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15. Interpreting consultation results: Richard Stockley slides
16. What were the results of the public engagement: Becky Parish slides

**NB: There are no jury materials for 25, 27 and 28 January and so no daily uploads for these days**

## What can we learn and where should we be cautious when interpreting public consultation results

**Rich Stockley** – Head of Research, Surrey Heartlands Health and Care Partnership / Surrey County Council

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### What can we learn from the results of a public consultation and what can't we learn?

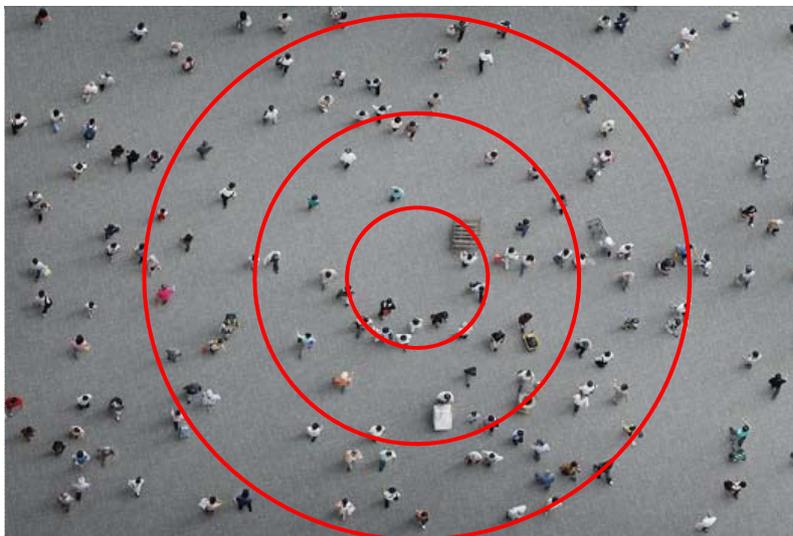
Done well, a consultation can give us a snapshot of public opinion on a particular topic. It can help us generally understand how the entire population will broadly feel when given the same opportunity to consider the issues.

Done badly a consultation can provide incoherent and misleading answers to questions which masquerade as good evidence which encourages confidence among decision makers where it shouldn't exist.

## Why might public consultation results NOT reflect the views of the local population

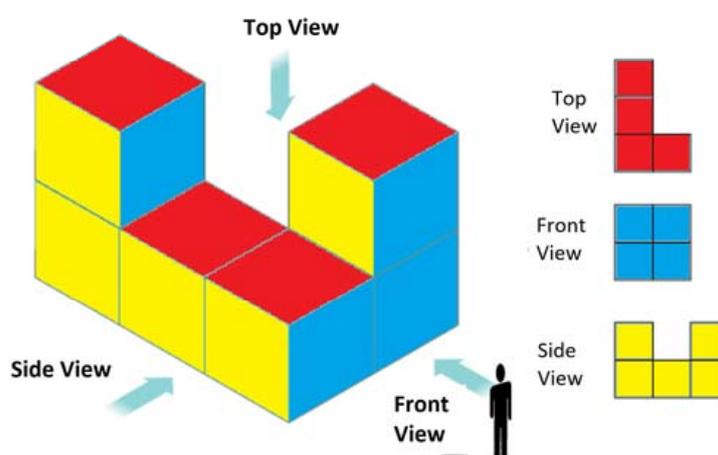
How might the people inside the circle differ from the people outside the circle?

- Attitudes
- Education
- Spare time
- Social class



## Why might public consultation results NOT reflect the views of the local population

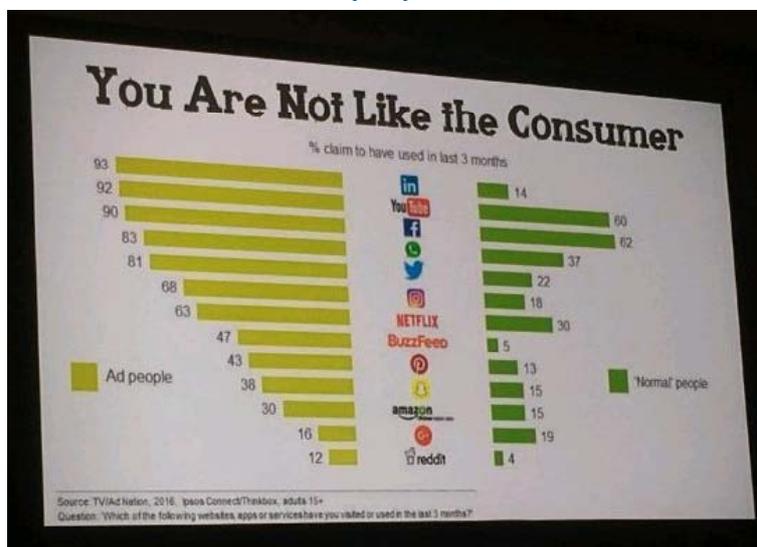
Depending on who is taking part in the consultation you could be getting radically different perspectives.



## Why might public consultation results NOT reflect the views of the local population

How representative are the people in the consultation?

Consider who has and hasn't been engaged. How might this alter the results?



What are the important questions to ask to test how well the results reflect the views of the local population?

1. **Are the right people participating?**
2. **Are the right questions being asked?**
3. **Are good answers being given?**

### Summing up

- When done well, public consultations can be a good way of understanding how your population broadly feels about a particular topic
- Bad consultations can be counterproductive encouraging poor decision making
- A good consultation will:
  - Involve a representative sample of the population
  - Have clear, well considered aims and objectives
  - Ask the right questions in a way that will provide useful answers



## Fit for the Future

### Developing specialist hospital services in Gloucestershire

### Output of Consultation

**Becky Parish, Associate Director, Engagement and Experience,  
NHS Gloucestershire Clinical Commissioning Group**

**Member of the One Gloucestershire Integrated Care System  
Communications Sub Group**






## Who / how many people responded to the Fit for the Future Survey?

### Fit for the Future survey (Main and Easy Read) responses (700+)

- **624** Fit for the Future survey
  - Staff 30%
  - Non-staff 63%
  - Prefer not to say 6%
- **89** Fit for the Future Easy Read survey
  - Staff 7.5%
  - Non-staff 89%
  - Prefer not to say 4%

Not all respondents completed 'About You' questions. For example in the Fit for the Future survey more than a third of survey respondents skipped this question, whereas in the Easy Read survey only just over 10% skipped this question.




**Did the mix of people responding to the Fit for the Future Survey closely match the Gloucestershire population in relation to where people live?**

**Fit for the Future**  
Developing specialist hospital services in Gloucestershire

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

Postcode Area	Percentage
Cheltenham	25%
Cotswolds	9%
Forest of Dean	14%
Gloucester	14%
Stroud	9%
Tewkesbury	5%
Prefer not to say	32%

Proportionally more people from Cheltenham completed the survey (double) and Stroud proportionally less (just over half)

\*not everyone who completed the survey also completed the 'About You' questions

Output of Consultation Report Appendices provide detail of responses from the east and west of the county

**What is the first part of your postcode? e.g. GL16, GL3 [EASY READ]**

Postcode Area	Percentage
Cheltenham	21%
Cotswolds	10%
Forest of Dean	22%
Gloucester	18%
Stroud	8%
Tewkesbury	2%
Prefer not to say	18%

**One Gloucestershire**

**NHS**

**Did the mix of people responding to the Fit for the Future Survey closely match the Gloucestershire population in relation to other demographics?**

**Fit for the Future**  
Developing specialist hospital services in Gloucestershire

Demographic information collected in the Fit for the Future Survey and the Fit for the Future Easy Read Survey\* covers the following areas:

- Age
- Staff, public or community partner
- Disability
- Carer (unpaid)
- Ethnicity
- Religion
- Gender
- Identification with gender as registered at birth
- Sexual orientation
- Pregnancy (current/in the last year)
- Low income areas

\* We only know about survey respondents who completed the 'About You' questions in the survey. For example in the Fit for the Future survey more than a third of survey respondents skipped the question about whether they were a member of the public, staff or community partner, whereas in the Easy Read survey only just over 10% skipped this question.

There are a broad range of survey responses from all the demographics listed above.

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**NHS**

## What groups were over-represented and under-represented/missing?

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### Fit for the Future (main) survey responses (where we have 'About You' information):

- More people from Cheltenham (25% of responses)
- More women than men completed the survey (55% women / 39% men)
- *Gloucestershire population = 51% women / 49% men*
- Good age range of respondents from Under 18 - Over 75 years, most frequent age range was 56-65 years
- 30% of responses came from staff
- Over 20% of responses came from people who considered themselves to have a disability
- Over a quarter of respondents were 'unpaid' carers
- 7.4% of respondents were not white British (reflects county population)

Consultation activities took place to try to encourage responses from specific targeted groups (as explained last week)



## Terms/Acronyms explained

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**Acute Medicine:** The Acute Medicine team coordinates initial medical care for patients referred to them by a GP or the Emergency Departments and decides on whether they need a hospital stay (also referred to as 'the acute medical take').

**GRH:** Gloucestershire Royal Hospital

**CGH:** Cheltenham General Hospital

**EL:** Elective Surgery, surgery that is planned

Colorectal (Surgery): specialist surgery on the Lower Gastrointestinal area, lower part of the gut

**DC:**

**IGIS:** Image Guided Interventional Surgery

**Vascular:** area of specialist care dealing with the diagnosis and management of conditions affecting the circulation, including disease of the arteries, veins and lymphatic vessels

**Gastro:** Gastroenterology inpatient services. Medical care (not surgery) for stomach, pancreas, bowel or liver problems.

**T&O:** Trauma and Orthopaedic inpatient services. Diagnosis and treatment of conditions relating to the bones and joints and their associated structures that enable movement - ligaments, tendons, muscles and nerves. Trauma surgery is urgent surgery e.g. if a person has been involved in an accident and orthopaedic surgery is planned surgery e.g. hip and knee replacements.



Level of support for proposals (Fit for the Future Survey / Easy Read)									
Proposal	Strong support/ support			Strongly oppose/ oppose			No opinion		
	Survey	Staff	Easy	Survey	Staff	Easy	Survey	Staff	Easy
Acute Medicine to GRH	68%	72%	73%	25%	21%	19%	7%	7%	8%
EGS to GRH	68%	78%	67%	23%	17%	23%	9%	5%	10%
Centralise EL Colorectal <sup>[1]</sup>	79%	85%	73%	8%	3%	12%	13%	12%	15%
DC general surgery to CGH	73%	80%	67%	9%	4%	13%	18%	16%	20%
IGIS hub at GRH, spoke at CGH	67%	63%	77%	15%	17%	10%	18%	20%	13%
Vascular to GRH	60%	59%	68%	20%	20%	15%	20%	21%	17%
Gastro to CGH	72%	68%	68%	7%	6%	10%	21%	26%	22%
T&O split	76%	76%	70%	11%	9%	13%	13%	15%	17%

[1] View on location of centralised elective colorectal surgery service:

Group	CGH	GRH	No opinion
All survey responses	51% (28%)	20% (28%)	30% (45%)
Staff only	57%	13%	30%

Was there a clear pattern in any of the results of the Fit for the Future survey suggesting that particular views came from any group
<p><b>Fit for the Future Survey:</b> More individuals in all groups strongly supported or supported all the proposals than strongly opposed or opposed the proposals. No clear patterns emerged when responses to survey were looked at for specific demographics e.g. age, gender</p> <p>The Appendices to the Interim Output of Consultation Report include detailed information about the responses from different groups e.g. by age, gender.</p>

## Were there marked differences between staff and public responses to the Fit for the Future Survey?



**Fit for the Future Survey:** Both staff and public and community partner groups 'strongly supported' or 'supported' all the proposals more than 'strongly opposed' or 'opposed' the proposals. Some relatively small differences between the overall response and the staff responses – see previous table.

From those staff, who participated in consultation activities (other than the survey) the following themes emerged:

- Broadly there was support for the centres of excellence vision
- Staff understood the benefits of a greater separation between emergency and elective services across both sites
- Staff could point to inefficiencies and duplication which didn't optimise opportunities for better patient care and staff working
- There was some anxiety re: bed numbers and access to theatres, equipment and wards
- Staff had preferences over which site they preferred to work
- Staff wanted to continue to work within the same team



## Were there marked differences between staff and public responses to the Fit for the Future Survey?



**From members of the public and targeted groups, who participated in consultation activities (other than the survey) the following themes emerged:**

- Broadly support for the 'centres of excellence' vision, some people wanted services to be provided at both hospitals
- Acknowledgement of the positive impact on quality of having specialist teams working together in one place, and boost for recruitment and training
- Need for clear, timely communication, importance of involving families and carers Challenges regarding access to centralised services in terms of travel times, public transport: frequency and cost, car parking: space and cost
- Reassurance regarding commitment to the future of A&E in Cheltenham welcomed
- Value of community and primary care services working in a joined up way with main hospitals
- Similar responses from targeted groups to the general public



## What were some of the main themes from free-text Fit for the Future survey responses?

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**Fit for the Future survey:** The qualitative feedback from completed surveys and correspondence has been grouped into themes.

### Access: illustrative quotes

*"The preferred option would mean that people living in the east of Gloucestershire would have to travel further for urgent medical care".*

[Transport / Access]

*"With stretched specialised NHS resources concentrating particular but different Specialists at each hospital makes sense..."* [Transport/Access]

### Quality and Efficiency: illustrative quotes

*"More efficient use of staff. The more surgeries completed the better the surgeons become and so patient outcomes should improve".* [Efficiency, Quality]

*"There should be surgery facilities at both sites, and both should be "excellent"..."* [Quality]

Other themes included: Capacity, Diversity, Patient Experience / Staff Experience, Pilot, Resources, Workforce



## Fit for the Future Survey: Limiting negative impact

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Survey respondents shared the following mitigations to limit potential negative impacts of centralisation of specialist hospital services:

- Retain services on both sites
- Improve Patient Communications
- Improve integration between hospitals, community services and GP practices
- Reduce the number of patient transfers between Acute hospitals
- Build a new Acute Hospital on a Single Site
- Improve public transport
- Speed up payment of eligible Travel Claims
- Encourage more staff to work in Gloucestershire



## REACH Survey

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REACH created an alternative survey to gather views to inform their response to the Fit for the Future consultation proposals [ from REACH website) <https://www.reachnow.org.uk/>

### **REACH launch their Fit for the Future Survey (19 November 2020)**

*REACH are concerned that the One Gloucestershire Fit for the Future survey that forms part of the consultation has been constructed in such a manner that the results can be used to justify a decision that the respondents would not have supported. Because of this REACH have chosen to launch their own survey, to gather the real preferences of those local people in Gloucestershire and surrounding areas, who will be affected by these proposals.*

The REACH survey asked different questions to those in the Fit for the Future Survey and Fit for the Future Easy Read Survey. For instance the REACH survey asked:

- whether the NHS should reconsider the Trauma and Orthopaedic pilot proposals
- the location of: cardiac interventional radiology/surgery and inpatient vascular surgery.

REACH have not provided any quantitative data or demographic data.



## REACH Survey summary

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### **REACH survey:**

- Respondents generally did not support any proposals to centralise specialist services at Gloucestershire Royal Hospital
- For some proposals respondents were neutral as they believed services should be available in both Cheltenham and Gloucester.
- For day case services, respondents wanted these provided in multiple sites in Gloucestershire\*
- Respondents believed that a permanent reconfiguration along the lines of the T&O “Pilot Study” should not be enacted until the results of the “Pilot” have been fully evaluated.

\*NB community hospital services did not form part of the Fit for the Future consultation



Were there public responses received from other organisations?

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### 19 written responses received during the consultation

- Cheltenham Borough Council [about Access, Capacity, Interdependency + commitment to Cheltenham General Hospital A&E]
- Cllr Martin Horwood, Liberal Democrat, Cheltenham Borough Council [about Capacity, Access, Pilot + timing of consultation]
- Leckhampton with Warden Hill Parish Council [about Capacity, Access, Pilot + timing of consultation]
- REACH: Restore Emergency At Cheltenham General Hospital campaign (including REACH survey interim report) [about Capacity, Access, Interdependency, Facilities, Quality, Pilot + commitment to Cheltenham General Hospital A&E]
- Tewkesbury Borough Council [about Access + commitment to Cheltenham General Hospital A&E]
- 14 x members of the public (4 letters, 10 emails)



Were there public responses received from other organisations?

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- #1: about Quality, Resources, Workforce, Facilities, Staff Experience, Pilot.
- #2: about Workforce.
- #3: about Quality, Patient Experience.
- #4: about Efficiency, Resources, Capacity, Workforce.
- #5: about Efficiency, Resources.
- #6: about access, Resources.
- #7: about Patient Experience, Access, Resources, Facilities, Integration (use North Cotswolds Community Hospital).
- #8: about Integration (use North Cotswolds Community Hospital), Access.
- #9: about Access, Integration (use North Cotswolds Community Hospital).
- #10: about Access.
- #11: about Access + commitment to Cheltenham General Hospital A&E Department.
- #12: about Access, Patient Experience.
- #13: about Interest in Stroke services.
- #14: about Copy of Member of the Public Letter 4: Efficiency, Resources, Capacity, Workforce



## Other comments received during the consultation (Not directly related to the consultation)

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During the consultation, members of the consultation team spoke to participants about matters unrelated to the Fit for the Future proposals. Other subjects included:

- national and local response to the Coronavirus pandemic, including practical questions about Covid-19 testing and vaccination
- timing of the consultation taking place during a pandemic
- feedback about services such as primary care (GP) services and mental health services.

There were a significant number of messages of thanks to health and care staff and other frontline workers for their efforts to maintain services during the pandemic.



## Topics requiring NHS consideration and response

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The examples below lists some of the specific topics that will need to be considered and responded to by the NHS as part of the post-consultation, pre-decision making process.

Examples:

- Public transport: Park & Ride sites, inter-site bus (#99)
- Ambulance response times and capacity
- Gloucestershire Royal Hospital capacity including beds and Emergency Department
- One new hospital
- Partnership working with community and primary care and the voluntary sector
- Care of patients with mental health problems in Emergency Department
- Alternative suggestions for service locations
- Trauma and Orthopaedic pilot evaluation information
- Plans to improve services once re-located



Summary of main points: Fit for the Future Survey			<b>Fit for the Future</b> <small>Developing specialist hospital services in Gloucestershire</small>
Fit for the Future survey (Main and Easy Read) responses (700+)	Other correspondence/ written responses (19)	25% of survey respondents came from Cheltenham	<u>624 Fit for the Future survey</u> Staff 30% Non-staff 63%  <u>89 Fit for the Future Easy Read survey</u> Staff 7.5% Non-staff 89%
Output of Consultation Report Appendices provide detail of responses from the east and west of the county and from all demographic groups	There are a broad range of survey responses from all demographic groups	More individuals in all groups strongly supported or supported all the proposals than strongly opposed or opposed the proposals	Both staff and public and community partner groups strongly supported or supported all the proposals more than strongly opposed or opposed the proposals