

# One Gloucestershire Centres of Excellence Citizens' Jury: Jurors' Report (v2)



## **Preface**

### **About this report**

This is a report from the 16 members of the citizens' jury who met over five days, from 20 to 24 January 2020, to hear evidence from a wide variety of witnesses, to deliberate together, and to make recommendations about specialist hospital services in Gloucestershire. It was constructed using the words of the 18 jury members, from observations and statements they prepared together. A draft version was reviewed by jury members as part of the jury process on 24 January before being reformatted, published online and distributed to members of the jury. If jury members have comments, a revised (and final) version will be published in February 2020.

A citizens' jury report with additional information (e.g. on jury recruitment) will be produced by Citizens Juries c.i.c. and published online by the end of February 2020.

## Statement to our Neighbours

We have taken an active part in a very important process to consider changes to healthcare within Gloucestershire that could affect everyone. This citizens' jury has been an informative time looking at a wide range of issues, listening to different opinions and views and trying, in most cases, to reach a decision. We have been informed of many aspects of the topic and been given ample opportunity to make our views heard. Our jury was a cross-section of representatives of the public and the decision making process has been democratic, and the views of many have been considered.

It is important to know that the NHS in Gloucestershire is not in crisis. The staff working in Gloucestershire do face significant challenges, but work is in progress to improve things in delivering an even better level of care. We have a good understanding of what a Centres of Excellence approach is, why we need it, and how much it will benefit us. We discussed an important topic (not only for jurors but for everyone in Gloucestershire) and gained insight into the NHS in Gloucestershire.

This exercise helped us engage with the case for change, and allowed us to say what we believe should be considered when assessing potential Centres of Excellence options. We weren't informed of, or voted about, actual specific plans for how the Centres of Excellence approach will be directly applied (that is the next jury) but we were given the opportunity to discuss what we felt was important to know about the model and the implications countywide. We made no recommendations on proposed solutions, but helped shape how future plans will be assessed and the conclusions we came to can be better understood by reading our report. We took our task very seriously and hope that you can trust our input into the consultation process.

The presentations have been excellent and varied, and it is important to know that what we learned about the Centres of Excellence has been interesting and valuable, and the whole process of the jury has given us a greater understanding of our health service. The jury considered the positives, negatives, and outstanding questions around how Emergency and Acute Medicine, General Surgery and IGIS is carried out today and why the public needs to be better informed about why decisions are made. It was very interesting to learn about the different dynamics of the Centres of Excellence, and about the hard work and frustrations behind the scenes. We had lots of questions and concerns, which were highlighted to be taken forward on our behalf. Even though the jury had differing views and perspectives at the beginning, by the end of the process we matched one another in key areas. We learned that we cannot judge complex issues and solutions without thinking carefully about our pre-existing prejudices and assumptions.

Our NHS is staffed by highly skilled, dedicated, and caring staff who need changes to the current care operating model to do their jobs effectively and save lives. One main point of agreement is a new or renewed appreciation and pride in the NHS, the staff, and our local hospitals. With the information given and the passionate talks from staff and organisations, it is clear not only from the jury perspective that we all want to change for the better.

This week has taught us about ourselves and about being able to respect one another's opinions whilst balancing our own views. We feel very proud to have been a part of this process and this citizens' jury has been useful in resolving complex issues and teasing out the detail that matters. We've thoroughly enjoyed working with such a diverse group of people from across Gloucestershire and now have a better snapshot of the county, even the parts we've not visited and have gained a sense of local interest and community pride. It is empowering, rewarding, and interesting to get involved and have our say in our local issues. We've come away with a new level of appreciation for democracy, Gloucestershire, the NHS, and human beings along with a hopefulness for the future from this experience of collaboration and deliberation.

## **1. The jury questions and our recommendations**

The questions for the citizens' jury, and our answers/ recommendations are set out below.

We considered a range of presentations and deliberated about what we heard and learned. We developed statements to identify the most important information for the NHS and Gloucestershire residents to know and why when determining future health service delivery in Gloucestershire using the Centres of Excellence model. We also identified questions that will be important for the public to have answered.

The jury was provided with information, and deliberated about, about three service delivery areas within the Fit for the Future Programme:

- General Surgery
- Image-Guided Interventional Surgery (IGIS), and
- Emergency and Acute Medicine.

The jury examined three topics within each of the three health service areas:

- What is working well?
- What challenges exist?
- What key questions or additional information is still needed to evaluate future health service delivery in Gloucestershire?

We also identified important information about the Centres of Excellence model and deliberated about our level of support for this model.

Results of the jury's work follows below. The results explain, in their own words, what the jury members considered important for the public to know (in the left-hand column of tables) and why (in the right-hand column of tables expressed as "why is this a priority?").

**Jury Question 1. What is most important for the public to know about the Centres of Excellence model for care service delivery?**

What is most important for the public to know about the Centres of Excellence model?	Why is this a priority?
1. It is important to know that the centres of Excellence (C of E) model is driven by compelling clinical and business arguments, but may result in significant changes to how people access healthcare services including Emergency & Acute care.	This is important to know because some people will have increased barriers to accessing those services and some people may have reduced barriers to access.
2. It is important to know that centres of excellence is one part of a significantly broader strategy to deliver a world class Integrated care service within the county.	This is important to know because C of E alone is not designed to and will not solve the problems being experienced by our NHS hospitals.
3. It is important to know that the Centres of Excellence model is not a silver bullet for the workforce staffing issues.	This is because it a) can help but not cure the problem in the short term b) does not entirely mitigate the impact of demographic change and population growth.
4. It is important to know that NHS clinical staff themselves are very supportive of the C of E model.	This matters because these people are highly skilled, experienced and they care deeply about providing the people of Gloucestershire with the best service and they have earned our trust by including us (the public) in the conversation.
5. It is important to know that outstanding patient care and service is at the forefront of Centres of Excellence model of health service delivery.	This is important to know as a consumer / user of the NHS.

Individual jurors identified a number of “Big Questions” along the way that didn’t seem to fit neatly into the three health service areas under consideration. These are listed below:

1. How can the trust develop recruitment and retention strategies that can succeed despite the national context and limitations?
  - a. Why doesn’t One Gloucestershire get government to reinstall student finance for NHS jobs (such as bursaries, etc.)?
2. What are the implications, cost, etc., in making one “super” hospital (like Southmead) where it could become a hospital of excellence in all aspects?
3. How does the Centre of Excellence Model support the integrated care approach?
4. Will the Centres of Excellence model help ‘balance’ the books to ensure NHS services are sustainable in the long term?
  - a. Do people who haven’t paid into the NHS service get billed for their treatments?
5. How will Centres of Excellence change how I access NHS services (eg emergency, routine, ongoing care)?

- a. What 'options' are being considered?
- b. Will provision for aftercare be considered?
- c. What assurances can be given around retention of ED services at Cheltenham?

## 2. General Surgery Services in Gloucestershire:

### ***Jury Question 2a. What is important for the public to know about General Surgery Services in Gloucestershire?***

Our answers are listed in the left-hand column of the table below – both those things that are working well and the challenges. Each of us was given two stickers for voting and asked to cast up to two votes against the statements we thought were most important (we were allowed to place one or both stickers against any statement).

### ***Jury Question 2b. What are our priorities for future General Surgery Services in Gloucestershire?***

Our priorities for future General Surgery Services in Gloucestershire are to maintain or enhance what is working well while addressing or mitigating the challenges we've identified. The reasoning behind our priorities is shown in the right-hand column of the table below.

<b>What is important for the public to know about General Surgery Services?</b>	<b>Why is this a priority?</b>
<u>Things that are working well</u>	
1. General surgery in Gloucestershire is working well because a highly specialised and skilled team have minimised cancelled operations and ensured survival rates are above the national average (17 votes)	This is a priority because this situation is positive for patients and staff alike - it leads to higher patient (customer satisfaction) and highlights the trust as an excellent place to work and train.
2. General surgery seems to have demand under control as most county patients are treated without having to resort to out of area hospitals (5 votes)	This is a priority as most patients with bowel and GI conditions can be treated locally, it seems well managed, and this could lead to accurate predictions of needs of patients in the future.
3. There is great teamwork within the general surgery department. This provides such a good service that the highly skilled team treats patients from outside counties (4 votes)	This is a priority because they have to face many challenges and having a good team atmosphere will help with morale and they can give patients the time and understanding they need. It is also important because of the community based services which we understand are due to continue
4. The 24/7 service works well and this includes a night emergency service. This results in patients seeing a consultant early on as in ED because there is a general surgeon on call at both sites 24/7 (3 votes)	This is a priority because regardless of times there are two sites fully run, resulting in less stress (potentially) for emergency patients and patients getting the right care quickly.
5. The General Surgery teams exhibit	This is a priority because by planning for the

What is important for the public to know about General Surgery Services?	Why is this a priority?
forward thinking planning for the future (2 votes)	future these teams will enable the trust to be prepared for potential changes to come, and because they are looking into robotics and innovative surgery
6. Planned surgery is working well - patients are well prepared and understand their conditions before surgery (1 vote)	This is a priority because it suggests there is a problem solving/innovation culture in the team and because patient understanding can help to minimise cancellations
<u>Challenges</u>	
1. There is a national shortage of surgeons in General Surgery because surgical posts are allocated nationally and some surgeons are choosing to work part time. (15 votes)	This is a priority as the shortfall is made up by locums who are less familiar with Hospital processes and may deliver a different standard of care.
2. Emergency care across 2 locations is a challenge, especially in light of upper/lower General Surgery specialisation. (9 votes)	This is a priority as you may go in with upper GI issue but on call that night is the lower GI team and seeing the wrong surgeon (upper/lower) may result in treatment taking longer.
3. Lifestyle factors including obesity, life expectancy and unhealthy choices are resulting in 35,000 treatments being carried out by GS in Gloucestershire hospitals. This is likely to significantly increase to demographic changes in the next 20 years. (4 votes)	This is a priority because even with developments within the NHS and Centres of Excellence without education and change happening within the general public demand is likely to grow whilst the increase in staff is not happening at the same rate.
4. There are fewer doctors choosing to become surgeons due to lifestyle choices and other factors. (2 votes)	This is a priority as it will have a huge impact on the number of quality surgeons available to perform operations in the future even as the demand for care increases (population growth).
5. Preventing planned surgery from being cancelled due to emergencies is a challenge. (1 votes)	This is a priority because GRH has the 24/7 ambulance service, which often results in the GRH General surgery team being busy due to a higher emergency cases which can cause elective cases to be cancelled or rescheduled.
6. Not being able to have Upper GI surgeons and Lower GI surgeons available at the same time, 24/7 can impact treatment paths and treatment waiting times. (1 vote)	This is a priority because patients need to be kept as informed as possible where their care is "at" in order to promote understanding and patience with the service and so that the trust is not required to cover rotas by locum.
7. Sustaining trainee doctor rotas. (2 votes)	This is a priority as 15% of the shifts had no cover identified and consultants are often having to cover the workloads of trainees as well as their own when there is a gap on the rota
8. Attracting trained doctors from a small pool of potential surgeons is a	This is a priority because young people's priorities when it comes to work have changed

<b>What is important for the public to know about General Surgery Services?</b>	<b>Why is this a priority?</b>
challenge.	and the system currently in place is not flexible enough to attract them, and there is a knock on effect on future Registrar / Consultants and gaps in staff rotas need to be filled by senior staff.

***Jury Question 2c. What do we still need to know in order to more fully evaluate the future landscape of General Surgery Services in Gloucestershire?***

One Gloucestershire needs to address outstanding questions we've identified and/or supply the additional information we've requested below in order to fully assess future health service delivery possibilities.

<b>What do we still need to know in order to more fully evaluate the future landscape of General Surgery Services?</b>	<b>Why is this a priority?</b>
1. We still need to know how introducing a Centre of Excellence will impact hospital admissions, planned surgery, waiting times and lists, etc. (14 votes)	This is important to know because patients are living with extremely painful conditions and therefore need to be seen promptly and we need to consider how the transition might affect their care.
2. How can we be retaining, recruiting medical staff to become surgeons? (9 votes)	This is important as it seems to be a national problem and the number of surgical procedures is only likely to increase over the next few years. Understanding how the Centre of Excellence will attract more will be useful in determining how it is pursued.
3. How will the future structure of NHS Gloucestershire have better integration and communication with the wider community? (3 votes)	This matters because good provision for people to move into interim care will keep hospital beds free and because preventative health education is needed for long-term benefits (such as reducing general surgery cases).
4. Given that there is a shortage of carers in the community along with an aging population, how are our surgeons going to move people on from hospital without contributing to bed blocking? (3 votes)	This matters because there appears to be a serious problem getting patients that do not need to be in hospital access to the right support when they are discharged since care in the community is limited.
5. We still need to know whether there will be more theatres built to accommodate Centres of Excellence or whether the trust will continue to work with what they have. (2 votes)	This is important to know because if they still plan to run on the current number of theatres this may impact waiting times (making them longer).
6. It will be important for the consultation to be much more specific about what training and environmental issues will	This is important because several clinicians have contended that current service that staff training and recruitment is a major challenge

<b>What do we still need to know in order to more fully evaluate the future landscape of General Surgery Services?</b>	<b>Why is this a priority?</b>
have the positive outcomes that are being purported (1 vote)	to service provision despite “Severn already [being] highest rated region for Emergency Medicine training.”

### **3. Image-Guided Interventional Surgery (IGIS) services in Gloucestershire:**

#### ***Jury Question 3a. What is important for the public to know about Image-Guided Interventional Surgery Services in Gloucestershire?***

Our answers are listed in the left-hand column of the table below – both those things that are working well and the challenges. Each of us was given two stickers for voting and asked to cast up to two votes against the statements we thought were most important (we were allowed to place one or both stickers against any statement).

#### ***Jury Question 3b. What are our priorities for future Image-Guided Interventional Surgery Services in Gloucestershire?***

Our priorities for future IGIS in Gloucestershire are to maintain or enhance what is working well while addressing or mitigating the challenges we’ve identified. The reasoning behind our priorities is shown in the right-hand column of the table below.

<b>What is important for the public to know about IGIS?</b>	<b>Why is this a priority?</b>
<u>Things that are working well</u>	
1. IGIS has a highly skilled workforce (12 votes)	This is a priority as it means IGIS could facilitate a Centre of Excellence, they have a comparatively strong position regarding recruitment because good people want to work with good people, and this could mean higher quality care for patients.
2. IGIS is staffed by people who care (9 votes)	This is a priority because the vision of excellent care for all will only be achieved by employing people who care. IGIS already have a group of professional staff who want to cooperate and senior staff have a good working relationship. Although at times staff may be frustrated this matters because it is that feeling of care which helps/heals patients and this is as important as the actual outcome of treatment. If IGIS becomes a regional Centre of Excellence this may positively affect recruitment and funding.
3. IGIS and other departments work collaboratively due to a shared vision (6 votes)	This is a priority because the shared vision is providing efficient and excellent patient care. It already includes a multi-disciplinary team working across departments, communicating



What is important for the public to know about IGIS?	Why is this a priority?
	effectively and aiming to achieve better outcomes. This means (1) the internal change management has a high likelihood of success and (2) it can produce a compelling narrative for external stakeholders
4. IGIS is able to use state-of-the-art equipment to reduce operating and recovery times (3 votes)	This is a priority because it leads to better clinical outcomes (i.e. faster treatment, higher quality care, faster recovery, etc.) for patients
5. This is the lead Trust for regional vascular network (2 votes)	This is a priority as it shows there is the team there to manage the transition to a Centre of Excellence and attract and retain good staff which could also affect funding.
<u>Challenges</u>	
1. Staff retention and recruitment is a challenge (11 votes)	This is a priority because the people who deliver this service are the most valuable resource in this system for delivering care and we need to attract and retain world class staff to ensure services remain in Gloucestershire.
2. IGIS is currently split between two sites meaning staff and equipment are split between the 2 sites. (10 votes)	This is a priority because patients at times need to be moved during treatment or to access treatment.
3. The current system does not suit the IGIS teams trying to deliver results (4 votes)	This is a priority because IGIS is not able to offer emergency heart procedures after 8pm or at weekends.
4. Unable to carry out some cutting edge procedures, resulting in staff and patients having to travel out of the county. (3 votes)	This is a priority as it results in financial cost to our trust along with further patient travel time and also more travel for family members and carers.
5. Not having centrally located equipment is a challenge (3 votes)	This is a priority as it prevents staff from being flexible (e.g. unable to carry over a 20 minute procedure because equipment not in site), may increase staff frustration and may create patient delays. It is unable to be shared between departments (i.e. Radiology & Cardiac)
6. Having all equipment up to date (1 vote)	This is a priority because some of the equipment has reached a maintenance stage where new replacement parts are no longer available, creating a potentially critical failure in the future. The challenge of having equipment up to date is often down to cost and having two sites may increase costs as well as staff frustration.

***Jury Question 3c. What do we still need to know in order to more fully evaluate the future landscape of Image-Guided Interventional Surgery Services in Gloucestershire?***

One Gloucestershire needs to address outstanding questions we've identified and/or supply the additional information we've requested below in order to fully assess future health service delivery possibilities.

<b>What do we still need to know in order to more fully evaluate the future landscape of IGIS?</b>	<b>Why is this a priority?</b>
1. How can we ensure that staff are supported and resources are available to prevent burnout and support them to do their best work (11 votes)	This matters because people are important and staff are not just there to provide the best care for patients. Staff are important in their own right and deserve to be resourced and fulfilled by the work they do - without the staff at the centre, we have absolutely nothing left. They are the heart of the NHS!
2. Are there any other trade-offs that we are not currently aware of? (5 votes)	This is important to know in order to have balanced decision making by ensuring all possible drawbacks have been considered.
3. How long would consolidation take and how would patients be affected during this time? (5 votes)	This is important to know because the equipment will be needed for current patients - so if one site is temporarily shut this will most likely affect opportunities.
4. Will waiting times increase after the changes have taken place? (5 votes)	This is important in order to consider whether operations would be postponed, whether patients will be expected to travel to out of county hospitals to be treated, whether waiting times might increase, or whether travel times will increase during the transition period.
5. How much will it cost to establish the Centre of Excellence and where will the funds come from (4 votes)	This is important to know because we want to see the amount of money this proposal will take and who will be expected to fund it (as well as if other NHS departments may suffer if funds are redirected to establishing the Centre of Excellence) before determining best possible service delivery.
6. What can be done in order to attract and train new staff, including young people? (2 votes)	This is important to address as it matters in developing a carer pathway from school.
7. What needs to happen to reduce staff frustration and remove obstacles to patient care? (no votes)	This is important because consultants need to be able to carry out their jobs without the worry of poor organisation, lack of resources or poor co-cooperation.
8. Will this have any impact on patients with multiple conditions (e.g. will this mean better coordination of appointments/ scans/ consultations where other departments are	Important to know: will this and other centralisations enable better cross functional patient centricity. Ie patients tend to deal with unconnected silos.

What do we still need to know in order to more fully evaluate the future landscape of IGIS?	Why is this a priority?
involved)? (no votes)	

#### **4. Emergency and Acute Medicine Services in Gloucestershire:**

##### **4a. What is important for the public to know about Emergency and Acute Medicine Services in Gloucestershire?**

Our answers are listed in the left-hand column of the table below – both those things that are working well and the challenges. Each of us was given two stickers for voting and asked to cast up to two votes against the statements we thought were most important (we were allowed to place one or both stickers against any statement).

##### **Jury Question 4b. What are our priorities for future Emergency and Acute Medicine Services in Gloucestershire?**

Our priorities for future Emergency and Acute Medicine Services in Gloucestershire are to maintain or enhance what is working well while addressing or mitigating the challenges we've identified. The reasoning behind our priorities is shown in the right-hand column of the table below.

What is important for the public to know about Emergency and Acute Medicine Services?	Why is this a priority?
<u>Things that are working well</u>	
1. NHS Staff are working incredibly well to be hitting and exceeding targets especially considering extreme pressure on staffing levels. (12 votes)	This is a priority as the staffing problem which originally led to special measures 7 years ago doesn't seem to have a clear resolution.
2. Having a GP (general practitioner) in the A&E department (8 votes)	This is a priority as it helps signpost correct patients to the correct department/person hopefully first time (after original triage) and it can take the pressure off specialty resources.
3. Gloucestershire Health NHS Foundation Trust is one of the best in the country for training staff (4 votes)	This is a priority to consider as it is a crucial element in attracting and retaining staff and it is a massive resource for future wellbeing of staff.
4. In 2019 the CGC rated the urgent care services as "good" with examples of outstanding practice (4 votes)	This is a priority because a "good" score is likely to make the departments more attractive to staff in terms of recruitment and retention, because of how inspection levels have an influence on budgets and because GICS is putting in place an action plan to improve the services within the county.
5. Waiting times are better than the national average due to effective	This is a priority as triage is working well and this is a very fast process.

<b>What is important for the public to know about Emergency and Acute Medicine Services?</b>	<b>Why is this a priority?</b>
triage. (2 votes)	
6. Emergency and Acute medicine are attempting to “future proof” services (such as developing a frailty assessment unit) (1 vote)	This is a priority because the service is recognising the increasing population which could help with prevention as well as dealing with multi-faceted illnesses associated with older people.
7. Neighbouring hospitals are seeking innovation from our Trust for ways to implement best practice (1 vote)	This is a priority because it shows that we have a high level of excellence with the Gloucestershire NHS and that is something to be proud of.
<u>Challenges</u>	
1. Staffing levels are a serious, ongoing challenge for Emergency and Acute Medicine (16 votes)	This is a priority because the current climate means that the workload has an impact on staff morale and recruitment. The length of training and the possible lack of funding has an impact on staff recruitment and other trusts in other parts of the country may be seen as more attractive places to work hampering recruitment. Key aspects of staffing include: <ul style="list-style-type: none"> <li>- Training</li> <li>- Recruitment/retention</li> <li>- Workload</li> <li>- Morale</li> <li>- Changes to contracts (ie junior doctors)</li> <li>- Impact on staff rota (1:3 weekends)</li> </ul>
2. Coping with and preparing for rise in demand (8 votes)	This is a priority as it is important to know how to deal with this situation and produce an action plan which includes the public taking ownership of own health (1/3 treated elsewhere), changes in population leading to new or different issues and demands, and working well with frequent users.
3. National standards are contributing to pressures within departments which feeds through to staff stress and frustration (3 votes)	This is a priority as meeting standards needs additional resources and increases other work challenges for staff, adding pressure to the workplace (for example Royal College of Medicine advises that there should be 30 consultants available; currently we operate with 20).
4. Currently many patients, potentially up to a third, need not be treated in A&E departments (3 votes)	This is a priority as they are currently looking at management plans to treat some patients at home, such as dealing with chronic pain in order to ease this problem
5. Strategy and Planning which includes:	This is a priority as the improvement strategy

<b>What is important for the public to know about Emergency and Acute Medicine Services?</b>	<b>Why is this a priority?</b>
robustness, matters out of control, sufficient anticipation, and sufficient cross-cutting issues (eg other public/voluntary bodies) (2 votes)	of Centres of Excellence needs to (1) reverse the negative cycle of staff vacancy which can negatively impact morale and lead to staff vacancies, etc., and (2) improve training in specialties which will attract staff

***Jury Question 4c. What do we still need to know in order to more fully evaluate the future landscape of Emergency and Acute Medicine Services in Gloucestershire?***

One Gloucestershire needs to address outstanding questions we've identified and/or supply the additional information we've requested below in order to fully assess future health service delivery possibilities.

<b>What do we still need to know in order to more fully evaluate the future landscape of Emergency and Acute Medicine Services?</b>	<b>Why is this a priority?</b>
1. Have other factors been considered when thinking about how to improve staff retention and recruitment? (10 votes)	This matters because a Centre of Excellence is not designed simply as a staffing solution and is unlikely on its own to solve a national staffing problem.
2. Are the trust trying to eradicate patient transfers between both sites or dramatically reduce these situations when a patient may need specialist service at two centres of excellence locations (i.e. paediatrics and urology)? (4 votes)	This is important for us to know so that our county is fully able to understand the direction the trust is taking for the future use of A&E and other services as well as whether there is a possibility that one A&E facility will close over a period of time.
3. Will the Centres of Excellence model (i.e. in one site) affect waiting times? (4 votes)	This is important to know because moving to one site may increase demand considerably as county residents being brought to one location could cause increased waiting times.
4. What will happen to the other A&E when Centres of Excellence happens? Will it become a MIU or completely close? (4 votes)	This is important as this could affect travel and waiting times for patients, and could be a challenge if staff from the site not chosen for the Centre of Excellence do not wish to relocate to the other site.
5. How can we in Gloucestershire take responsibility for creating an NHS service which is not only sustainable but resourcing and fulfilling to its own staff and how can the trust be better at communicating that to attract young people? (3 votes)	This matters because if we lead the way, rather than waiting for national policy to change, we will be in a stronger, more resilient position locally and will help other regions around the country who are struggling too.
6. Is recruitment for overseas going to be sustainable and make the shortfall in	This is important to know because a fully staffed department leads to shorter waiting

<b>What do we still need to know in order to more fully evaluate the future landscape of Emergency and Acute Medicine Services?</b>	<b>Why is this a priority?</b>
middle grade staff worse? (3 votes)	times, better morale and increased staff retention. Regardless of not being able to see into the future, it would be good to have some solid knowledge on what it may hold for staffing/recruitment issues within the NHS and know that a full and robust set of scenarios are assessed including the expected population growth. Only then can the range of potential outcomes for CGH and determinant factors be transparent
7. What proportion of the demand for ED comes from people not eligible for free NHS service (ie fee paying overseas residents)? (2 votes)	This matters because collection of money due by people not entitled to free treatment could be invested back into the department.
8. There are trained staff available - why are they not being used when available? (1 vote)	This is important to know because this does not work with service needs, is not cost effective (locums are expensive) and being available is optional.
9. Do we have any info/stats on Centres of Excellence that have been setup in other areas that have been successful (e.g. increase in staff)? (1 vote)	It is important to find this so we can prove it is a successful model and will work for us.

#### ***4. How do the draft criteria correspond to our priorities for future health services in Gloucestershire?***

A set of draft desirable criteria for evaluating potential solutions were presented to us by Micky Griffith, the Programme Director of the NHS's "Fit for the Future" programme. We worked together to apply these criteria to what is working well, the challenges, and key questions we had identified for each of the three services. The results are included in Appendix A.

#### ***5. Centres of Excellence support***

##### ***a) To what extent do you support the Centres of Excellence approach for Gloucestershire?***

We voted electronically on this question:

- 7 of us were "very supportive"
- 8 of us were "fairly supportive"
- 1 of us were "neither supportive nor unsupportive"
- 0 of us were "fairly unsupportive"
- 0 of us were "very unsupportive"
- 0 of us were "undecided"

##### ***b) Please explain your rationale for reaching this conclusion (individuals' rationale).***

Each of use was also asked to record his/her own reasoning as part of the electronic survey (unlike the reasoning on other questions which was developed through group work). This is shown in the table below.

Juror no	5. a) To what extent do you support the Centres of Excellence approach for Gloucestershire?	b) Please explain your reason(s) for reaching this conclusion
14	Very supportive	The clinicians know what they are doing, they have presented a clear case for their belief in this necessity , compelling as it is backed up by visible integrity and passion for delivering the best care. The whole team have been rigorous in the engagement process. I would stress that the next phase of this process must include engagement of the young people - school leavers and trainee medics- to include them in the conversation and in this way incorporate their priorities (they care about more than first rate equipment) into what the Cof E approach will look like in Gloucestershire now and into the future.
18	Very supportive	Given the information I can see no reason this should not go ahead. Centralising the expertises can only be positive. I can see no negatives.
21	Very supportive	This is a tried and tested method of service delivery which delivers better clinical outcomes which means highly skilled staff will be motivated to remain within the Trust. All patients want the best care and residents of the county need to be better informed on this approach
12	Very supportive	Using the information I've been presented with I am fully supportive that it is a hugely beneficial upgrade to Gloucester's helath service
7	Very supportive	On balance of probability there are more positives than negatives. The population of Gloucestershire will gain rather than lose out.
2	Very supportive	Expertise knowledge equipment all in one area which will give better patient care and staff retention. Will generate teaching areas and revenue from outside the county
6	Very supportive	Because we already have fantastic centres of excellence in the county which I believe can only get better with different areas of excellence introduced! After listening to the frustrations of the dedicated staff who are currently trying their best and listening to why they believe CofE within their speciality is for the greater good to enable them to provide excellent care to all patients. These benefits are worth the trade off of potential journey time increase.
16	Fairly supportive	We already see evidence of excellent work where Centres of Excellence exist. It cuts out many problems of operating 2 centres. Overall, the positives far outweigh any negatives.

10	Fairly supportive	The experts seem supportive but my only concern is has enough consideration been given to doing nothing, and using the money which would be needed in making changes to invest in staff recruitment and retention?
4	Fairly supportive	I have come to this conclusion after listening to all the evidence.
15	Fairly supportive	I think it's a no brainer really. The only reservations I have are if a CofE are going to result in more bed blocking and staffing issues going into the future.
13	Fairly supportive	The clinical and practical rationale is strong. I would become very supportive if I was presented with a credible and deliverable plan for: Solving the staffing issues Ensuring there is a properly resourced and co-ordinated transport plan (excluding ambulances) Managing the population growth and growth in elderly care
5	Fairly supportive	Concerns on travel/transport for those who live near border county and elderly Staff - already under staffed, over worked! Will this have a positive or negative impact? Will it effect staff moral (having to potentially move locations for their role but may not want to)
3	Fairly supportive	Lots of positive information. Still some doubts about delivery.
11	Fairly supportive	If they can get the staffing right
17	Neither supportive nor unsupportive	Although the clinical and business arguments are compelling, other arguments about sustainability, flexibility of service and the impact on individuals has not been presented because they are dependent on the detail of the specific options. It is not possible to understand how people might be impacted without understanding the detailed options, and so, although I understand why the NHS trust and to a lesser extent clinical outcomes might improve as a result of consolidating some services within Centres of Excellence, I cannot say how the changes will impact my community and individuals.



## **2. Jury Process**

Jurors heard from a range of experts and community panellists during the event. The witness slides are available for download at: <https://www.onegloucestershire.net/yoursay/fit-for-the-future/fit-for-the-future-citizens-jury/>. There jurors were asked to collectively capture important information and determine key questions for some of the presentations. A selection of these statements and questions are included in applicable sections below following the brief description of the witness presentation.

### **Day 1: Context setting**

We heard from Micky Griffith, the Programme Director of the NHS's "Fit for the Future" programme. He was asked to speak about:

- Why has the jury been called?
- Who has commissioned it?
- What is the subject of the jury, and what has happened on this up till now?
- Where are we now and what steps following the jury that will lead to decisions being made?
- Why do the results of the jury matter, and how will they be used?

The presentation (and each subsequent presentation) was followed by a question and answer session with the jury.

### **Day 1: Results from the public engagement**

We heard from Becky Parish and Caroline Smith about the public engagement exercise they ran as part of the NHS's "Fit for the Future" programme. They were asked to speak about:

- What did you do in the public engagement and how did you do it?
- What did you tell the public and what did you ask them?
- Who/how many people responded?
- Does this reflect the views of a cross-section of people in Gloucestershire?
- What were the main results (and where there any misunderstandings)?

### **Important Information from Engagement Results**

- It is important to know that One Gloucestershire and NHS have made considerable efforts to include as many citizens as possible in this process of change and seem committed to bringing about a solution that improves care for as many as possible.
- It is important to know that the engagement process only reached an extremely small amount of residents within the county. This is important because it means the engagement process could be flawed and that some important stakeholder views were not considered or included in the engagement process.

- It's important to know that young people have not yet been included in this conversation because they often have new ideas and perspectives and they have the greatest stake in the long-term future.
- It is important for residents to know that the process was/is taking place, because citizens should know about processes taking place in their community/county which may affect/impact on them.

### **Key Questions**

- It would be useful to see the demographic breakdown of the county versus the feedback responses have returned to confirm that all have been represented as best as possible and whether all views were heard in the engagement process.
- Will a schedule of statement and facts be produced together with updates/changes so that the perception of missing information can be proved/disproved? How can NHS trust communicate transparency and goodwill to all stakeholders during this process?
- Why did the engagement process not inform us about the 'option four'/Abercrombie proposal for the centres of excellence?
- Why did Prof. Pietroni publicly state that the A&E department in Cheltenham would remain untouched in June but now proposes a downgraded service?

### **Day 1: Gloucestershire's health needs**

Becky MacLean, Consultant in Public Health at Gloucestershire County Council was asked to speak about:

- What is the population health profile across Gloucestershire?
- How does Gloucestershire's health compare with the rest of England?
- What particular priorities does Gloucestershire have in terms of addressing health needs and health inequalities?

### **Important Information**

- It is important to know that overall, Gloucestershire health outcomes are better compared to the rest of England. Because knowledge that we do have a better service overall increases personal trust and belief in our services.
- It is important to know that the general data needs greater insight and familiarity because other factors such as family group displacement can have a big impact e.g. Family support not local.
- It is important to know that there is a significant projected increase in 80+ year old by 2040. This is because we need to ensure the NHS is equipped to deal with potential higher demand of healthcare the rise in this age group brings.
- It is important to know the predicted projection groups for the county as any change in service needs to be fit for purpose e.g. an increase 30% of over 65s.

## **Key Questions**

- It is important to have comprehensive health services and current delivery data so that planning recognises the current tensions.
- It would be important to have greater visibility of trends in current health by population centre/district to inform planning.
- How are you going to meet the needs of the growing population due to life expectancy and new housing developments growing in many towns and ensuring that the general public will still get appointments or duty of care when needed.
- What thorough analysis is available on the staffing issues including recruit/retain. What innovative solutions have been considered/will etc. as this underpins many of the problem statements.

## **Day 1: The Centres of Excellence approach**

We heard from Prof. Mark Pietroni, Director for Safety and Medical Director, Gloucestershire Hospitals NHS Foundation Trust. He was asked to speak about:

- What is an “integrated care system”?
- What is the “Centres of Excellence” approach, what are its goals, and from where does it originate?
- What does the Centres of Excellence approach mean for Gloucestershire hospitals e.g. what services will be affected?
- What are the inter-dependencies between services?
- What has been done already and what might be done in future?
- Why this Centres of Excellence approach – what challenges does it address, and what are the potential benefits and drawbacks for the NHS and patients?
- If adopted, what changes is this approach likely to mean for patients and staff?
- Will any steps be taken to mitigate problems (e.g. to patient journeys) that result from the potential changes?

## **Day 1: Reactions to NHS hospital specialisation done elsewhere**

Dr Iestyn Williams of the University of Birmingham Health Services Management Centre was asked to give us a presentation on:

- How have patients across England responded to hospital specialisation elsewhere in the NHS? – what benefits and drawbacks have they identified?
- Have clinicians identified any benefits or drawbacks with hospital specialisation?
- Does increased travel time increase the number of patients who stop attending hospital to receive treatment, and do we know whether this affects one group of patients more than another?

## **Day 2: Community transport**

We heard from Louise Currie of Lydney Dial-a-Ride about community transport provision in Gloucestershire. Her brief was to explain:

- What is community transport and who is it for?

- How often is community transport used by Gloucestershire patients?
- Where in Gloucestershire is community transport available to patients and does it serve both Cheltenham and Gloucester hospitals?
- How do you foresee community transport changing in the future?
- Other than public transport, what are the alternatives for patients with no car to get to hospital (e.g. NHS non-emergency transport)?
- Is NHS non-emergency transport co-ordinated with community transport?

### **Important Information about Community Transport**

- It is important to know that community transport in Gloucestershire relies heavily on voluntary support partly due to lack of funding.
- This service is already under pressure, facing increased demand and is therefore unable to service all the communities within Gloucestershire.
- It is important to know that the community transport is uncoordinated with NHS provided transport.
- Community transport in Gloucestershire needs to be more interconnected with other elements of NHS and community to maximise its effectiveness in future.

### **Day 2: Emergency ambulance services**

Stephanie Bonser, Deputy County Commander Gloucestershire, South Western Ambulance Service NHS Foundation Trust was asked to give a presentation about:

- What services does your organisation provide?
- In an emergency, what happens from the point of a person making a call to an ambulance delivering them to a hospital? Explain the patient journey
- Will a Gloucestershire patient sometimes be taken out of county?
- At the moment, under what circumstances would an ambulance drive past one of the two hospitals in order to reach the other hospital, and does this often happen?

### **Important Information about Emergency Ambulance Services**

- It is important to know that the Centres of Excellence plan is unlikely to change to demand for Ambulance services across Gloucestershire because Ambulance services do not provide transport for patients accessing Acute Care, Image Guides Interventional Surgery or General Surgery.
- It is important for the public to know how the ambulance service works (for instance the service operates a triage system which may result in long delays for ambulance dispatch depending on the nature of the emergency).
- It is important to know that the demand for ambulance services is huge with 921,000 999 calls in the south west region of which 53% resort in an ambulance attending.
- It is important to know that the ambulance service don't see that a move towards Centres of Excellence would add to any of the challenges that can't be mitigated.

### **Day 2: Travel analysis**

Joanna Underwood, Transformation Programme Director, Gloucestershire Hospitals NHS Foundation Trust presented a travel analysis (including travel times to the two hospitals from six places distributed across Gloucestershire):

- Why travel times are relevant to the jury questions
- What level of car ownership exists in households across Gloucestershire?
- Where do non-car owners tend to live?
- How long will it take to get to Cheltenham Hospital from the 6 places?
  - By car?
  - By public transport?
- How do these times change for travel from the 6 places to Gloucester Royal?
- Main conclusions from the travel times (e.g. where does it make a significant difference on whether you go to Cheltenham or Gloucester?)

### **Important Information about Car Travel**

- It is important to know 83% of residents have their own car (in the region), that is 17% don't have access to a car and rely on other resources and some of the people furthest away from a hospital are those without access to a car.
- It is important to know that whilst people have access to a car the availability of parking, cost, and other transport infrastructure may limit access to NHS services.

### **Important Information about Public Transport**

- It is important to know that public transport is not a regular, reliable service throughout the county, with some areas not even having a service provided daily. Some areas could have a significant increase in their travel time depending on the location of the Centre of Excellence which could impact on their appointment time.
- It is important to know that although 99 service runs between Gloucester and Cheltenham there is no dedicated bus route serving the Forest of Dean, parts of the Cotswold and other parts of the county. Even taking this into consideration, the cost of the 99 service is £3.50 single. £5.00 for (a) return. This could be too much for some.

### **Day 2: Community panel**

People who spoke at a public engagement hearing in October 2019 were invited to take part in a panel session. Two people came forward: Flo Clucas from Cheltenham Council, and X from the campaigning organisation REACH. Prior to a joint question and answer session with the jury, they were invited to speak about:

- What is your / your constituents' / group's interest in the future of Gloucestershire hospitals?
- What do you / your constituents' / group feel is working well for the delivery of care in Gloucestershire hospitals?
- What do you / your constituents' / group feel might be improved upon in Gloucestershire hospitals?
- What would you / your constituents' / group hope that the jury thinks about when making recommendations about the future of Gloucestershire hospital care?

- Is there any other information that you think might be useful to know / get clarity on for making recommendations for future care?

### **Important to Know**

- It is important to know plans are not set in stone and can be changed depending on future engagement and stakeholder input.
- Centres of Excellence work well in terms of clinical outcomes e.g. oncology.
- It is important to know the NHS trust does not know who loses out as a result of the centres of excellence strategy because they have not developed mature implementation plans.
- It is important to note that the community will need to think/consider how they can help/volunteer. A lot of services – community transport and the ambulance service rely on volunteers.

### **Key Questions**

- How will the Trust ensure public opinion is considered and given greater weight when taking decisions?
- How do we include and listen to peoples' grievances, and help people be part of co-creating a better future?
- What is the internal stakeholders' perspective – nurses, doctors, support staff?
- The information given was just from a Cheltenham community perspective. Important to get views from other communities in Gloucestershire.

### **Day 3: Image-Guided Interventional Surgery**

We heard from Dr Guy Hickson, Interventional Radiologist & Dr Rafe Chamberlain-Webber, Interventional Cardiologist, both of Gloucestershire Hospitals NHS Foundation Trust. They were asked to speak about:

- What do we mean by image-guided interventional surgery? What does it include and exclude?
- What image-guided interventional surgery is currently done in Cheltenham and Gloucestershire Royal and is there any rationale for this? What services are duplicated across the two hospitals?
- How are image-guided interventional surgery patients distributed across the county?
- How many patients are currently treated as image-guided interventional surgery patients in each hospital? Can the hospitals cope adequately with demand?
- What works well now?
- Are there important challenges / difficulties / opportunities about current image-guided interventional surgery provision that the jury should be aware of?

### **Day 4: Emergency and Acute Medicine**

Dr Elinor Beattie, an Emergency Medicine Consultant at Gloucestershire Hospitals NHS Foundation Trust gave a presentation to address the following questions:

- What do we mean by emergency and acute medicine? What does it include and exclude (e.g. A&E)?
- What emergency and acute medicine is currently done in Cheltenham and Gloucestershire Royal and is there any rationale for this? What services are duplicated across the two hospitals?
- How are emergency and acute medicine patients distributed across the county?
- How many patients are currently treated as emergency and acute medicine patients in each hospital? Can the hospitals cope adequately with demand?
- What works well now?
- Are there important challenges / difficulties / opportunities about current emergency and acute medicine provision that the jury should be aware of?

#### **Day 4: General Surgery**

We heard from Mr Simon Dwerryhouse, Consultant Surgeon at Gloucestershire Hospitals NHS Foundation. He was asked to speak about:

- What do we mean by general surgery? What does it include and exclude? What is the difference between planned and emergency surgery?
- What planned and emergency general surgery is currently done in Cheltenham and Gloucestershire Royal and is there any rationale for this? What services are duplicated across the two hospitals?
- How are general surgery patients (planned and emergency) distributed across the county?
- How many patients are currently treated as general surgery patients (planned and emergency) in each hospital? Can the hospitals cope adequately with demand?
- What works well now?
- Are there important challenges / difficulties / opportunities about current general surgery provision that the jury should be aware of?

#### **Day 5: Criteria**

On the final day we had another presentation from Micky Griffith. This time he spoke about the draft criteria that had been developed by the NHS for evaluating potential solutions. He spoke about:

- Why are criteria needed?
- What are the different types of criteria, and where did they come from?
- What is the jury role in relation to criteria?

### 3. Appendix A: Applying draft criteria to our work

A set of draft desirable criteria for evaluating potential solutions were presented to us by Micky Griffith, the Programme Director of the NHS’s “Fit for the Future” programme. We worked together to apply these criteria to what is working well, the challenges, and key questions we had identified for the three service areas.

## Desirable Criteria

#	Evaluation criteria	Defined as	Proportion of questions
1	Quality of care	Clinical effectiveness Patient and carer experience Patient safety	20%
2	Access to care	Impact on patient choice Accessibility to services	20%
3	Deliverability	Expected time to deliver Co-dependencies	16%
4	Workforce	Operational impact Impact on recruitment, retention, skills	24%
5	Value for money	Costs & income Capital cost to the system Transition costs	12%
6	Strategic fit	Compatibility with the NHS Long Term Plan and One Gloucestershire vision	6%
7	Acceptability	Response to the Fit for the Future Outcome of Engagement Report	2%

The three tables below indicate (with a “1” in a cell) which criteria are applicable to each statement about what is working well / a challenge in general surgery, Image-Guided Interventional Surgery, and Emergency and Acute Medicine.

#### General Surgery Criteria

Statement/Key Question	Quality	Access	Deliverability	Workforce	Value	Strategic Fit	Acceptability
Things that are working well							



General surgery in Gloucestershire is working well because a highly specialised and skilled team have minimised cancelled operations and ensured survival rates are above the national average (17 votes)	1			1			1
General surgery seems to have demand under control as most county patients are treated without having to resort to out of area hospitals (5 votes)	1	1	1		1	1	
There is great teamwork within the general surgery department. This provides such a good service that the highly skilled team treats patients from outside counties (4 votes)	1	1		1	1	1	
The 24/7 service works well and this includes a night emergency service. This results in patients seeing a consultant early on as in ED because there is a general surgeon on call at both sites 24/7 (3 votes)	1	1		1			
The General Surgery teams exhibit forward thinking planning for the future (2 votes)		1		1	1	1	1
Planned surgery is working well and that patients are well prepared and understand their conditions before surgery (1 vote)	1	1	1	1			
<u>Challenges</u>							
There is a national shortage of surgeons in General Surgery because surgical posts are allocated nationally and some surgeons are choosing to work part time. This shortfall is made up by locums who are less familiar with Hospital processes and may deliver a different standard of care. (15 votes)	1	1		1		1	
Emergency care across 2 locations is a challenge, especially in light of upper/lower General Surgery specialisation. (9 votes)	1	1	1	1	1		
Lifestyle factors including obesity, life expectancy and unhealthy choices are resulting in 35,000 treatments being carried out by GS in Gloucestershire hospitals. This	1		1	1	1		1

is likely to significantly increase to demographic changes in the next 20 years. (4 votes)							
There are fewer doctors choosing to become surgeons due to lifestyle choices and other factors. (2 votes)			1				
Preventing planned surgery from being cancelled due to emergencies is a challenge. (1 votes)	1					1	
Not being able to have Upper GI surgeons and Lower GI surgeons at the same time, 24/7 can impact treatment paths and treatment waiting times. (1 vote)				1	1		
Sustaining trainee doctor rotas. (2 votes)			1	1		1	
Attracting trained doctors from a small pool of potential surgeons is a challenge.			1	1		1	
<u>Key Questions</u>							
We still need to know how introducing a Centre of Excellence will impact hospital admissions, planned surgery, waiting times and lists, etc.,. (14 votes)	1	1	1	1			
How can we be retaining, recruiting medical staff to become surgeons? (9 votes)	1			1		1	
How will the future structure of NHS Gloucestershire have better integration and communication with the wider community? (3 votes)	1	1	1		1	1	
Given that there is a shortage of carers in the community along with an aging population, how are our surgeons going to move people on from hospital without contributing to bed blocking? (3 votes)	1	1			1	1	
We still need to know whether there will be more theaters built to accommodate Centres of Excellence or whether the trust will continue to work with what they have. (2 votes)	1			1		1	1

It will be important for the consultation to be much more specific about what training and environmental issues will have the positive outcomes that are being purported (1 vote)			1		1		1
<b>TOTAL</b>	14	10	11	13	10	11	4

### Image-Guided Interventional Surgery Criteria

Statement/Key Question	Quality	Access	Deliverability	Workforce	Value	Strategic Fit	Acceptability
<u>Things that are working well</u>							
IGIS has a highly skilled workforce (12 votes)	1	1		1		1	
IGIS is staffed by people who care (9 votes)				1		1	
IGIS and other departments work collaboratively due to a shared vision (6 votes)	1			1	1	1	
IGIS is able to use state-of-the-art equipment to reduce operating and recovery times (3 votes)	1			1	1	1	
This is the lead Trust for regional vascular network (2 votes)			1		1	1	
<u>Challenges</u>							
Staff retention and recruitment is a challenge (11 votes)	1	1		1			
IGIS is currently split between two sites. Meaning staff and equipment are split between the 2 sites. (10 votes)	1	1	1		1		
The current system does not suit the IGIS teams trying to deliver results (4 votes)	1		1	1		1	
Unable to carry out some cutting edge procedures, resulting in staff and patients having to travel out of the county. (3 votes)	1	1	1	1			
Not having centrally located equipment is a challenge (3 votes)	1	1	1	1	1	1	
Having all equipment up to date (1 vote)	1			1	1	1	
<u>Key Questions</u>							
How can we ensure that staff are supported and resources are available to prevent burnout and support them to do their best work (11 dots)		1		1	1	1	
Are there any other trade offs that we are not currently aware of? (5				1			1

dots)							
How long would consolidation take and how would patients be affected during this time? (5 dots)	1	1	1	1			
Will waiting times increase after the changes have taken place? (5 dots)	1	1	1			1	
How much will it cost to establish the Centre of Excellence and where will the funds come from (4 votes)			1		1		
What can be done in order to attract and train new staff, including young people? (2 votes)			1	1		1	
What needs to happen to reduce staff frustration and remove obstacles to patient care? (no votes)	1	1		1			
Will this have any impact on patients with multiple conditions (eg will this mean better coordination of appointments/ scans/ consultations where other departments are involved)? (0 votes)	1	1				1	
<b>TOTAL</b>	<b>13</b>	<b>10</b>	<b>9</b>	<b>14</b>	<b>8</b>	<b>12</b>	<b>1</b>

### Emergency & Acute Medicine Criteria

Statement/Key Question	Quality	Access	Deliver-ability	Work-force	Value	Strategic Fit	Accept-ability
<u>Things that are working well</u>							
NHS Staff are working incredibly well to be hitting and exceeding targets especially considering extreme pressure on staffing levels. (12 votes)	1			1		1	
Having a GP (general practitioner) in the A&E department (8 votes)	1	1		1			
Gloucestershire Health NHS Foundation Trust is one of the best in the country for training staff (4 votes)	1	1		1	1		
In 2019 the CQC rated the urgent care services as “good” with examples of outstanding practice (4 votes)	1		1	1			1
Waiting times are better than the national average due to effective triage. (2 votes)	1			1		1	
Emergency and Acute medicine are attempting to “future proof” services (such as developing a frailty assessment unit) (1 vote)	1	1				1	1

Neighbouring hospitals are seeking innovation from our Trust for ways to implement best practice (1 vote)	1			1		1	
<u>Challenges</u>							
Staffing levels are a serious, ongoing challenge for Emergency and Acute Medicine (16 votes)	1	1	1	1	1	1	
Coping with and preparing for rise in demand (8 votes)	1	1	1	1		1	1
National standards are contributing to pressures within departments which feeds through to staff stress and frustration (3 votes)	1		1	1		1	
Currently many patients, potentially up to a third, need not be treated in A&E departments (3 votes)		1		1	1	1	
Strategy and Planning which includes: robustness, matters out of control, sufficient anticipation, and sufficient cross-cutting issues (eg other public/voluntary bodies) (2 votes)			1			1	1
There is a disparity between what treatment is scientifically possible to deliver and what treatment we have the resources (human, time, money) to deliver to patients (0 votes)		1	1	1	1	1	
Increase in waiting to see specialists (0 votes)	1	1		1		1	
<u>Key Questions</u>							
Have other factors been considered when thinking about how to improve staff retention and recruitment? (10 votes)	1			1	1	1	
Are the trust trying to eradicate patient transfers between both sites or dramatically reduce these situations when a patient may need specialist service at two centres of excellence locations (ie pediatrics and urology)? (4 votes)	1	1	1		1	1	1
Will the Centres of Excellence model (ie in one site) affect waiting times? (4 votes)	1	1	1				1
What will happen to the other A&E when Centres of Excellence happens? Will it become a MIU or completely close? (4 votes)	1	1		1	1	1	1

How can we in Gloucestershire take responsibility for creating an NHS service which is not only sustainable but resourcing and fulfilling to its own staff and how can the trust be better at communicating that to attract young people? (3 votes)			1	1		1	
Is recruitment for overseas going to be sustainable and make the shortfall in middle grade staff worse? (3 votes)			1	1	1	1	
What proportion of the demand for ED comes from people not eligible for free NHS service (ie fee paying overseas residents)? (2 votes)		1			1		1
There are trained staff available - why are they not being used when available? (1 vote)	1			1	1	1	1
Do we have any info/stats on Centres of Excellence that have been setup in other areas that have been successful (eg increase in staff)? (1 vote)				1	1	1	1
<b>TOTAL</b>	<b>16</b>	<b>12</b>	<b>10</b>	<b>18</b>	<b>11</b>	<b>18</b>	<b>10</b>