

Overview & Scrutiny Committee

Monday, 9th September, 2019

6.00 - 8.55 pm

Attendees	
Councillors:	Klara Sudbury (Vice-Chair), Sandra Holliday, John Payne, Paul Baker, Max Wilkinson, Dilys Barrell, Iain Dobie, Jo Stafford, Dennis Parsons and Tim Harman (Reserve)
Also in attendance:	Martin Surl (Police and Crime Commissioner), Deborah Lee, CEO (NHS Trust), Simon Lanceley, Director of Strategy and Dr Mark Pietroni, Medical Director (Gloucestershire Hospitals NHS FT), Mary Hutton, ICS Lead (CCG) and Paul Roberts, Joint Chief Executive (2Gether Trust), Councillor David Willingham, Councillor Flo Clucas, Councillor Roger Whyborn, Darren Knight (Executive Director for People and Change) and Simon Graham (De Courcy Alexander)

Minutes

1. APOLOGIES

Councillor Mason had given his apologies and as such the Vice-Chair, Councillor Sudbury took the chair. Councillor Harman attended as a substitute for Councillor Mason.

2. DECLARATIONS OF INTEREST

No interests were declared.

3. MINUTES OF THE LAST MEETING

The minutes of the last meeting had been circulated in advance of the meeting.

Upon a vote it was unanimously

RESOLVED that the minutes of the meeting held on the 19 August 2019, be agreed and signed as an accurate record.

4. PUBLIC AND MEMBER QUESTIONS, CALLS FOR ACTIONS AND PETITIONS

None were declared.

5. MATTERS REFERRED TO COMMITTEE

There were none.

6. POLICE AND CRIME COMMISSIONER

The Chair welcomed Martin Surl, Police and Crime Commissioner (P&CC) for Gloucestershire and thanked him for his attendance.

The P&CC reminded members that the Police and Crime Panel were duty bound to support, as well as challenge the commissioner and whilst he was

happy to attend other scrutiny meetings, out of respect to the panel he wanted to be clear on that point.

As part of a brief overview, the P&CC advised the committee:

- Gloucestershire, by comparison to other areas, is a safe place to live. In comparison to areas deemed most similar demographically by the Home Office (Most Similar Group), Gloucestershire has the second lowest rates of crimes per 1000 population.
- The County saw a spike in burglary last year due to a small number of active offenders but rates have dropped since those individuals were arrested and detained (Oct 2018). Year on year comparisons of burglary [12 months up to the end of June 2019 compared with the year before] still show increases though and rates [per 1000 population] remain high in comparison to peers across the county.
- Violence with injury is down from last year. All violent crime however is showing an increase – note that this includes verbal threats and threats made on social media.
- The Lansdown site is working well. Feedback from officers has been positive although there are not as many staff as he would like. Support such as from the Dog Section and Firearms is available from Bamfurlong.
- The former Tourist Information Centre is to become the home to Special Officers and Cadets and the PCC thanked the council for their support with this.
- In terms of the night time economy, Cheltenham is not as violent as in other areas. Peer analysis shows Cheltenham has the second lowest rates of violent crime per 1000 population in its Most Similar Group (15 CSP areas).
- A plea was made by the PCC, that the council look at replacing their CCTV cameras; noting that Gloucester had installed digital cameras which are much better than analogue.
- Partnership working is critical and the ‘City Wardens’ scheme in Gloucester City is an excellent example of how successful this approach could be. This is equally funded by the PCC, Gloucester BID and Gloucester City Council.
- The current Police and Crime Plan will run to 2021, beyond the elections in 2020. As it is now half way through the life of the Plan, the PCC has refreshed the document with a number of key areas of focus. One new area is Serious Organised Acquisitive Crime which disproportionately affects rural communities.
- ‘Every Crime Matters’ sets out a standard of support that victims should expect to receive, placing the victim at the centre of police processes.
- The PCC welcomed the announcement by Government that 20,000 more officers would be recruited and looks forward to seeing more detail. The PCC is clear that Gloucestershire needs its fair share of available funding and, based on the police funding formula, this would equate to approximately 150 additional officers.
- Dealing with missing people and mental health issues is an increasing issue for the Constabulary in relation to demand.
- Following an unfavourable report on how children were dealt with in the county in 2017, the PCC is working with the County Council and others

to adopt a 'Child Friendly' approach in the county. He took the opportunity to thank CBC for their 'No Child Left Behind' initiative, which he was pleased to support.

The PCC gave the following responses to member questions:

- The 'City Wardens' scheme in Gloucester was not tasked with generating income, nor was it looking to displace people into residential areas; it was more about a joined-up problem solving approach.
- It is hoped that the figure of 20,000 officers announced by the Government would have to include support staff (HR, call-handlers, etc).
- County-lines is a big concern, though thankfully it had not impacted Gloucestershire as badly as some other areas and the Constabulary are working hard to address it, and doing well. The PCC stressed however that the issue only existed as there was demand for drugs that fuels the supply and that this demand included people from all walks of society. He also noted that a 'bobby on the beat' would not solve this issue.
- The PCC estimated that 274 officers had been lost since 2010. More officers had been recruited last year, and though not all of them were necessarily on stream yet, it was likely that the force was still down by about 150 officers. The PCC would get definitive figures and circulate them to members. This reduction, paired with how policing had changed over that time (with the number of 999 and 101 calls having increased, along with the time spent dealing with mental health issue for example), means officers are stretched like never before. He personally felt that the Government were now starting to accept that their approach to Policing has been wrong.
- Night-time policing took a hit when changes to Neighbourhood Policing were implemented - this was a real issue initially but the PCC feels that a better balance had now been achieved. He feels that officers are doing a good job and he supported the judgement calls made by officers on how to police the night-time economy.
- Neighbourhood Policing nearly disappeared back in 2015 after the loss of so much funding, but the PCC is fully committed to Neighbourhood Policing and bringing it back. Members had to understand that moving officers from one area to another, would create gaps.
- The PCC highlighted that in his time as Commissioner no police stations have been closed, in-fact he had prevented the Lansdown station from being closed. Members of the public can attend Lansdown by appointment, or attend Hesters Way.
- The PCC feels he was elected on the back of the priorities he had set out during his campaign and one of these had been a focus on young people and diverting them from crime. He noted that a large proportion of his fund supported youth work across the county and that this would continue, with new bids invited, if he were to be re-elected in 2020.
- He suggested that 70% of all calls to the police had a mental health dimension and though a triage car attends call-outs where mental health issues were suspected, this service only operated between 9am and 5pm, 4 days a week. The police have to deal with issues outside of these hours and this could often result in the loss of an entire shift. Suicide rates are up and the PCC stressed that increased police officers would not solve this problem.

The Cabinet Member Healthy Lifestyles thanked the PCC for his support for No Child Left Behind.

The Chair thanked the PCC for his time and questioned whether he found such visits useful. He confirmed that he welcomed the opportunity to come and speak to the council and would be happy to repeat the exercise next year. He closed with a request that the Police not be blamed for increases in crime; drawing a comparison with the NHS and a flu epidemic.

7. FIT FOR THE FUTURE ENGAGEMENT

The Chair welcomed the various representatives and thanked them for giving the committee the opportunity to better understand the process being undertaken by the Trust and to ask any questions and raise concerns.

Deborah Lee, CEO (NHS Trust), Simon Lanceley, Director of Strategy and Dr Mark Pietroni, Medical Director (Gloucestershire Hospitals NHS FT), Mary Hutton, ICS Lead (CCG) and Paul Roberts, Joint Chief Executive (2Gether Trust) introduced themselves.

Mary Hutton talked through a PowerPoint presentation (Appendix 1).

4 written member questions had been received in advance of the meeting and these, along with responses, had been circulated to members (Appendix 2).

The chair invited members to ask questions and asked that the relevant person respond.

- A member queried how the Care Quality Commission report found that the Responsiveness domain 'required improvement' and yet Leadership was 'good'; he also observed that some areas appeared to have gone backwards. Deborah Lee said that there was not necessarily a correlation between the two; responsiveness in this context pertained to waiting times and whilst waiting times were not being met, this is not always with the control of the Trust's leadership team, for example there had been a 40% increase in referrals which made meeting waiting standards very difficult irrespective of the quality of leadership. Deborah Lee confirmed that not all services were inspected in 2019 and the 'outstanding' rating given back in 2017 had been retained by areas that were not inspected in 2019. Some of the areas rated as 'requiring improvement' in 2017, had since been rated as 'good' and she was confident that the direction of travel was towards 'outstanding'. More than 90% of Trust services are now rated good or outstanding compared with 73% two years ago.
- Deborah Lee reiterated the point made as part of the PowerPoint presentation that nothing had been pre-determined and there were no plans to close A&E in Cheltenham as had been suggested in the media. She expressed her disappointment that the launch of the engagement process had not gone as planned and, as a result, misinformation was circulating which had caused anxiety for people. The purpose of the engagement process was to allow the Trust and system partners to outline the challenges they faced, as well offering people the opportunity to give their view and suggest ideas on how the challenges could be

addressed. The Trust and its partners in *One Gloucestershire* would then consider all of the feedback and through a two day 'solutions workshop' develop option which would go out for public consultation, if they constituted substantial variation to service.

- Professor Pietroni said that there was no single model for an Urgent Treatment Unit (UTC) on a hospital site but they would typically include a range of staff and would have a resuscitation facility to deal with any patient who presented with a life threatening condition. Type 1 A&E departments are designed to respond to life and limb threatening emergencies however, this was a complex issue, given that there were different categories of Type 1. Southmead Hospital, Bristol for example, was a Type 1 facility and a designated Regional Trauma Centre.
- At this stage nothing was being discounted and if there was overwhelming support for the reinstatement of a 24hr A&E department at Cheltenham, then this would be considered, but it was noted that options which were consulted upon would be evaluated against a range of criteria and need to be deliverable; the constraints and challenges that existed today would in all likelihood still exist at that point and these would also be important considerations.
- If a patient having undergone planned surgery deteriorated (assuming the outcome of the engagement and consultation process was that emergency surgery was undertaken at one site and planned surgery undertaken at the other), the patient would only be moved to the other site if necessary, as services would remain on each site to deal with 'deteriorating patients'.
- Specific workshops had been arranged for A&E and general surgery and the feedback considered, before locality events being held to discuss feedback and work through various options.
- The booked appointments model would be in addition to 'walk in' urgent care, where patients needed to attend hospital, but rather than going to A&E and face possibly waiting hours to be seen, they could instead make an appointment for later in the day; It was suggested that this would be a more attractive option as many patients that did not require emergency care. An app which connected GPs to the relevant service, recorded conversations and saved them automatically into a patients records and allowed GPs and services to agree what needs to happen, could be rolled out to other services.
- One aim was to get the 25% - 33% of patients that accessed A&E and didn't need to, to the right service in the first instance, rather than any attempt to redirect the 67% - 75% who required urgent care.
- In reference to the 'centre of excellence' model, the vast majority of people would continue to access urgent treatment at their local hospital, but that for an absolute minority of the most sick patients, whose outcomes would be improved if their treatment were given at a centre of excellence, an alternative pathway would be in place. DL said that local surveys showed that distance was a key factor for only 8% of the public when it came to accessing the most specialist care aimed at delivering better outcomes.
- The Trust could continue trying to deliver all services from both sites but in reality this would result in services falling behind services from across the country. The reason the Trust had one of the best cancer services

in the country, was because this service was delivered from Cheltenham and not on both sites.

- Deborah Lee reminded members that they were in the stage of engagement and that consultation would not start until the spring of next year and at that stage they would welcome the opportunity to come back to the committee and discuss the various short listed options.
- This engagement stage formed part of a process set out by Government and she suggested that this was as frustrating to her as it was to members and the public as everyone was keen to get to the detail but she was hearing important views through the engagement phase and was grateful for this. This period was about setting out the challenges being faced and inviting views and the One Gloucestershire system would simply be listening to those views at this stage.
- The CCG did have a map of the county and services provided at which locations but this had not been included in the engagement documentation.
- The CCG were aware of major development plans within Cheltenham and a Planning Group were working through spatial planning, but it was important to note that new homes would not necessarily result in more people.
- All options would be underpinned by travel assessments, which would consider the cost implication for patients of getting home from an Emergency Department when it was further away from their home. However, it was noted that feedback gathered some 18 months ago had demonstrated that enhanced outcomes for patients was more important than travel which came out as one of the least important factors.
- Asked about the 'golden hour' and 'platinum ten minutes' and the impact of having to go to one site over another, which could add 20 minutes to a patients journey, Dr. Mark Pietroni reminded members that patients would be cared for by highly skilled ambulance staff throughout their journey but also reassured them that if they presented at the wrong site, they would be stabilised and transferred as soon as possible.

Comments from members included:

- Members felt that there was insufficient information in the engagement document to enable people to give a view that it would therefore be very difficult to use that feedback to identify options.
- A member accepted the argument that in the quest for the best outcome, families would be comfortable with travelling longer distances for treatment.
- As well as keeping people out of hospital a member urged the NHS community to consider the consequences of discharging patients too soon, asking that they be aware of the implications on people not just the outcomes of their care.
- This issue had prompted more residents to contact one member, more than any other issue he could remember, and given the public feeling, he urged the Trust to make the right decisions.
- The same member felt strongly that this presentation should have been made to Council and not just the O&S Committee, and urged that any future presentations by made to Council instead.

- The additional pressure that would be placed on the ambulance service if more patients had to be transferred between two sites delivering different specialist care, needed to be considered.
- A member suggested that the clinicians and administrators, despite claims to the contrary, had already made a decision about the future of services at both sites, regardless of the outcome of the engagement and consultation process and challenged them to provide a 24/7 A&E department in Cheltenham.

The Chair thanked all of the representatives for their attendance, which was much appreciated by the committee and confirmed that it would be useful for them to return once consultation was underway and more information was available. She asked that if one thing were taken away from this meeting, it should be that a 24/7 A&E service should be reinstated in Cheltenham.

The meeting was adjourned at 8.05pm and reconvened at 8.15pm.

Members felt that it would be useful to write to Councillor Allaway Martin, Chair of the Gloucestershire Health Overview and Scrutiny Committee and outline the concerns and other comments raised by this committee. The Chair would draft something on behalf of the committee and send it ahead of the HOSC meeting the next day (10 September), asking that feedback from the HOSC on the issues that are raised in the letter.

8. RESPONDING TO CLIMATE CHANGE EMERGENCY - UPDATE

The Executive Director for People and Change reminded members that in July 2019, Cabinet had declared a Climate Emergency. Expertise in this area was lacking and as such Simon Graham, from consultants De Courcy Alexander (DCA) was brought in to support the council with this work. Simon would assist with the development of an action plan and a report for Council in October and Cabinet in November.

Simon Graham, the Head of Innovation at DCA knew Cheltenham extremely well, having worked for many years at local company Commercial Ltd, where he had implemented a very successful sustainability programme and was the first in the sector to achieve Carbon Neutral and Zero Waste. Business as usual would result in a slight reduction but this would not be sufficient to meet the commitment to be carbon neutral by 2030, which he felt was achievable. Potential concepts which would result in greater carbon reduction, though this was by no means an exhaustive list, included: reduction; generation; engagement of the wider community, and; connecting with other organisations. Simon had met with major employers, including Gloucestershire County Council and Superdry to discuss what was achievable.

- Developing a 'Cheltenham Standard' using imagery of Cheltenham green spaces and cultural identifications would allow people to associate low carbon options with Cheltenham.
- A 'Cheltenham Green Deal', an investment fund that could be used within Cheltenham to achieve the carbon target through individual, community and collaborative action, would offer a funding mechanism. He had spoken to finance and they had agreed that as well as having

positive environmental factors, there would be the advantage of other social benefits.

- Cheltenham Energy. Cheltenham already had about 20MW of installed renewable capacity and there was potential for far more, as had been done in other areas around Gloucestershire. This would be an entity that would enable businesses and residents to purchase zero carbon energy, primarily from local sources.
- Did the council want to prioritise new build or retrofit. Given the investment in new build this would be sensible, but Cheltenham had a large number of properties from the 50s, 60s, 70s, 80s and 90s, which would require retrofit. Simon had met with CBH and they had said that they would welcome guidance from CBC on this matter.
- With a target of 2030, he'd welcome steer on what level the interim (5 year) target should be, 50% or 75%. He suggested that larger reductions would be achieved early on and it would get harder as time went on.

Simon gave the following responses to member questions:

- Measurements would be taken each year and he would consider it sensible to have revisit at appropriate times.
- A demographically elected 'Citizens Assembly' would undoubtedly make it easier to defend the hard decisions that would need to be taken.
- Behavioural changes were harder to influence and would therefore take longer to bear results.
- GCC were inviting applications to a Climate Youth Assembly, with a deadline of midnight (19 Sept). He felt that this was an important part of the process and that a joined up approach with partners could be useful.
- The benefit of Cheltenham Energy is that it would be 100% green and available to purchase by businesses and residents, but it would soon run out and therefore it would be logical to partner with another supplier.
- The concept of linking things that are bad for the environment with good outcomes e.g. parking income spent on the planting of trees, was a good one and the council seemed to want more ability to do that but were constrained rules imposed by central government or reliant on GCC as the responsible authority.

Members made the following comments:

- CBH were a key player and it was important that the council provided as much guidance and support as was needed.
- The question of retrofit or new build was an important one, but there was also a question about whether the council should be building zero carbon homes at a higher cost, or a higher number of carbon neutral.
- Some political groups in the area might be more progressive than others and therefore there was a concern about establishing a joint assembly, where it might not be possible to agree on targets.

- Couldn't one option be for the council to bulk purchase from a green energy supplier, which would cost more but be offset over many buildings and/or people.
- Planning could generate very positive outcomes and though this would impact the developer, buyers would benefit from reduced bills.
- Subsidising bus fares would likely encourage more people to use it as a form of public transport, over a car.

The Chair felt that the fundamental problem was that those things that were killing the planet were those things that made life more comfortable and certain people the most money. She felt that the carrot was always more successful than the stick but acknowledged that this was something that would need to be tackled in partnership with other organisations.

The committee thanked Simon for his attendance and looked forward with interest, to seeing the final report and action plan.

No decision was required.

9. SCRUTINY ANNUAL REPORT

The scrutiny annual report 2018-19 had been circulated with the agenda. The report summarised the work that had been undertaken by the committee from April 2018 to March 2019 and this would be tabled at Council on the 14 October.

There were no comments or questions.

10. CABINET BRIEFING

The Leader hadn't produced a written update as there was little to add to the update he had provided for the August meeting. He was attending the Publica AGM this evening.

11. UPDATES FROM SCRUTINY TASK GROUPS

The Democracy Officer advised that only four people had volunteered for the Events Task Group. She would send another invitation to members and start looking at dates for the first meeting, where the group would decide how they wanted to approach the review.

12. REVIEW OF SCRUTINY WORKPLAN

The agenda for the October meeting had been agreed earlier in the day and the Health and Wellbeing Strategy had been added.

The Democracy Officer advised the committee that the plan was for feedback from Campbell Tickell, who were undertaking the scrutiny review, to report back to the November meeting.

13. DATE OF NEXT MEETING

The next meeting was scheduled for the 21 October 2019.

Chairman

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Presentation and Briefing 



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Understanding the need for change


- Ageing population, rising demand, increased expectation
- Advances in technology and medicine, growing awareness of self care and lifestyle choice
- Workforce, estates and financial constraints


In response we need to review our model of care focussing on streamlining access to advice, assessment, diagnostics and specialist services when they are needed. There are opportunities to improve the ways in which we deliver healthcare – for example, our two acute hospital sites, whilst once viewed as a challenge, can play their full part in providing outstanding care which we set out in our vision for creating centres of excellence.

We are also looking at what services would be delivered through new technology, pharmacies, GPs and from community hospitals, including the new hospital being developed for the Forest of Dean.



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What you've told us so far

Over the last few years, we have been asking patients and staff about what matters to them about local health and care services.

- **72% of respondents agreed** that greater amount of the budget should be spent on supporting people to take more control of their own health
- **88% of respondents agreed** there should be a greater focus on prevention and self-care
- **95% of respondents agreed** that we should develop joined up community health and care services
- **69% of respondents agreed** that we should bring some specialist hospital services together in one place
- **70% of respondents agreed** we should focus on caring for people with the greatest health and care needs



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Involving the public in developing ideas




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Involving the public in developing solutions


To make care even better, we need to listen and understand what matters to you about local services and what you think the best solutions are to tackle the problems we face together.


People can play their part by responding to the survey questions in the *Fit for the future discussion* booklet and attending events across the county. Public engagement activities to include: information, surveys, public drop-ins, awareness raising, presentations.

- Workshops (public/staff) with representatives from protected characteristic groups and Healthwatch Gloucestershire volunteers
- Engagement Hearing – in public and live-streamed
- Citizens' Jury
- Options Appraisal process in public



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Independently facilitated engagement activities: 1

Local Solutions Development Workshops

A series of Workshops (public/staff) with invited representatives from protected characteristic groups and Healthwatch Gloucestershire Volunteers to develop potential solutions to achieve our shared priorities and meet the challenges we face.

Engagement Hearing

An opportunity for members of the public to share their thoughts and ideas about what should be taken into account, what is essential in arriving at the best solution, plus any new ideas or alternative proposals they may have. Hearings are live events held in public, live streamed to the internet, and recorded.



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Independently facilitated engagement activities: 2

Citizens' Jury

The Citizens' Jury will consider the outcome of engagement, together with evidence regarding the need for change and local priorities. The Jury will focus on the subject of improving specialist hospital services and developing *centres of excellence* and make recommendations for the best potential solutions to take forward and evaluation criteria.


Locality Workshops


Locality Workshops, made up of local people and clinicians, will consider the subject of ensuring everyone can access high quality community urgent care services in the future


Solutions Appraisal Exercise in public

Solutions Appraisal Exercise will be completed by clinicians, other health professionals, together with representatives of the members of the public involved in developing the proposed solutions




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Consideration of all the elements of engagement

- The Citizens' Jury and Localities' recommendations, together with the Outcome of Engagement and the outcome of the Solutions Appraisal Exercise, will be considered by NHS Boards and GCCG Governing Body.
- OSC/ HOSC members will be regularly updated and views sought.
- The public would be consulted about any possible changes as required.



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Focus of engagement 2019/20

- Urgent advice, assessment and treatment services
- Improving specialist hospital services and sharing our thoughts on *centres of excellence*:
 - Accident, Emergency and Assessment Services (including A&E)
 - General Surgery (Emergency and Planned)
 - Image guided interventional surgery hub
- A new hospital for the Forest of Dean



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Urgent advice, assessment and treatment services



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Defining Urgent and Emergency Care


Urgent care – an illness or injury that requires urgent attention i.e. generally needs to be assessed and dealt with on the day, but it not a life threatening situation.


Emergency care – is when you have a life or limb threatening illness or injury which requires rapid and intensive treatment.

Moving to a more planned approach to accessing and delivering urgent and emergency care would ensure the right advice and treatment is more consistently available in future. We believe we can make it easier, faster and more convenient to get urgent advice, support and services, 7 days a week and ensure care is co-ordinated from the moment that patients first make contact with the NHS. When looking at how services can be organised we have to take into account things (criteria) such as quality, achievability, affordability and sustainability.



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Accessing urgent care services wherever you live


We have been working on how to improve the way you get advice, assessment and treatment when you have urgent, but not life threatening needs. Our aim is to offer care in, or as close to your home, as possible. We call this a **New Model of Care for Urgent & Emergency Care**.


You would be able to get advice and your needs assessed in several ways:

- Going online (e.g. www.nhs.uk or the NHS App)
- For minor illness advice call your GP surgery during work hours; call NHS 111 out of hours
- For non-life or limb threatening injury advice call NHS111 24/7
- For life or limb threatening emergency call 999




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Improving urgent care in local communities - what we need to consider 

Around 1 in 3 visits to the Emergency Departments (A&E) at Cheltenham and Gloucester are for injuries and problems that could be treated safely by a different NHS service. We need to look at why this is and how we can help people use other, more appropriate services.

- How we can best work together to develop a network of strong, joined up services and provision which meets people's same day urgent care needs
- How we develop community hospitals, working alongside other community services, such as GPs, pharmacies and integrated community teams
- How we provide access to the right type of diagnostics e.g. X-rays
- What, and from where, these services are provided - in our two big urban centres and in other places across the county. In terms of 'where', we need to think about how many places will deliver minor injury and illness services to support joined up care.



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Centres of excellence



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The idea of creating two centres of excellence 


A centre of excellence for Emergency care: This would ensure that, if someone has a life or limb or sight threatening emergency, the right facilities and staff would always be available to give them the best possible chance of survival and recovery.

A centre of excellence for Planned care: This would reduce the number of operations that are cancelled when beds or operating theatres are needed for the most unwell patients who arrive in the Emergency Department (A&E) and need urgent operations or treatment.

Outpatient and day case appointments would continue to be available at both sites and in community hospitals, as well as 24-hour access to urgent care services.



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Improving specialist hospital services 

- Where we continue to provide specialist services at both hospitals, such as emergency general surgery, this duplication is leading to challenges.
- For example, it means we have to spread scarce staff and other specialist resources across two sites.


The next few years

- The overall centres of excellence vision described previously could take up to ten years to achieve. It is dependent on a number of 'building blocks' such as having the right buildings, equipment, technology, staff and money in place.
- First we would like to hear people's views on potential solutions for accident, emergency and assessment services (including A&E), general surgery and image-guided interventional surgery.




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Accident, Emergency and Assessment Services (including A&E) 

Current services

- Full Emergency Department (A&E) at Gloucestershire Royal Hospital 24/7
- Full Emergency Department (A&E) at Cheltenham General Hospital 8am-8pm and a Nurse led walk-in service 8pm-8am, both 7 days a week
- GP referral to hospital doctor assessment unit at CGH and GRH 24/7
- Paramedic assessment service, treatment at home if not life or limb threatening or referral to hospital doctor assessment unit



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What we need to consider 

- We need to ensure the best use is made of staffing, facilities and other resources
- Around 1 in 3 visits to the Emergency Departments (A&E) at Cheltenham and Gloucester are for injuries and problems that could be treated safely by a different NHS service. We need to look at why this is and how we can help people use other, more appropriate services.
- Best outcomes for life and limb threatening illness and injury with the right staff and expertise, facilities and equipment
- On average just under 100 people each day need very specialist life and limb saving services in Gloucestershire.
- Local access - committed to 24/7 walk in urgent care services at Cheltenham General and Gloucestershire Royal Hospitals
- No decisions made on the level of care or range of services to be provided at CGH or GRH in the future
- An opportunity for people to have their say on how to deliver outstanding care, including the nature of local A&E services



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www.onegloucestershire.net  @One_Glos

Ways to get involved



There are a number of ways to get involved and share your views over the summer:

- Complete the FREEPOST survey in the discussion booklet or go to the online survey
- Come to an NHS Information Bus Public Drop-In Event/Stand at local venues
- Participate in or observe an independently facilitated participation event (workshops, Engagement Hearing, *centres of excellence* Citizens Jury)
- Follow us on Twitter: @One_Glos
- All the details, including events information can be found at www.onegloucestershire.net



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Appendices



- Current schedule of independently facilitated engagement activities
- Current schedule of public events: NHS Information Bus and Stands



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Current schedule of independently facilitated engagement activities

Local Solutions Development Workshops (countywide)

- 1 August: *Urgent advice, assessment and treatment services*
- 21 August: *General Surgery*
- 2 October: *Image-guided Interventional Surgery*
- Tbc: *Acute and Emergency Medicine*

Locality Workshops (Local urgent advice, assessment and treatment services)

- 3 October (am) – North Cotswolds
- 3 October (pm) – South Cotswolds
- 8 October (am/pm) – Gloucester City (confirmed)
- 8 October (pm) – Cheltenham (confirmed)
- 9 October (am/pm) – Tewkesbury
- 10 October (am) – Cheltenham
- 15 October (am/pm) – South Cotswolds
- 15 October (pm) – North Cotswolds
- 16 October (am) Forest of Dean (confirmed)
- 16 October (pm) – Tewkesbury
- 17 October (am) Stroud and Berkley Vale (confirmed)
- 17 October (pm) Cotswolds South (confirmed)

Current schedule of independently facilitated engagement activities



Engagement Hearing

- 24 October

Centres of excellence Citizens' Jury – 5 days

- w/c 9 December

Solutions Appraisal – 2 days

- 17/18 December



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Current schedule of public events: NHS Information Bus and Stands (1)

- Thursday 22nd August: Information Bus Gloucester Cross
- Friday 23rd August: Information Bus Clock Tower roundabout, Coleford
- Monday 26th August: Winchcombe country Show – Information bus Winchcombe School
- Tuesday 27th August: Information Bus Outside M&S, Cheltenham town Centre
- Thursday 29th August: Information Bus Tesco, Stroud
- Saturday 31st: August Information Bus Co-op, Cinderford
- Monday 2nd September: Information Bus Gloucester Cross
- Wednesday 4th September: Information Bus Newent Market Place
- Wednesday 4th September, Imjin Barracks Freshers Fayre
- Friday 6th September: Information Bus Lydney, Newerne St Carpark
- Saturday 7th September: Information Bus Cheltenham, outside M&S
- Sunday 8th September: Information Bus Frampton Country Show

Current schedule of public events: NHS Information Bus and Displays (2)

- Monday 9th September: Information Bus Tewkesbury Morrisons
- Wednesday 11th September: Information Bus Cirencester Market Place
- Wednesday 11th September: Stand The Main Place, Coleford
- Thursday 12th September: Information Bus Moreton-in-Marsh town centre
- Saturday 14th September: Information Bus (Pride in the Park) Gloucester Park
- Saturday 14 September: Tetbury Hospital Open Day Stand
- Monday 16th September: Information Bus Dursley town centre
- Wednesday 18th September: Stand Coop, Cinderford
- Friday 20th September: Information Bus Stow-on-the-Wold, Market Square
- Saturday 21st September: Information Bus Cheltenham, outside M&S
- Saturday 21st September: Stand Tesco, Lydney
- Friday 27th September: Information Bus (Dementia Alliance) Berry Hill Rugby Club, Coleford
- Friday 27th September: Stand Library, Newent

1.	Question from Councillor Iain Dobie
	Do you believe it best for the county's ED consultants to be located at a single centre of excellence at Gloucestershire Royal A&E?
	Response
	<p>We recognise that there will be a range of views.</p> <p>We want to be clear that no decisions have been made about the level of care or range of services to be provided at Cheltenham General or Gloucestershire Royal Hospitals in the future.</p> <p>The current engagement is an opportunity for people to have their say on how best to deliver outstanding specialist hospital care in the future, including the nature of local A&E services.</p> <p>One idea for discussion is to create a Centre of Excellence for Emergency Care in Gloucestershire treating critical life and limb threatening conditions. It would be one way of ensuring scarce specialist staff, expertise and facilities were always on hand to get the right treatment started whatever time of the day or night and support survival and recovery.</p> <p>We say very clearly in the <i>Fit for the Future</i> booklet that we see both Cheltenham General and Gloucestershire Royal hospitals continuing to provide a range of same day, walk in, urgent care services 24 hours a day, 7 days a week for local patients. Whatever form that ultimately takes, the majority of patients who need urgent hospital care, would continue to access services as they do now.</p> <p>We have a comprehensive engagement process in place to listen to views, consider suggestions and to develop potential solutions. This includes the booklet and survey, drop in events, workshops, a public engagement hearing, a citizens' jury and a solutions appraisal exercise in public.</p>
2.	Question from Councillor Willingham
	The "Fit for the future" engagement document fails to mention the "Joint Core Strategy" or to reference any regional spatial planning documents. If the NHS Trust had looked at these, they would see that Cheltenham, is a growing town. A future looking document that doesn't recognise the proposed population growth of one of the major urban areas it covers seems unfit for the future, would you agree?
	Response
	<p>We are aware that Cheltenham is a growing town and that it is important to consider relevant planning documents and future growth forecasts when developing potential solutions.</p> <p>We have an innovative engagement structure in place to support these conversations and deliberations. This includes an engagement hearing in public, a citizens' jury and a solutions appraisal exercise in public.</p> <p>We have made it very clear that no plans have been drawn up to close A&E in Cheltenham and no decisions have been made about the level of care or range of services to be provided at Cheltenham General or Gloucestershire Royal Hospitals in the future.</p> <p>Whatever the outcome of the current engagement and any future public consultation, the majority of patients who need urgent hospital care, would continue to access services as they do now at the two hospital sites.</p>

3.	Question from Councillor Willingham
	<p>On 26th August, 1st September and 2nd September the NHS Trust announced on Social Media that “Our hospitals are really busy today”. It is currently summer, and if A&E is currently experiencing difficulties, one might question how the hospitals will cope this winter. Are our hospitals ready to cope with the increased demand that is likely to occur this winter?</p>
	Response
	<p>There are often fluctuations in demand at our two A&E departments, whatever the season.</p> <p>We always have robust winter plans in place right across the health and social care community and this year will be no different.</p> <p>We significantly increase resources to minimise waits for assessment by senior members of the medical team when patients arrive at hospital and to ensure the patient’s journey through departments and hospitals is timely and well-co-ordinated.</p> <p>We have also identified a number of initiatives that are intended to reduce overall demand within the Emergency Departments and working with care partners, reduce delays for people ready to leave hospital.</p> <p>Over the last two Winters, Gloucestershire has been one of the best performing areas in terms of waiting times, despite the increase in seasonal demand.</p> <p>There has been some public commentary that if there were future changes to A&E services, then Gloucestershire Royal Hospital would be unable to cope.</p> <p>We have made it very clear that no plans have been drawn up to close A&E in Cheltenham and no decisions have been made about the level of care or range of services to be provided at Cheltenham General or Gloucestershire Royal Hospitals in the future.</p> <p>Whatever the outcome of the current engagement and any future public consultation, the majority of patients who need urgent hospital care, would continue to access services as they do now at the two hospital sites.</p>
4.	Question from Councillor Willingham
	<p>Many people are concerned about the threat of the closure or further downgrading of A&E at Cheltenham General Hospital. The current downgraded service is already unfit for a growing town like Cheltenham. Will you give a commitment that you will restore 24/7 A&E provision at Cheltenham General Hospital?</p>
	Response
	<p>We have made it very clear that no plans have been drawn up to close A&E in Cheltenham and no decisions have been made about the level of care or range of services to be provided at Cheltenham General or Gloucestershire Royal Hospitals in the future.</p> <p>The current engagement is an opportunity for people to have their say on how best to deliver outstanding specialist hospital care in the future, including the nature of local A&E services.</p>

Whatever the eventual outcome, it's important that we can provide truly leading edge care for people with critical life and limb threatening emergencies, comparable to the best in England – maximising the chances of survival and recovery.

As you will be aware, current A&E services see patients with a broad range of needs.

We say very clearly in the *Fit for the Future* booklet that we see both Cheltenham General and Gloucestershire Royal hospitals continuing to provide a range of same day, walk in, urgent care services 24 hours a day, 7 days a week for local patients. Whatever form that ultimately takes, the majority of patients who need urgent hospital care, would continue to access services as they do now.

We have a comprehensive engagement process in place to listen to views, consider suggestions and to develop potential solutions. This includes the booklet and survey, drop in events, workshops, an engagement hearing in public, a citizens' jury and a solutions appraisal exercise in public.

The public and staff would be consulted on any significant changes proposed that followed on from the engagement period.

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