

Urgent & Emergency and Planned Care Centres of Excellence
 Semi-Structured Interview/Focus Group Questions v1.3

Service		
Participants	Name	Staff Group
Date of meeting		
Interviewers		
Links to existing resources for interviewer(s)		

Introduction to be given by Interviewer(s) with support of posters/communication aids:

- The Trust’s vision is to deliver acute hospital care in Centres of Excellence, as far as possible protecting scheduled care from emergency and acute flows.
- Gloucestershire Royal will be the Centre of Excellence for Emergencies, Obstetrics and Paediatrics
- Cheltenham General will be the Centre of Excellence for Planned Care and Cancer
- This interview process is designed to get wide-ranging input from staff about how far that vision is achievable, to help us come up with more detailed proposals.
- This is one of a large number of interviews and workshops we will be carrying out.
- We will invite participants to a session in the Spring of 2019 to share and discuss some options for delivering the Centres of Excellence vision based on this process.

1. What do you think about the term ‘Centre of Excellence’? What does Excellence mean to you?
2. Are there quality improvements you would like to make in your service that could be achieved or supported by service reconfiguration?
3. (This question is specialty-dependent so focus may be more on Chelt or Glos) What would need to be in place for you to carry out your planned inpatient operating/ward and/or daycase work in Cheltenham?
 - a. Can you describe how you would separate emergency/planned patients and any potential barriers to this?
 - b. What would you need to be in place on a different site to deliver the model described?
 - c. What are the key clinical adjacencies (and do they have to be co-located)?

- d. What are the benefits in operating or being based **on/away from** the emergency site (e.g. patient experience, clinical outcomes, potential harm, training)?
 - e. What are the risks (including risk and likelihood of harm to patients)?
 - f. Can you evidence the impact of this on patients, and/or provide a patient story which illustrates it?
 - g. Can you think of any potential impacts on health inequality?
 - h. What staff would be impacted? Are there any scenarios that would help explain the model suggested above, e.g. if rotas or working patterns were improved what would a typical shift be like?
 - i. What would be the impact on support services (therapies, radiology, pathology, etc)?
4. We are part of an Integrated Care System – are there things we currently do in hospital that would be better carried out in an out-of-hospital setting?
 - a. What is preventing us from moving to this model of care now?
 - b. What potential do you see for better integration with primary and community teams?
 5. Is there anywhere that works with a clinical model you think is worth considering in GHFT?.
 6. Who else in your specialty/team should we be involving in this conversation (e.g. emerging leaders, opinion leaders, all staff groups)?
 7. Finally, thinking about the ‘thriving two-site model’, what words would you use to describe the Gloucester/Cheltenham sites of the future?

Interviewers:

- Please type up your notes and send them to the participants to check and add to, e.g. images, patient stories, staff experience examples
- Gerry Howie can help with typing up written notes
- Please send a final copy to Amy Fellows and Gerry Howie

Programme Admin:

- Please file \\Centres of Excellence\03 Clinical model development - 2019-20\Semi-structured interviews\Completed Interviews
- Please ensure all participants are included in the Stakeholder Log: \\Centres of Excellence\08 Comms and involvement