



Summary
Consultation
Booklet

Fit for the
Future

Developing specialist hospital
services in Gloucestershire

For Public Consultation

One Gloucestershire: who we are

The One Gloucestershire Integrated Care System (ICS) is a partnership between the county's NHS and care organisations. The NHS partners of One Gloucestershire are:

- › NHS Gloucestershire Clinical Commissioning Group
- › Primary care (GP) providers
- › Gloucestershire Health and Care NHS Foundation Trust
- › Gloucestershire Hospitals NHS Foundation Trust
- › South Western Ambulance Service NHS Foundation Trust

Together we plan and provide NHS services - from GP surgeries and community services to the most specialist hospital services.

One Gloucestershire aims to:

- › help keep people healthy
- › support active communities
- › ensure high quality joined up care when needed.

Contact us

For any enquiries about this consultation please email:

glccg.participation@nhs.net

or write to:

FREEPOST RRYY-KSGT-AGBR,
Fit for the Future,
Sanger House,
5220 Valiant Court,
Gloucester Business Park,
Gloucester,
GL3 4FE

or call Freephone to leave a message on: 0800 0151 548.

Glossary

A glossary of terms is available in the full consultation booklet.

**This consultation closes at midday
on 17 December 2020.**

What is Fit for the Future about and what are its aims?

Fit for the Future is part of the One Gloucestershire vision focussing on the medium and long term future of specialist hospital services at Cheltenham General Hospital and Gloucestershire Royal Hospital.

It's about providing world class, leading edge specialist hospital care for patients that is comparable to the best in England.

We want to:

- › Improve health outcomes for you
- › Reduce waiting times and ensure fewer cancelled operations
- › Ensure timely assessment and decision making - you see the right hospital specialist to meet your needs
- › Ensure there are always safe staffing levels, including senior doctors available 24/7
- › Support joint working between services to reduce the number of visits you have to make to hospital
- › Attract and keep the best staff in Gloucestershire
- › Create flagship centres for research, training and learning.

To achieve these things and to make the most of developing staff skills, precious resources and advances in medicine and technology, we need to look at how we provide some of our specialist hospital services at Gloucestershire Royal and Cheltenham General and make best use of our hospital sites.

The move towards creating 'centres of excellence' at the two hospitals is not new and it reflects the way a number of other services are already provided.

The services covered in this consultation are described on pages 4 and 6. We believe we have carefully evaluated and considered all the potential solutions and we think the proposed changes set out in this booklet improve patient care and would best suit the future needs of local people and staff.

The options for change are not about saving money, the priority is ensuring our services are truly fit for the future.



What Fit for the Future is not about

It is not about the temporary changes we have had to make now to respond to the COVID-19 pandemic.

Some of the medium to long term changes we are proposing relate to the same services where temporary changes have been made recently. However, we have publicly committed to the future of the Accident and Emergency (A&E) Department in Cheltenham. The service will remain consultant led and there will be no change to the opening hours.

Who are we consulting?

We are consulting NHS and care staff, local patients, carers, the public and our community and voluntary partners. We also invite feedback from people in neighbouring areas who use services in Gloucestershire.

In the full consultation booklet, you can find out more about how we have involved people so far and how together we arrived at the options we are now presenting.

What do we want to consult you about?

How we organise the following specialist hospital services across Cheltenham General and Gloucestershire Royal Hospitals in future (A-Z):

- › Acute Medicine (specifically 'acute medical take')
- › Gastroenterology inpatient services
- › General Surgery (emergency general surgery, planned Lower gastrointestinal (GI)/colorectal surgery and day case Upper and Lower GI surgery)
- › Image Guided Interventional Surgery (IGIS) including Vascular Surgery
- › Trauma and Orthopaedics (T&O) inpatient services.

There is a simple description of each of these services and what they do at the start of each service section.



How are services currently organised?

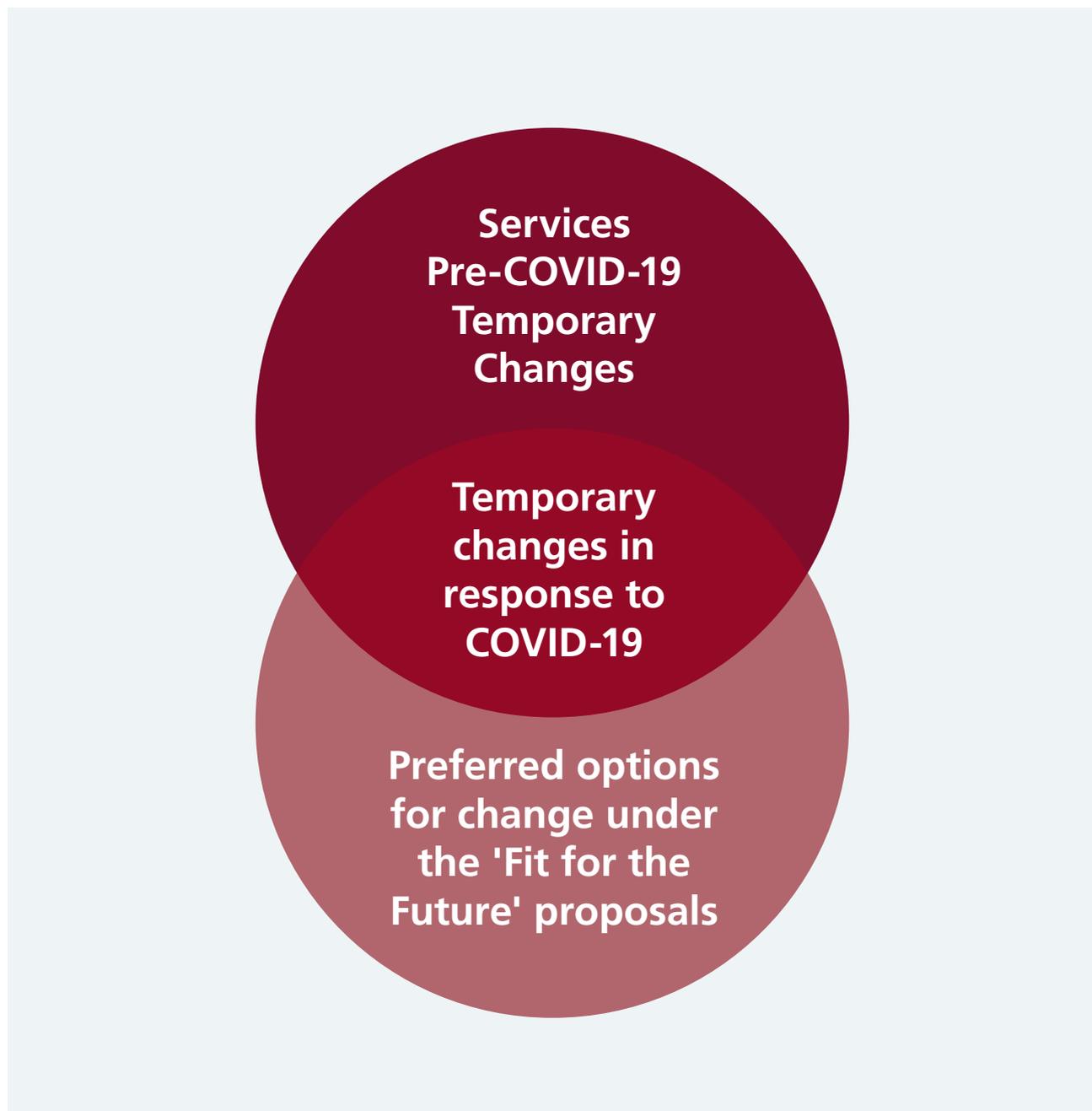
The information on page 6 shows how these specialist services (Acute Medicine/ Acute Medical Take; Gastroenterology inpatient services; General Surgery; Image Guided Interventional Surgery and Trauma and Orthopaedic inpatient services) are currently organised across the two hospitals in Cheltenham and Gloucester.

A more detailed summary can be found in each service section of this booklet.

Do we have a preferred way to organise these specialist services in the future?

Yes – you can see the preferred options on page 6 and there is more detail in each service section.

The work to date, including patient, public and staff engagement, has not led us to a preferred option for the location of planned Lower GI (colorectal) general surgery. We are keen to hear your views.



Cheltenham General Hospital

Services at CGH pre COVID-19

- › 24/7 A&E (nurse-led 8pm–8am)
- › Acute Medical Take
- › Orthopaedic inpatient services (Pilot)
- › Gastroenterology inpatient services (Pilot)
- › Planned General Surgery: Lower Gastrointestinal (colorectal) surgery
- › Planned Day Case General Surgery
- › Image Guided Interventional Surgery (IGIS), including Interventional Radiology and Interventional Cardiology
- › Vascular Surgery
- › Emergency General Surgery (EGS)

Temporary Changes at CGH in response to COVID-19

- › CGH A&E changed to Minor Injuries and Illness Unit 8am – 8pm 7/7 at CGH
- › Acute Medical Take centralised at GRH
- › Acute Stroke Ward moved to CGH from GRH
- › Emergency General Surgery centralised at GRH
- › Vascular Surgery moved from CGH to GRH

Gloucestershire Royal Hospital

Services at GRH pre COVID-19

- › 24/7 A&E
- › Acute Medical Take
- › Trauma inpatient services (Pilot)
- › Emergency General Surgery
- › Planned Day Case General Surgery
- › Image Guided Interventional Surgery (IGIS), including Interventional Radiology
- › Planned General Surgery: Upper Gastrointestinal
- › Planned General Surgery: Lower Gastrointestinal (colorectal) surgery
- › Hyper Acute Stroke Unit and Acute Stroke Ward

Temporary Changes at GRH in response to COVID-19

- › Centralised Accident and Emergency A&E 24/7 at GRH
- › Acute Medical Take centralised at GRH
- › Emergency General Surgery centralised at GRH
- › Vascular Surgery moved to GRH
- › Acute Stroke Ward moved to CGH
- › Urology Emergency Front Door centralised at GRH

Preferred Options for change under 'Fit for the Future' proposals Cheltenham General Hospital (CGH)

- › No Change: 24/7 A&E (nurse-led 8pm-8am)
- › Orthopaedic inpatient services
- › Gastroenterology inpatient services
- › Image Guided Interventional Surgery 'Spoke'

Preferred Options for change under 'Fit for the Future' proposals Gloucestershire Royal Hospital (GRH)

- › No change: 24/7 A&E
- › Centralised Acute Medical Take
- › Trauma inpatient services
- › 24/7 Image Guided Interventional Surgery 'Hub'
- › Vascular Surgery

There are two options for General Surgery

Centre of Excellence for Pelvic Resection

CGH

- › Planned Lower GI (colorectal) General Surgery (alongside gynae-oncology and urology)
- › Planned Day Case General Surgery
- › Outpatients

GRH

- › Emergency General Surgery
- › Planned Upper GI General Surgery
- › Outpatients

Centre of Excellence for General Surgery

CGH

- › Planned Day Case General Surgery
- › Outpatients

GRH

- › Emergency General Surgery
- › Planned Lower GI (colorectal) General Surgery
- › Planned Upper GI General Surgery
- › Outpatients

How are we consulting?

Because of COVID-19, we will be using more virtual methods of consultation. We also plan to offer other forms of face to face 'socially distanced' consultation activity where we can.

If you are in contact with people who might not be able to access information online please do tell them about the Fit for the Future consultation and ask them to write to us using FREEPOST (see back cover for contact details).

Ways to find out more and tell us what you think:

- › Consultation materials distributed to local outlets e.g. full consultation booklet, the summary consultation booklet, the Easy Read booklet and an awareness flyer to local households
- › A survey at www.onegloucestershire.net/yoursay or 'Get Involved in Gloucestershire'
- › Online consultation activities at <https://getinvolved.glos.nhs.uk>
 - › A range of tools, information and communication resources – guides and video content
 - › Discussion forums
- › Countywide Information Bus Exhibition Tour
- › Face to face or virtual targeted events with communities of interest e.g. voluntary and community sector or groups of people who might be more affected by the proposed changes
- › Staff Events.

Further detailed information about Fit for the Future is available at www.onegloucestershire.net/yoursay

How to use this booklet

Please read this booklet and then share your views by using the FREEPOST survey at the back or going online.

We would also encourage you to read the full consultation booklet and other supporting information at www.onegloucestershire.net/yoursay or use the contact details at the back of this booklet and ask us to send you printed versions.

What happens next?

We will be open to receiving feedback between 22 October and 17 December 2020. All feedback will be read and put into an 'Output of Consultation' Report.

A second Fit for the Future Citizens' Jury will be held in January 2021 to consider the feedback from this consultation, record their observations and make their recommendations to decision makers on the boards of the NHS bodies below.

There will then be a consultation review period, where Gloucestershire Hospitals NHS Foundation Trust and NHS Gloucestershire Clinical Commissioning Group (CCG) will carefully consider all of the feedback at meetings in public in March 2021.

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

We will provide feedback to you on the consultation and decisions made at www.onegloucestershire.net/yoursay

The need for change

We have challenges to face and exciting opportunities waiting to be seized.

The expectations of healthcare, the demands on health services and the incredible progress made through science and technology have dramatically changed the environment that we are working in, this means healthcare services need to evolve and change too.

Challenges

- › We don't have the staff to stretch across two hospital sites
- › You don't always see the right specialist e.g. senior doctor to meet your needs 24/7
- › Too many operations are being cancelled that don't need to be
- › Joint working between doctors, nurses and therapists, including links to related services and equipment could be improved
- › Splitting specialist high tech equipment across both hospitals does not make best use of resources.

For our services, the feedback from Engagement showed there is support to continue to develop a 'centre of excellence' approach, which reflects the way a number of inpatient services are already concentrated in one place – such as oncology (cancer care) in Cheltenham and children's services in Gloucester.

For our hospitals, we want to see two thriving, vibrant sites with strong identities and both providing world class treatment.

As we continue to look at how we organise services, we need to consider whether one hospital should focus more on emergency care and one hospital should focus on planned care and oncology.

This approach could help:

- › To ensure that the right facilities and specialist staff are always available to give people the best treatment and care

- › reduce the number of planned operations cancelled when beds or operating theatres are needed for the most urgently unwell patients.

We want to strike the right, but often difficult, balance between having two world class 'centres of excellence' in Gloucestershire and providing local access to services.

What we think would happen if we don't change

If we don't continue to develop our hospital services, we think:

- › The Trust could fall behind other hospitals i.e. lose services, funding or its training status for some specialties and find it more difficult to recruit or keep staff
- › You would have to travel further (out of county) for some specialist care
- › There would continue to be disruption to planned care services at times of high demand.

Engagement and involvement

The full consultation booklet sets out how we have involved our staff and local people in developing potential solutions for change and how options for certain services were arrived at.

This included engagement booklets and a survey, service workshops, an independent engagement hearing, a Citizens' Jury and a Solutions Appraisal Exercise held in public.

How the potential solutions for the services were developed and considered

In short it involved three main steps:

Step 1

Developing a 'long list' of potential solutions for services and confirming our intention

to consult on the long-term arrangements for Trauma and Orthopaedics and Gastroenterology inpatient services.

Step 2

Testing these solutions and reducing the long list to a 'medium list.' We tested them against a number of key factors called 'hurdle criteria' and also by testing how the potential solutions could work together.

You can read about the hurdle criteria in the full consultation booklet.

Each solution that passed this stage was looked at in more detail using a set of 'evaluation criteria' developed using feedback received during the Fit for the Future Engagement and tested at a Citizens' Jury.

Step 3

Solutions appraisal workshops took place in public to look in more detail at the medium list of potential solutions using the evaluation criteria set out on Pages 17-19 of the full consultation booklet. It included important areas like quality of care, access to care and workforce.

The shortlisted potential solutions have since undergone rigorous testing and now form the basis for this consultation.

The impact of potential changes

We have worked with independent analysts from Mid and South Essex University Hospitals to complete an Integrated Impact Assessment (which covers Health Inequalities and Equality) of the proposed development of 'centres of excellence' for these services.

The IIA can be found at www.onegloucestershire.net/yoursay and is available on request.

Looking at a wide range of information, including feedback from the Engagement, it identified some groups of people who could be affected more than others by the

proposed changes.

The groups are described in the full consultation booklet (page 20) and we will seek out their views during the consultation to gain a better understanding of the impact on them and to look at ways to lessen any potential negative impacts.

The independent analysis (see above) considers the benefits people could expect to gain from the proposed changes e.g.

- › Shorter waits to see a senior doctor
- › Shorter waiting times for admission to hospital (start of your hospital stay)
- › Better outcomes from treatment and
- › Reduced risk of planned appointments and surgery being cancelled.

It also considers other impacts people could experience.

Key points from the IIA can be found on page 20 of the full consultation booklet. It covers things like:

- › Access to services and travel times
- › Waiting times
- › Communities that may be impacted more than others
- › Time you spend in hospital (length of hospital stays)
- › Treating patients in Gloucestershire.

Where the IIA makes specific comments about one of the preferred options for change, it is summarised in the service sections of the full consultation booklet.

Key points from the evaluation of the Pilot schemes (Gastroenterology inpatient services and Trauma and Orthopaedic inpatient services) can also be found in the full consultation booklet with similar themes to the ones above.

Fit for the Future: focus on options for change

The sections below provide more detail on the individual specialist services that form part of this consultation.

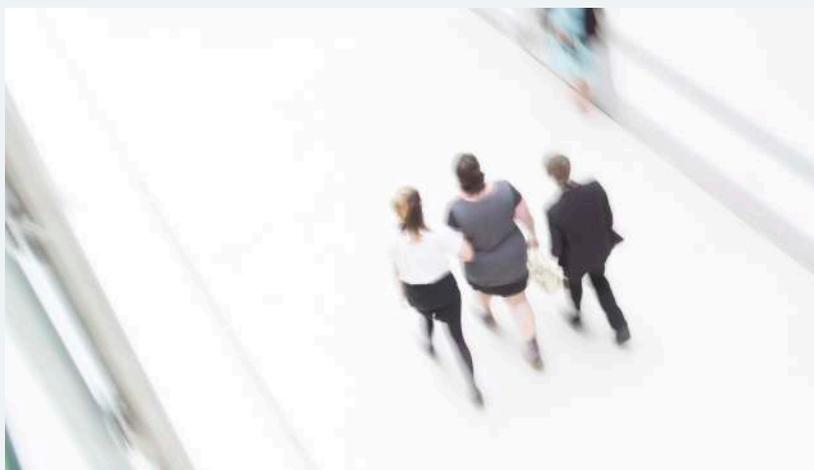




**Gastroenterology
inpatient services**
24



**Trauma and
Orthopaedic
inpatient services**
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Survey
31



Acute Medicine

(Acute Medical Take)

What are we asking you to consider?

We want you to tell us what you think about our preferred option to develop:

- › A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.

What are the services and how are they currently organised?

The Emergency Departments (A&E) in Cheltenham and Gloucester will continue to provide emergency care services and this includes resuscitating, stabilising and treating you if necessary.

Most of us seen in an Emergency Department return home the same day.

We also have Acute Medicine services that work alongside, but are separate from, the Emergency Departments.

The main role of these services is to provide assessment, investigations and treatment for you if you have a particular medical (i.e. not surgical) condition e.g. severe headache, chest pain or pneumonia.

You will be referred by your GP or come via the Emergency Departments. The care is provided by a team of doctors, nurses, therapists and support staff.

The Acute Medicine Team co-ordinates initial medical care (for these patients) - whether you need a hospital stay (also referred to as 'Acute Medical Take') or are able to return home after assessment and treatment in one of the walk-in (ambulatory) units.

If you do need a hospital stay you will either be admitted to an acute medical assessment bed or transferred to another specialist ward or department.

This can sometimes involve you being transferred between hospital sites to ensure you get to the team that can provide the right care and treatment.

The table opposite shows the current services at the two hospital sites.

Current services at the two hospitals:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
A&E: 24/7 Consultant Led	A&E: 8am–8pm Consultant led 8pm–8am nurse led
Same Day Emergency Care 8am–9pm, 7 days a week	Same Day Emergency Care 8am–6pm Monday to Friday
Acute Medical Unit (AMU): › Unit – 49 beds (including frailty)	Acute Care Unit (ACU): › 24 beds

What are the challenges and opportunities for Acute Medicine (Acute Medical Take)?

Challenges

- › Rising demand and more of us have complex needs
- › Many of us will need to be seen by different specialists – it's becoming harder to meet those needs across two sites
- › Being seen by a consultant (senior doctor) within 14 hours of arrival (national standard)
- › Recruiting enough medical and nursing staff for both hospital sites.

Opportunities

By making changes, we could ensure:

- › You're more likely to receive timely assessment, diagnosis and treatment when you arrive at hospital
- › You're more likely to see the right specialist, first time, 24/7
- › More robust staff cover for the service and better supervision and learning opportunities for junior doctors, 24/7

- › We attract more staff
- › Health outcomes and the overall patient experience are improved.

The feedback from Engagement about Acute Medicine

The Fit for the Future Engagement asked people about both Emergency services and Acute Medicine.

The main feedback themes were:

- › How important the Accident and Emergency Department (A&E) at Cheltenham General Hospital is to local people
- › Concern about the amount of space at Gloucestershire Royal Hospital for Acute Medicine
- › Equal access to services across the county if the service was centralised in one hospital
- › The importance of mental health support as part of all services
- › The importance of attracting, recruiting and keeping the best staff.

Potential Solutions for Acute Medicine (Acute Medical Take)

The full consultation booklet includes a summary table showing how shortlisted potential solutions for Acute Medicine (Acute Medical Take) scored as part of the Solutions Appraisal Workshop.

These include:

- › Acute Medical Take at Cheltenham General Hospital and Gloucestershire Royal Hospital
- › Centralise Acute Medical Take to Gloucestershire Royal Hospital.

What is our preferred option?

The preferred option is to establish a single Acute Medical Take for Gloucestershire and for this to be centralised on the Gloucestershire Royal Hospital site.

It is expected that the changes would affect between 20 to 30 patients a day.

What we think the proposed changes would mean for local people and staff

Cheltenham General Hospital (GGH) is a consultant led A&E open 8am to 8pm and a nurse led service from 8pm to 8am, 7 days a week providing a wide range of emergency services and able to resuscitate, stabilise and treat you as required.

Walk in patients would be able to access the service as before (pre COVID-19 Temporary Changes).

Many of us attending the A&E departments can be diagnosed and treated the same day and return home. Sometimes this involves

coming back for a follow up appointment at either CGH or GRH.

If you are assessed by the clinical team at CGH A&E or GRH A&E, need a hospital stay and can safely go straight to a specialist ward (a ward where staff specialise in your condition) at either Cheltenham or Gloucester you would continue to do so.

Patients presenting to CGH with an uncertain diagnosis, for example where further specialist investigation is required to determine which specialty team they need to be referred to, or those patients that need to stay in hospital under the care of the Acute Medicine team, would be transferred to the GRH Acute Medical Unit (AMU).

Patients calling an ambulance whose condition required specialist support from the Acute Medicine team at GRH would be taken there.

We believe the change would enable:

- › Quicker access to the right specialist (senior doctor) 24/7
- › Shorter waiting times for hospital admissions
- › Improved treatment outcomes e.g. by centralising acute medicine on the same site as other specialties such as children's services and trauma
- › More timely access to mental health support teams
- › Improved safety - junior doctors more easily supervised by senior doctors
- › Improved staff recruitment and retention.



General Surgery

What are we asking you to consider?

We want to know what you think about the following proposals.

We could either:

- › Create a General Surgery centre of excellence at Gloucestershire Royal Hospital (GRH) comprising a centralised Emergency General Surgery service alongside the already centralised planned Upper Gastrointestinal (GI) service and a newly centralised planned Lower GI (colorectal) service. Planned day case Upper and Lower GI (colorectal) surgery would be centralised at CGH

Or

- › Centralise Emergency General Surgery at GRH alongside the already centralised planned Upper GI service and create a centre of excellence for Pelvic Resection at Cheltenham General Hospital (CGH) comprising a newly centralised planned Lower GI (colorectal) service alongside Gynae-oncology and Urology. Planned day case Upper and Lower GI (colorectal) surgery would be centralised at CGH.

In these two proposals the configuration for three service areas is the same: Emergency General Surgery at GRH, planned Upper GI at GRH and daycase Upper and Lower GI at CGH.

The proposals differ in the configuration of planned Lower GI (colorectal) surgery - centralise to CGH or centralise to GRH.

What are the services and how are they currently organised?

General surgery actually relates to conditions of the abdomen, specifically the digestive system or gastrointestinal (GI) system.

The general surgery service is made up of four service areas:

1. Emergency General Surgery
2. Planned Upper Gastrointestinal (GI) inpatient Surgery
3. Planned Lower Gastrointestinal (colorectal) inpatient Surgery
4. Day case Upper and Lower GI Surgery.

All our general surgeons provide care for emergency patients. However, in planned care there are surgeons who specialise in looking after the 'upper' part of the gut, Upper Gastrointestinal (GI) and those who specialise in looking after the 'lower' part of the gut, Lower Gastrointestinal (colorectal).

- › Emergency General Surgery is provided on both sites
- › Planned Lower GI (colorectal) inpatient Surgery is provided on both sites
- › Day case Upper GI and Lower GI (colorectal) Surgery is provided on both sites
- › Planned Upper GI inpatient Surgery is only provided at GRH.

The table below shows the current services at the two hospital sites.

Current services at the two hospitals:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Emergency General Surgery	Emergency General Surgery
Planned Lower GI (colorectal) general surgery	Planned Lower GI (colorectal) general surgery
Planned Upper GI general surgery	
Day cases	Day cases
Outpatients	Outpatients

What are the challenges and opportunities for General Surgery?

Challenges

- › Not enough trainee ('junior') doctors to cover rotas on both sites
- › Pressure on consultant (senior doctor) time and pressure and gaps on rotas
- › At times senior doctors (decision makers) are in theatre and unavailable to review you if you are waiting for specialist assessment in the Emergency Department or Surgical Assessment Unit
- › The Upper GI and Lower GI (colorectal) specialists take it in turns to do the Emergency General Surgery on call rota, sometimes you will see an Upper GI surgeon and sometimes a Lower GI (colorectal) surgeon
- › Planned operations have to be cancelled when the hospitals are experiencing a higher number of emergency cases and there is pressure on theatre space and beds.

Opportunities

By making changes, we could ensure:

- › You are more likely to see the right specialist, first time, 24/7 and have the best possible outcome and experience of care
- › More robust staff cover and rotas for the service (consultants and junior doctors) and better supervision of junior doctors 24/7
- › Fewer cancelled or delayed operations.

The feedback from Engagement about General Surgery

The main feedback themes were:

- › Some people thought General Surgery services should be provided at both Cheltenham General and Gloucestershire Royal Hospitals
- › Some people saw the benefit of centralising emergency general surgery in one place to support daily emergency surgical clinics
- › Other people asked whether one hospital would have space for all the emergency general surgery beds needed
- › Some concerns were raised about having a hospital without general surgery beds
- › Some people thought a 'centre of excellence' approach to services would help attract the next generation of sub specialist surgeons.

Potential Solutions for General Surgery

The full consultation booklet includes a summary table showing how shortlisted potential solutions for General Surgery scored as part of the Solutions Appraisal Workshop.

What are our preferred options?

In this consultation, for General Surgery, we are asking you to consider two options:

- › Create a General Surgery centre of excellence at Gloucestershire Royal Hospital (GRH) comprising a centralised Emergency General Surgery service alongside the already centralised planned Upper Gastrointestinal (GI) service and a newly centralised planned Lower GI (colorectal) service. Planned day case Upper and Lower GI (colorectal) surgery would be centralised at CGH

Or

- › Centralise Emergency General Surgery at GRH alongside the already centralised planned Upper GI service and create a centre of excellence for Pelvic Resection at Cheltenham General Hospital (CGH) comprising a newly centralised planned Lower GI (colorectal) service alongside Gynae-oncology and Urology. Planned day case Upper and Lower GI (colorectal) surgery would be centralised at CGH.

In these two options the configuration for three of the four General Surgery service areas are the same:

- › Emergency General Surgery at GRH
- › Planned Upper GI at GRH
- › Day case Upper and Lower GI at CGH.

The options differ in the location of planned Lower GI (colorectal) surgery:

- › Centralise to CGH or
- › Centralise to GRH.

What we think the proposed changes to EMERGENCY GENERAL SURGERY would mean for local people and staff

We believe this change would:

- › Reduce waiting times for surgery
- › Improve outcomes of treatment – because both kinds of sub specialists – Upper and Lower GI (colorectal) surgeons, would be available at all times and as an emergency patient you would have access to the Surgical Assessment Unit
- › Ensure 24/7 access to an emergency theatre, which also reduces waiting times and improves outcomes
- › Benefit staffing – the experience for junior doctors and recruiting and keeping staff.

What we think the proposed changes to PLANNED LOWER GI (COLORECTAL) SURGERY at CGH or GRH would mean for local people and staff

Centralising planned Lower GI (colorectal) services on a single site would:

- › Improve quality of care, because we could establish a centralised specialist team made up of colorectal surgeons, specialist nurses and other specialist staff
- › Reduce the risk of operations being cancelled because there would be dedicated 'ring fenced' facilities available.

At Cheltenham General Hospital

We believe this change would:

- › Offer benefits to you and other patients through colocation with Gastroenterology

inpatient services to support delivery of excellence in digestive disease care

- › Offer benefits to you through colocation of planned Lower GI (colorectal) surgery with Gynaecological oncology and Urology to deliver a centre of excellence for Pelvic Resection (cancer treatment and other conditions)
- › Further reduce the risk of operations being cancelled because the inpatient unit would be physically separate from the pressures of the Emergency General Surgery service at GRH.

At Gloucestershire Royal Hospital

We believe this change would:

- › Bring quality improvements through the establishment of a centralised specialist team
- › Offer additional benefits to you by the service being colocated with Planned Upper GI surgery to provide excellence in Gastrointestinal Surgery and on the same site as Emergency General Surgery to deliver on site specialist support for all General Surgery patients 24/7
- › Reduce the risk of operations being cancelled because there would be dedicated 'ring-fenced' planned Upper GI and Lower GI (colorectal) general surgery facilities available for use by this specialty at the GRH site.

What we think the proposed changes to GENERAL SURGERY DAY CASES would mean for local people and staff

We believe:

- › A day surgery unit for general surgery (Upper GI and Lower GI/colorectal) with dedicated staff and facilities would improve the quality of treatment and patient experience because:
 - › There would be increased capacity for operations
 - › Fewer operations would be cancelled because beds on the day surgery unit would not be used for emergency patients
 - › Care would be provided in a modern, new and dedicated facility at Cheltenham General Hospital
 - › There would be more time for staff to provide self-care advice to you.

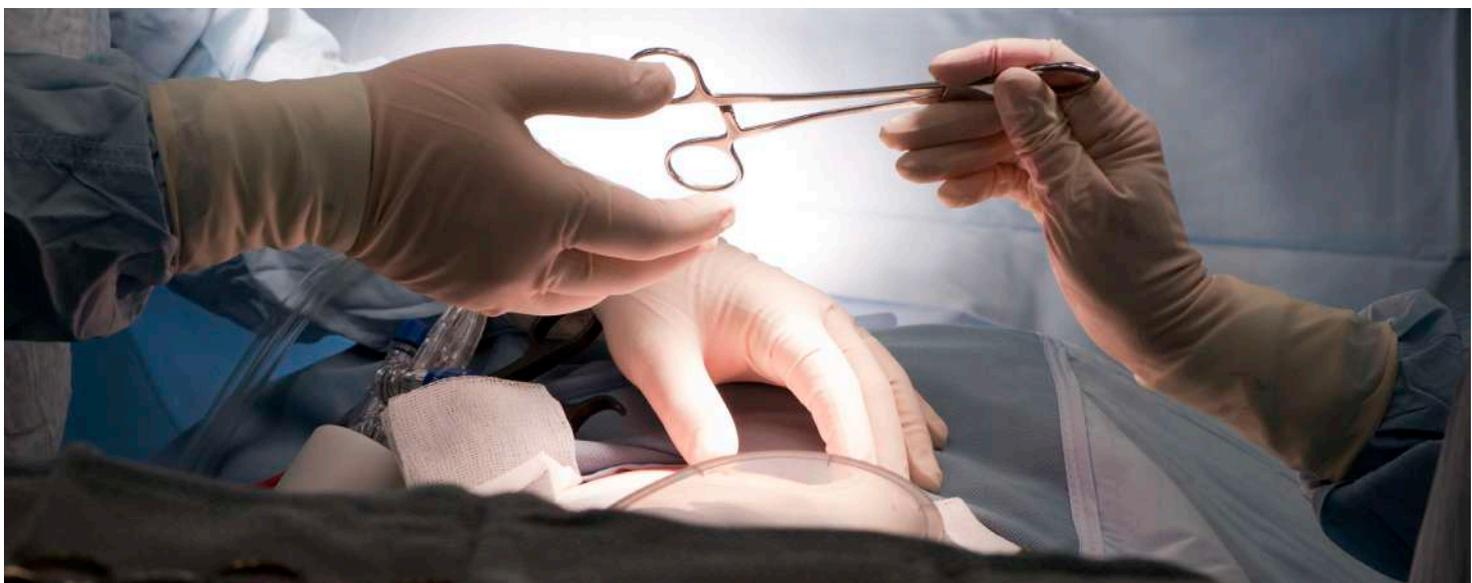




Image Guided Interventional Surgery

What are we asking you to consider?

We want to know what you think about our preferred option to create:

- › An Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital
- › A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

What are the services and how are they currently organised?

By Image Guided Interventional Surgery (IGIS) we mean procedures where the surgeon uses instruments with live images to guide the procedure.

IGIS comprises interventional radiology, interventional cardiology (heart medicine

and surgery) and vascular (diagnosis and management of arteries) surgery. The full consultation booklet explains more fully what these terms mean and what treatment looks like.

One of the benefits of image guided surgery is that when you need an operation the surgeon doesn't need to make a large cut and can perform your surgery via a small 'keyhole' which means you heal more quickly.

It reduces the risk to you, the amount of time you need to stay in hospital and your recovery time.

The services – interventional radiology, interventional cardiology and vascular surgery – use similar equipment, similarly trained support staff and have similar approaches to caring for you following a procedure.

These services also regularly need specialist input from each other and in many cases are treating the same group of patients.

At the moment, interventional radiology is split across both hospital sites, whilst vascular surgery and interventional cardiology are centralised on the Cheltenham General Hospital site.

Current services at the two hospitals:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Interventional Radiology <ul style="list-style-type: none"> › Interventional Room x 1 › CT scanner x 1 	Interventional Radiology <ul style="list-style-type: none"> › Interventional Room x 1 › CT scanner x 1
	Interventional Cardiology <ul style="list-style-type: none"> › Catheter Lab x 2
	Vascular Surgery <ul style="list-style-type: none"> › Hybrid Theatre x 1 (shared)

What are the challenges and opportunities for Image Guided Interventional Surgery?

Challenges

- › The services described are split across sites, this does not allow us to treat as many patients using image guided surgery as we would like
- › Around 120 patients a year travel outside the county for image guided surgery procedures that could be provided locally
- › We do not provide emergency heart procedures after 8pm or at weekends
- › We cannot provide a robust on-call Consultant Radiologist service 24/7
- › We are not able to offer the most up to date treatments with our resources:
 - › Our interventional radiology and catheter lab equipment is ageing and needs replacing

- › We need to make the most of the staffing we have and attract people to work here
- › Services are spread across multiple locations:
 - › This drives up the cost of equipment and storage
 - › It increases staff costs
 - › Links and joint working could be stronger across similar services.

Opportunities

There are opportunities to:

- › Increase the range of image guided interventional procedures we offer – both emergency and planned
- › Reduce the likelihood of you being transferred between hospital sites or to a hospital out of the county
- › Attract and keep some of the best staff in the country
- › Improve efficiencies in staff deployment

and develop innovative new roles by co-locating these services at one location

- › Reduce duplication of equipment and support investment in new cutting edge technology.

The feedback from Engagement about Image Guided Interventional Surgery

The main feedback themes were:

- › Mixed views on the location of the 24/7 IGIS hub, but agreement there should be one hub for Gloucestershire
- › There should be a comprehensive IGIS service in Gloucestershire so people don't have to travel out of county.

Potential Solutions for Image Guided Interventional Surgery

The full consultation booklet includes a summary table showing how shortlisted potential solutions for Image Guided Interventional Surgery scored as part of the Solutions Appraisal Workshop.



What is our preferred option?

The preferred option is to establish a 24/7 hub for image guided interventional surgery.

This would comprise interventional radiology, interventional cardiology and vascular surgery at GRH alongside trauma, hyper-acute stroke, emergency general surgery and acute medicine (Acute Medical Take) (if a decision is made to locate EGS and Acute Medical Take at GRH) as well as an IGIS spoke at CGH to support oncology, urology and other surgical specialties.

Vascular surgery

The preferred option for vascular surgery is to locate the service at GRH.

A single specialist centre would enable high quality patient care to be delivered by a highly skilled multi-disciplinary clinical team.

If supported, the GRH option would mean that vascular patients and clinical teams had access to other acute specialty services 24/7 when needed and the service would be delivered from a dedicated vascular ward and hybrid operating theatre to manage emergency admissions.

This approach would make Gloucestershire amongst the best NHS services in the country for providing a full range of image guided interventional surgery.

What we think the proposed changes would mean for local people and staff

We believe this change would:

- › Reduce travel for you (if you currently have to travel out of county for certain procedures)
- › Increase access locally to less invasive techniques, which are also associated with improved outcomes
- › Help to resolve recruitment challenges
- › Ensure state of the art equipment is centralised and better used.



Gastroenterology inpatient services

What are we asking you to consider?

We want to know what you think about our preferred option to maintain:

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

What are the services and how are they currently organised?

The Gastroenterology service provides:

- › Medical care (non-surgical) for you if you have stomach, pancreas, bowel or liver problems
- › Endoscopy tests (diagnostic camera tests of either the upper or lower gut)
- › Care for you if you have illnesses like Irritable Bowel Syndrome, stomach ulcers and digestive problems.

Before the pilot in Winter 2018, services were organised as follows:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Gastroenterology inpatient services	Gastroenterology inpatient services
Acute Medical Initial Assessment (AMIA) unit and high acuity gastroenterology beds	Endoscopy and outpatient services
Endoscopy and outpatient services	

Before winter 2018, the Gastroenterology team looked after two wards, one at Cheltenham General Hospital (CGH) and one at Gloucestershire Royal Hospital (GRH).

Only 30% of patients under the care of Gastroenterology at that time needed the skills and experience of the Gastroenterology team.

The Gastroenterology team spent most of their time on wards caring for non-Gastroenterology patients and less of their time delivering endoscopy sessions and outpatient clinics. This had an impact on waiting times.

The pilot service change, introduced in winter 2018:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Acute Medical Initial Assessment (AMIA) unit high acuity gastroenterology beds	Gastroenterology inpatient services
Endoscopy and outpatient services	Endoscopy and outpatient services

Key features of the pilot service change:

- It involved the concentration of inpatient gastroenterology services (the consultant and nursing team) on one ward (Snowhill) at CGH
- If you need a planned hospital stay you can be admitted directly to CGH where you receive rapid consultant led review and treatment
- The Consultant Gastroenterology time released from the ward round cover at GRH has been used to enhance outpatient

and 7 day a week endoscopy services on both sites

- › Although the majority of gastroenterology beds are at CGH, the team continue to support you if you need emergency care at both sites
- › The Acute Medical Initial Assessment (AMIA) Unit at GRH provides specialist care for you if you have a gastrointestinal condition, including review each day by a Consultant Gastroenterologist. There are two 'high acuity' beds for patients who are very unwell.

What are the challenges and opportunities for Gastroenterology inpatient services?

Challenges (pre pilot)

- › Providing the right number of specialist staff across both sites
- › Providing the best training environment and experience for junior doctors – high workload risked removal of training status
- › Waiting times for endoscopy procedures and outpatient clinics.

Benefits and opportunities (post pilot)

- › Doctors and nurses are able to focus on their specialist area – and this helps to recruit and keep staff
- › You are seen and treated more quickly by the right specialist – reducing the length of your hospital stay, improving your experience and improving your journey through care at the hospital
- › The Trust has been able to address junior doctor concerns and provide an improved training environment
- › Reduced waiting times for endoscopy and outpatient appointments.

Evaluation of the pilot: Gastroenterology inpatient services:

- › Time to be seen by a Gastroenterologist from referral has reduced from 24 – 48 hours to 6 – 12 hours
- › Capacity has increased in endoscopy by 5.6 lists a week (providing treatment for an additional 237 patients a year. Waiting times have reduced and less money has been spent on private providers
- › Fewer people are being transferred between sites – indicating emergency patients are seeing the right specialist at the right time and fewer people need a hospital stay
- › There has been positive feedback from patients and staff
- › Feedback from trainee doctors is positive – the opportunity for specialist experience and supervision is now reported as excellent.

Potential solutions for Gastroenterology inpatient services

The full consultation booklet includes a summary table showing the potential solutions for Gastroenterology inpatient services and how they were scored as part of the Solutions Appraisal Workshop.

These include:

- › Make the current pilot permanent
- › Go back to the pre-pilot arrangement.

What is our preferred option?

The preferred option is for Gastroenterology inpatient services to remain co-located on the CGH site.



Trauma and Orthopaedic inpatient services

What are we asking you to consider?

We want to know what you think about our preferred option to maintain:

- › Two 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

What are the services and how are they currently organised?

The service relates to trauma surgery (e.g. if you have been injured in an accident) and planned orthopaedic surgery (e.g. hip and knee replacements).

Before the pilot in Autumn 2017:

Both trauma surgery and planned orthopaedic surgery was carried out at Gloucestershire Royal Hospital (GRH) and Cheltenham General Hospital (CGH):

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Trauma surgery Spinal surgery	Trauma surgery
Planned orthopaedic surgery Paediatric orthopaedic surgery	Planned orthopaedic surgery

Key features of the pilot service change introduced in Autumn 2017:

- › Under the pilot, all orthopaedic trauma surgery is carried out at GRH
- › As much planned orthopaedic surgery as possible e.g. hip and knee replacements is carried out at CGH
- › Approximately 30% of planned work remains at GRH:
 - › The paediatric (children's) wards are in GRH and therefore paediatric surgery must remain there
 - › There are some sub-specialties where there are links with trauma surgery
 - › The remainder were not transferred because of insufficient theatre capacity at CGH
- › All arthroplasty (joint replacement) surgery is carried out at CGH.

The pilot service change, introduced in 2017:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Trauma surgery	60% planned orthopaedic surgery
Spinal surgery	All arthroplasty (joint replacement) surgery
Paediatric orthopaedic surgery	

What are the challenges and opportunities for Trauma and Orthopaedic inpatient services?

Challenges (pre pilot)

- › Waiting times for some trauma surgery longer than they needed to be
- › Trauma patients not always seen and reviewed by a senior doctor in a timely way
- › More cancelled operations for planned surgery to make way for trauma cases and due to winter bed pressures
- › Providing the best training experience for junior doctors – high workload risked removal of training status.

Benefits and opportunities (post pilot)

Trauma service:

- › Reduction in waiting times for trauma surgery
- › As a trauma patient you receive a daily senior review by the on-call consultant, 7 days a week –reducing the length of time you need to spend in hospital
- › If referred by your GP or community minor injury service you are assessed (triaged) by a senior doctor on arrival at hospital and if you have an urgent need your care is prioritised
- › Doctors are working to a professional standard to provide a review within 30 minutes if you are referred by the Emergency Department
- › Enhanced junior doctor support, improved teaching experience and an increase in applicants for jobs.

Planned care:

- › An increase in the number of patients treated a month
- › Fewer cancelled operations

- › Reduction in length of hospital stays for hip and knee surgery
- › Less cancellations through lack of equipment
- › Improved use of operating theatres i.e. able to operate on more patients.

Evaluation of the pilot: Trauma and Orthopaedic inpatient services:

Orthopaedic Trauma improvements

- › All trauma patients now receive a daily senior review by the on-call consultant 7 days a week
- › Doctors are working to a professional standard to provide a review within 30 minutes if you are referred by the Emergency Department
- › Every GP and community minor injury and illness unit trauma referral is triaged (initially assessed) by a senior clinician. Patients are prioritised with urgent cases seen sooner
- › Enhanced junior doctor support and teaching experience has been recognised by the Severn Deanery
- › Theatre rotas for trauma surgery have been altered to provide more timely surgery for those patients needing very specialist surgery.

Orthopaedic Planned Surgery improvements

- › Average length of stay for planned primary hip replacement has been reduced by 20% and the Trust as a whole is below the national average for length of hospital stay (hip and knee surgery)
- › There was a 7% increase for planned hip and knee replacements during the pilot with a large reduction in cancellations.

Potential solutions for Trauma and Orthopaedic inpatient services:

The full consultation booklet includes a summary table showing the potential solutions for Trauma and Orthopaedic inpatient services and how they were scored as part of the Solutions Appraisal Workshop.

These include:

- › Make the current pilot permanent
- › Go back to the pre-pilot arrangement.

What is our preferred option?

The preferred option is to keep trauma (emergency orthopaedics) at GRH and for the majority of planned orthopaedics to be at CGH.



Survey

We are asking people to tell us what they think of our proposal to create new 'centres of excellence' for a range of specialist hospital services.

We want to ensure that these services can meet the needs of people now and in the future.

The feedback you give us will be treated in strictest confidence. It is anonymous, unless you choose to share your contact details with us. It will be stored securely and only used to inform the Consultation.

What you need to do:

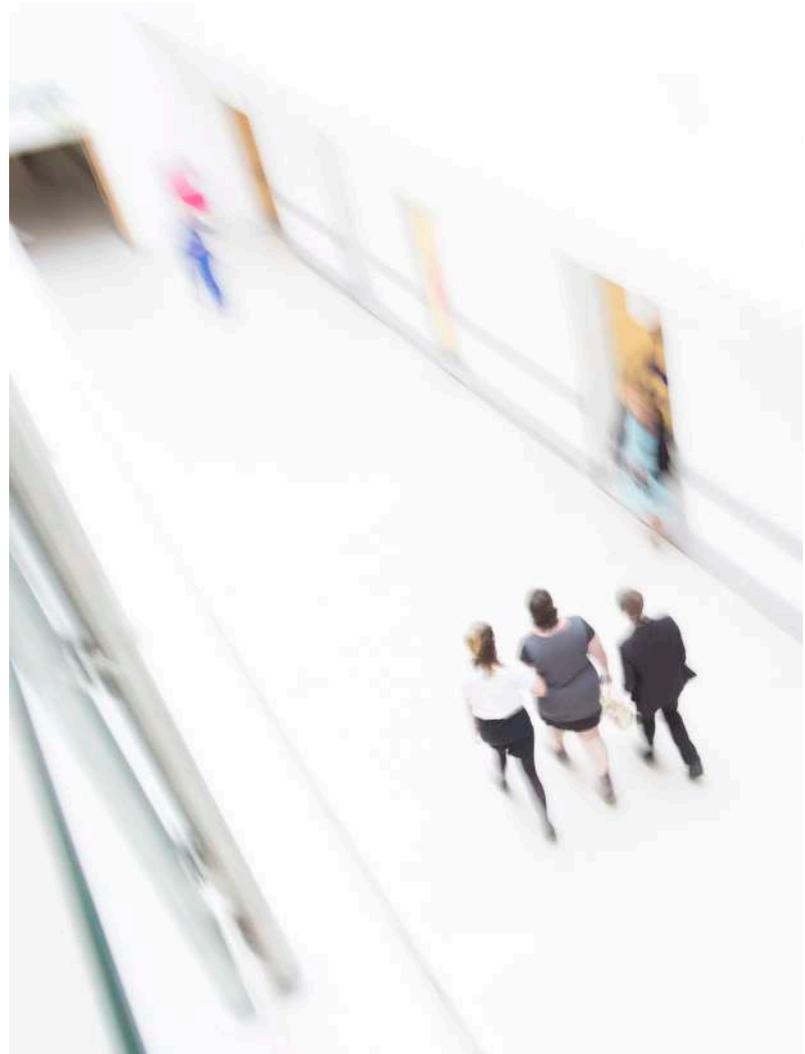
You can complete the survey online at:
www.onegloucestershire.net/yoursay

or if you prefer you can complete the FREEPOST survey below.

1. Please read this booklet (more information is in the full Consultation Booklet)
2. Complete the survey questions. You do not need to answer all the questions, it is OK to focus only on the services you are interested in
3. Complete the About You questions; this is optional, but it helps us to know whether we have heard from a wide range of people
4. Send the survey back to us by FREEPOST – use the address at the end of the survey.

If you would like help to complete the survey please:

- email: glccg.participation@nhs.net
- write to: FREEPOST RRY-YSGT-AGBR, Fit for the Future, Sanger House, 5220 Valiant Court, Gloucester Business Park, Gloucester, GL3 4FE
- call Freephone to leave a message on: 0800 0151 548.



Having read the information about the proposed changes to local specialist hospital services, please complete and return this survey by 12 noon on 17 December 2020. If you prefer you can complete the survey online at: www.onegloucestershire.net/yoursay

Data protection: The feedback you give us will be treated in the strictest confidence. It is anonymous, unless you choose to share your contact details with us, will be stored securely and only used to inform this consultation.

Proposals for change

Acute Medicine (Acute Medical Take)

Please tell us what you think about our preferred option to develop:

A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.

Strongly support <input type="checkbox"/>	Support <input type="checkbox"/>	Oppose <input type="checkbox"/>	Strongly oppose <input type="checkbox"/>	No opinion <input type="checkbox"/>
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Please tell us why you think this, e.g. the information you would like us to consider:

General Surgery

Please tell us what you think about our preferred option to develop:

A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

Strongly support <input type="checkbox"/>	Support <input type="checkbox"/>	Oppose <input type="checkbox"/>	Strongly oppose <input type="checkbox"/>	No opinion <input type="checkbox"/>
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Please tell us why you think this, e.g. the information you would like us to consider:

Please tell us what you think about our preferred option to develop:

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

Strongly support <input type="checkbox"/>	Support <input type="checkbox"/>	Oppose <input type="checkbox"/>	Strongly oppose <input type="checkbox"/>	No opinion <input type="checkbox"/>
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Please tell us why you think this, e.g. the information you would like us to consider:

If you support our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?

Cheltenham General Hospital (CGH)

Gloucestershire Royal Hospital (GRH)

No opinion

Please tell us why you think this, e.g. the information you would like us to consider:

Please tell us what you think about our preferred option to develop:

A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at CGH.

Strongly support <input type="checkbox"/>	Support <input type="checkbox"/>	Oppose <input type="checkbox"/>	Strongly oppose <input type="checkbox"/>	No opinion <input type="checkbox"/>
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Please tell us why you think this, e.g. the information you would like us to consider:

Image Guided Interventional Surgery (IGIS)

Please tell us what you think about our preferred option to develop:

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

Strongly support <input type="checkbox"/>	Support <input type="checkbox"/>	Oppose <input type="checkbox"/>	Strongly oppose <input type="checkbox"/>	No opinion <input type="checkbox"/>
---	--	---	--	---

Please tell us why you think this, e.g. the information you would like us to consider:

Please tell us what you think about our preferred option to develop:

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

Strongly support	Support	Oppose	Strongly oppose	No opinion
<input type="checkbox"/>				

Please tell us why you think this, e.g. the information you would like us to consider:

Gastroenterology inpatient services

Please tell us what you think about our preferred option to maintain:

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

Strongly support	Support	Oppose	Strongly oppose	No opinion
<input type="checkbox"/>				

Please tell us why you think this, e.g. the information you would like us to consider:

Trauma and Orthopaedics (T&O) inpatient services

Please tell us what you think about our preferred option to maintain:

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

Strongly support	Support	Oppose	Strongly oppose	No opinion
<input type="checkbox"/>				

Please tell us why you think this, e.g. the information you would like us to consider:

Impact of our proposals on you and your family

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?



Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).

Anything else you would like to say?
(please do continue on separate sheets of paper if necessary)



About You

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

What is the first part of your postcode? e.g. GL16, GL3

Which age group are you?

<input type="checkbox"/>	Under 18
<input type="checkbox"/>	18–25
<input type="checkbox"/>	26–35
<input type="checkbox"/>	36–45
<input type="checkbox"/>	46–55
<input type="checkbox"/>	56–65
<input type="checkbox"/>	66–75
<input type="checkbox"/>	Over 75
<input type="checkbox"/>	Prefer not to say

Are you:

<input type="checkbox"/>	A health or social care professional
<input type="checkbox"/>	A community partner
<input type="checkbox"/>	A member of the public
<input type="checkbox"/>	Prefer not to say



Do you consider yourself to have a disability? (Tick all that apply)

- No
- Mental health problem
- Visual Impairment
- Learning difficulties
- Hearing impairment
- Long term condition
- Physical disability
- Other
- Prefer not to say

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

- Yes
- No
- Prefer not to say



Which best describes your ethnicity?

- White British
- White Other
- Asian or Asian British
- Black or Black British
- Chinese
- Mixed
- Other
- Prefer not to say

Which, if any, of the following best describes your religion or belief?

- No religion
- Buddhist
- Christian
(including Church of England, Catholic, Methodist and other denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- Prefer not to say



Are you:

- Male
- Female
- Transgender
- Other
- Prefer not to say

Do you identify with your gender as registered at birth?

- Yes
- No
- Prefer not to say

Which of the following best describes how you think of yourself?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other
- Prefer not to say



Are you currently pregnant or have given birth in the last year?

- Yes
- No
- Prefer not to say
- Not applicable

Thank you for completing this survey, please return to:

**FREPOST RRYY-KSGT-AGBR,
Fit for the Future,
Sanger House,
5220 Valiant Court,
Gloucester Business Park,
Gloucester,
GL3 4FE**

To discuss receiving this information in large print or

Braille please ring: **0800 0151 548**

To discuss receiving this information in other formats please contact:

এই তথ্য অন্য ফর্মাটে পেতে আলোচনার জন্য দয়া করে যোগাযোগ করুন

如需以其他格式接收此信息，请联系

V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

આ માહિતી બીજા ફોર્મેટમાં મળવાની ચર્ચા કરવામાટે કૃપાકરી સંપર્ક કરો

Aby uzyskać te informacje w innych formatach, prosimy o kontakt

По вопросам получения информации в других форматах просим обращаться

Ak si želáte získať túto informáciu v inom formáte, kontaktujte prosím

FREEPOST RRYY-KSGT-AGBR

Fit for the Future, Sanger House, 5220 Valiant Court,
Gloucester Business Park, Gloucester GL3 4FE

Print date: October 2020