One Gloucestershire Public Engagement

General Surgery & Vascular/Cardiac Radiology Intervention

Citizens' Jury – January 2020

REACH

RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

Is there anything the jury might want to find out from the NHS, public etc. to inform jury recommendations?

Think about the 'balance' of inputs to the jury.

- $4^1/_2$ days of input controlled by the Trust, followed by round table discussions with selected reps

Vs

- A half day from the whole stakeholder community with no opportunity to explore or engage

Are you getting sufficient broad spectrum of information to allow you to come to an informed and balanced view?

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

Trust & Confidence in the Process

- Low Trust
  - Information not shared
  - Promises not kept
  - Secretive and manipulative
  - Misrepresentation
- Low Confidence
  - Decide first –
  - Consult to achieve pre-determined position
  - Supported by selective use of evidence

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

What Does REACH Support?

- Development of health services for the whole of Gloucestershire
- Serious consideration of the 'Centres of Excellence' model across the county e.g.
  - Cancer care
  - Cardiac care
- Plans to develop sustainable and full 'Blue Light' Emergency depts in both Cheltenham and Gloucester because of transport issues

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

Emergency Surgery Vision

- Support Dr. Pietroni's view
- 'Right surgeon, first time' – the surgeon to the patient
- Supporting urgent care at Gloucester and Cheltenham

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

The Elective/Planned Surgery Vision

- Dedicated Centre for specialists in planned care doing Planned General Surgery
- Beds, nurses, teams of doctors, facilities and theatres dedicated to planned in-patient care
- Smoothest pathway, the best experience; no holds ups, no cancellations
- Bringing together all the relevant teams in one place
- Building on existing regionally and nationally renowned expertise

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

Relieving Pressures on Emergency Surgery

It is reasonable to explore:

- Centralising emergency general surgery at Gloucester
  - i.e. take suspected surgical emergency admissions to GRH
- Centralising planned major surgery at Cheltenham
  - i.e. move all GRH planned surgery to CGH
  - N.B. the capacity for urgent out of hours surgery needs to be maintained at CGH for patient safety

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

REACH Position on Emergency Surgery

- Any proposal to centralise major emergency surgery at GRH requires:
  - A SYNCHRONOUS transfer of major in-patient planned general surgery to CGH
  - Doing this together creates bed and theatre capacity at GRH

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

Separation of Emergency and Major Inpatient Elective General Surgery

- In keeping with National Strategy & GiRFT guidance
- Supported by John Abercrombie, National GiRFT Lead for General Surgery
- Minimises cancellations for patients, as confirmed by GHNHSFT Trauma & Orthopaedic Pilot
- Would create an Elective Centre of Excellence for Cancer and major planned general surgery

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

Challenges - Resident On-Call Doctors

- Both GRH and CGH hospital need a resident anaesthetist – physician – surgeon 24/7 to keep every patient safe
- Resident middle grade surgeon at CGH to treat:
  - Patients who come to A&E in CGH
  - Patients coming to CGH with vascular and urology emergencies
  - Many Out Of Hours (OOH) General Surgical consultations at CGH are for patients in the hospital e.g. oncology, gastroenterology, ITU, orthopaedic etc.

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

Any solution for emergency surgery, which removes resident middle grade surgeons from CGH, renders the care of 379 CGH in-patients less safe than that for in-patients at GRH!

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

Is there anything the jury might want to find out from the NHS, public etc. to inform jury recommendations?

Think about the 'balance' of inputs to the jury.

- $4^{1}/_{2}$ days of input controlled by the Trust, followed by round table discussions with selected reps

Vs

- A half day from the whole stakeholder community with no opportunity to explore or engage

Are you getting sufficient broad spectrum of information to allow you to come to an informed and balanced view?

REACH
RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

REACH

RESTORE EMERGENCY AT CHELTENHAM HOSPITAL

Any Questions?