be grateful if you could complete the following:

Are you:
- Male
- Female

Age group:
- Under 18
- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- Over 75

What is the first part of your post code? e.g. GL1 GL20

Which group do you fall into (please select the one which best reflects the capacity in which you are completing the form)?
- NHS or Social Care staff
- Elected representative e.g. MP, councillor
- Member of the public

Overall, how would you rate your health during the past 4 weeks?
- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor

Do you consider yourself to have a disability?
- 1 Visual impairment
- 2 Hearing impairment
- 3 Physical disability
- 4 Mental health problems
- 5 Learning difficulties
- 6 Long-term condition

Do you look after, or give special help to anyone who is sick, has a disability, or is an older person, other than in a professional capacity?
- 1 Yes, I care for a person in my own household
- 2 Yes, I care for a person in another household
- 3 No

To which of these ethnic groups would you say you belong? (Tick ONE only)

a. WHITE
- 1 British
- 2 Irish
- 3 Any other White background
  (Please write in box)

b. MIXED
- 4 White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- 7 Any other Mixed background
  (Please write in box)

c. ASIAN OR ASIAN BRITISH
- 8 Indian
- 9 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background
  (Please write in box)

d. BLACK OR BLACK BRITISH
- 12 Caribbean
- 13 African
- 14 Any other Black background
  (Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP
- 15 Chinese
- 16 Any other ethnic group
Thank you for taking the time to share your views.

At the end of the engagement period, all feedback received will be collated, analysed and presented in an Outcome of Engagement Report. This Report will be published on the Gloucestershire Hospitals NHS Foundation Trust website at www.gloshospitals.org.uk
Please return your completed Feedback Form by **3 May 2013** using the freepost address below:

Caroline Smith, Community Involvement Manager,  
FREEPOST NO: RRZE-ZASK-RRXC  
NHS Gloucestershire, Sanger House, 5220 Valiant Court,  
Gloucester Business Park, Brockworth GL3 4FE.

If you are a member of NHS staff, please use the internal post system and return to:  
The Patient and Community Involvement Team, NHS Gloucestershire, Sanger House,  
Gloucester Business Park, Brockworth.

You can also feedback on-line at: **www.nhsglos.nhs.uk**

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To discuss receiving this information in other formats please contact:  
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如需以其他格式接收此信息，请联系  
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Aby uzyskać te informacje w innych formatach, prosimy o kontakt  
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FREEPOST RRRY-KSGT-AGBR,  
GUIDE & PALS, NHS Gloucestershire, Sanger House, 5220 Valiant Court, Gloucester Business Park  
Gloucester GL3 4FE  
0800 015 1548