

## Agenda Item 3

### Governing Body

<b>Meeting Date</b>	<b>Thursday 25 January 2018</b>
<b>Report Title</b>	<b>Health &amp; Wellbeing for the Future: Community Hospitals in the Forest of Dean - Outcome of consultation</b> <b>Appendices (4)</b> <b>A – Case for change</b> <b>B – Public consultation document</b> <b>C – Outcome of consultation report</b> <b>D – Report from Gloucestershire HCOSC</b>
<b>Executive Summary</b>	<p>The joint consultation undertaken by NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire Care Services NHS Trust (GCS) on our preferred option for a new community hospital in the Forest of Dean ended on 10<sup>th</sup> December.</p> <p>The outcome of consultation report has now been carefully considered by both organisations, taking note of the feedback from the Gloucestershire Health and Care Overview and Scrutiny Committee following its meeting held in public on 9<sup>th</sup> January 2018.</p> <p>In line with national guidance, while recognising that NHS bodies are not bound by the views expressed by those who took the opportunity to respond to the consultation, both GCCG and GCS are committed to ensuring that these views are fully considered and taken into account as part of any decision making process. The report, which has been jointly produced by GCCG and GCS, therefore sets out a series of recommendations for consideration by the NHS Gloucestershire Clinical Commissioning Group (GCCG) Governing Body and Gloucestershire</p>

	<p>Care Services NHS Trust Board (GCS).</p> <p>The Governing Body is being asked to consider these recommendations, and then to consider whether it agrees to progress the preferred option as set out in the consultation document, or whether there are any issues that have been identified through the consultation which would suggest an alternative option should be pursued.</p> <p>In being asked to consider this issue, it is noted that relevant legal advice has been taken.</p>
<b>Key Issues</b>	The consultation report draws out the key themes including beds, transport and access
<b>Risk Issues: Original Risk (CxL) Residual Risk (CxL)</b>	See consultation report
<b>Management of Conflicts of Interest</b>	None
<b>Financial Impact</b>	It should be noted that agreeing to the preferred option as set out in the consultation document, will involve a small financial implication associated with the commissioning of the independent combined panel to consider a location.
<b>Legal Issues (including NHS Constitution)</b>	In carrying out the consultation and the decision making process the CCG has ensured it is compliant with the relevant legislation including section 14Z2 of the NHS Act 2006 and advice obtained from its legal advisors
<b>Impact on Health Inequalities</b>	See Equality Impact Assessment below
<b>Impact on Equality and Diversity</b>	An Equality Impact Assessment was carried out on the communications and consultation plan copies are available on the FoD website
<b>Impact on Sustainable Development</b>	The impact on sustainable development will be considered as part of the choice of location should the preferred option be approved.
<b>Patient and Public Involvement</b>	See consultation report
<b>Recommendation</b>	The Governing Body is asked to consider whether the recommendations set out in this

	<p>paper in response to the consultation feedback, address, or have the potential to address, the issues identified such that they feel able to approve the preferred option of a new community hospital in the Forest of Dean.</p> <p>The Governing Body is therefore asked to:</p> <ol style="list-style-type: none"> <li>1) Confirm it is satisfied that there is no new or material information which has come to light through the consultation that would bring into question the case for change.</li> <li>2) Endorse the recommendations set out in response to the issues identified through the public consultation.</li> <li>3) Approve the preferred option for a new community hospital in the Forest of Dean which would replace The Dilke Memorial Hospital and Lydney and District Hospital.</li> </ol>
<b>Lead author</b>	Mary Hutton
<b>Designation</b>	Accountable Officer, GCCG

## **Health and Wellbeing for the future: Community Hospitals in the Forest of Dean**

### **Recommendations for Next Steps following the public consultation**

#### **1 Introduction**

This paper sets out recommendations for consideration by the NHS Gloucestershire Clinical Commissioning Group (GCCG) Governing Body and Gloucestershire Care Services NHS Trust Board (GCS) following the 12 week formal consultation on proposals for community hospitals in the Forest of Dean.

In line with national guidance, while recognising that NHS bodies are not bound by the views expressed by those who took the opportunity to respond to the consultation, both GCCG and GCS are committed to ensuring that these views are fully considered and taken into account as part of any decision making process.

The Governing Body/Trust Board is being asked to consider whether they feel able to continue to progress the preferred option as set out in the consultation document, or whether there are any issues that have been identified through the consultation which would suggest an alternative option should be pursued.

In making this judgement, the Governing Body/ Trust Board may wish to consider areas for further work to address any issues identified through the consultation, which will need to be addressed in the final business case and/or future CCG commissioning intentions.

#### **2 Background and Context**

The Forest Health and Care Review was established in 2015. The purpose of the review was to:

develop a plan for delivering high quality and affordable community health and care services to the people of the Forest of Dean which meet their needs now and in the future, and is developed with patients, the public and our key partners. The review will encompass all community services in the Forest of Dean, including those within the community hospitals

Following extensive engagement throughout the lifetime of the Forest Health and Care Review, GCCG and GCS, with the support of the wider One Gloucestershire Sustainability and Transformation Partnership (STP), approved the Case For Change in July 2017. The summary below focuses specifically on the case for change relating to the community hospital service provision in the Forest of Dean.

### **Case for Change Summary – Community Hospital Services**

In developing and delivering high quality services for the future, we face the following **challenges**:

- the two existing community hospitals are reaching the stage where it is becoming increasingly difficult to provide modern, efficient, effective, high-quality care;
- the ability to maintain some essential services across two community hospital sites is becoming increasingly difficult with healthcare professionals working across different sites and the challenge of recruiting and retaining enough staff with the right skills;
- there are significant issues relating to cost of maintenance of the existing hospitals and restricted space for services;
- the current physical environment within the hospitals makes it increasingly difficult to ensure privacy and dignity for all patients and manage infection control;
- too many people from the Forest of Dean are having to travel outside the local area to receive care that should be provided more locally, such as endoscopy;
- the current healthcare system can be fragmented and disjointed from both a patient and professional perspective;
- healthcare needs within the Forest of Dean are not always being met effectively.

We want to achieve the following **benefits for patients, health and care staff and the Forest of Dean community**:

- more consistent, reliable and sustainable community hospital services, e.g. staffing levels, opening hours;
- a wide range of community hospital services, including beds, accommodation to support outpatient services and urgent care services;
- significantly improved facilities and space for patients and staff;
- services and teams working more closely together;
- better working conditions for staff and greater opportunities for training and development so we can recruit and retain the best health and care professionals in the Forest of Dean.

The Case for Change informed the development and consideration of options for the future delivery of community hospital services, resulting in the identification of a preferred option for public consultation.

GCCG and GCS launched a 12 week formal consultation at the Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC) on 9<sup>th</sup> September 2017. The consultation closed on 10<sup>th</sup> December 2017.

The consultation focused on the preferred option to invest in a single new community hospital for the Forest of Dean. This approach was supported by observations made by Healthwatch Gloucestershire in its response to the consultation. While offering a high level overview of the services that would be expected to be provided in a new Community Hospital, the consultation was based on the assumption that the new facility would provide flexible, modern accommodation that would enable the ongoing provision of strong community hospital based services capable of meeting current and future needs in the Forest of Dean. The diagram below illustrates the range of services that we would see included in a new community hospital:



This reflects the ongoing work progressing through the One Gloucestershire STP to support new models of care, based on the core STP principles of providing care as locally as possible, with a strong focus on prevention and strengthened primary care and community based services. It is important to note, therefore, that alongside the proposal for a new hospital plans are progressing rapidly to provide two new health centres in the Forest of Dean to replace existing ageing facilities in Cinderford and Coleford. In

addition, in recent years local services that have been developed and enhanced, include (but are not restricted to):

- **Renal Dialysis** - A new renal dialysis facility in Cinderford meaning that Forest residents who need renal dialysis can have their care locally, removing the burden of travel multiple times per week to Gloucestershire Royal Hospital;
- **Chemotherapy** – the chemotherapy bus provides a local option for some patients requiring chemotherapy which is co-ordinated from our oncology centre in Cheltenham;
- **Breast Screening** – Our mobile Breast Screening service provides a local service for women across the Forest area;
- **Ophthalmology Services** – A range of eye outpatient services have been ‘relocated’ from secondary care (the hospital) to primary care (local optometry practices in the Forest), meaning cataract follow-up appointments, glaucoma monitoring check-ups, emergency care for a number of minor eye conditions and follow-up appointments for children identified through school vision screening services are provided at local optometrists practices across the Forest;
- **Mental Health Care** – The enhanced offer from 2gether Mental Health Trust provides a range of outpatient services at the newly developed hub at Colliers Court. Services are provided by The Adult Mental Health Recovery Team, Older People Team, Children and Young People Service, Vocational Service, Assertive Outreach, Learning Disability Services, Complex Psychological Intervention, Managing Memory 2gether, Care Home Support, Integrated Care Team (including Let’s Talk/Improved Access to Psychological Therapy). These teams in the Forest have, in the past year, provided an average of more than 1,260 appointments each month;
- **Maternity Care** - Maternity outpatient and antenatal services are provided from a range of health centre locations, and we offer a supportive home birthing service that can enable women who are low risk to have their babies at home in the Forest of Dean;
- **Rapid Response Team** – a strengthened Rapid Response service, providing an alternative to hospital admission for a range of health conditions, supporting people to remain at home wherever it is possible to do so. In this financial year it is expected that nearly 800 Forest residents will receive support through this service;
- **Extended Access Primary Care** – Our GP practices are delivering extended access appointments at evening and weekends for Forest residents across the district;
- **Health and Wellbeing Services** - A range of new health and wellbeing services, including the new ‘social prescribing’ service delivered in partnership with the local district council, community based rehabilitation such as pulmonary rehab and some innovative pilots to engage young people with diabetes in arts and health activities working with a local arts organisation in Coleford.

In launching the consultation, both GCCG and GCS acknowledged the debt of gratitude owed to people of vision and generosity who helped to develop healthcare facilities and services in the Forest of Dean over many generations. A commitment was made at the that time by GCS, that should the decision be made to progress the preferred option it would invest in a new community hospital facility in the Forest of Dean to support modern, efficient, high quality care, and a commitment of the CCG as the commissioner of these services to maintain strong local provision in the Forest of Dean.



The consultation asked local people and health and care professionals to consider whether they supported the preferred option to replace the two existing community hospitals, The Dilke Memorial Hospital and Lydney and District Hospital with a newly built hospital in the Forest of Dean, and if they did not feel able to support the preferred option to explain why.

The consultation also sought views on the criteria which should be used to help to decide where any new hospital would be located if the preferred option was progressed, and how a recommendation regarding location should be made.

The Case for Change and Consultation Documents are attached at Appendix 1 and Appendix 2.

### **3 What we have heard through the consultation**

As noted above, in line with national guidance, while recognising that NHS bodies are not bound by the views expressed by those who took the opportunity to respond to the consultation, both GCCG and GCS are committed to ensuring that the views expressed through the consultation are fully considered and taken into account as part of any decision making process.

The full Outcome of Consultation report is attached at Appendix 3. A summary of the key themes and considerations is set out below.

#### **3.1 Support for the Preferred Option**

The consultation sought to establish the level of support for the preferred option. It also provided an opportunity to understand any issues of concern to those who participated in the consultation which meant that they did not feel able to support the preferred option, and to ensure that there were no other options that we should consider.

43% of all respondents who answered this question supported the preferred option, with 12% undecided. 46% of all respondents who answered this question did not feel able to support the preferred option<sup>1</sup>

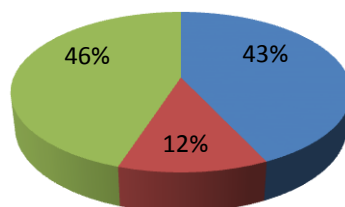
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<sup>1</sup> % rounded



## Do you support our preferred option?

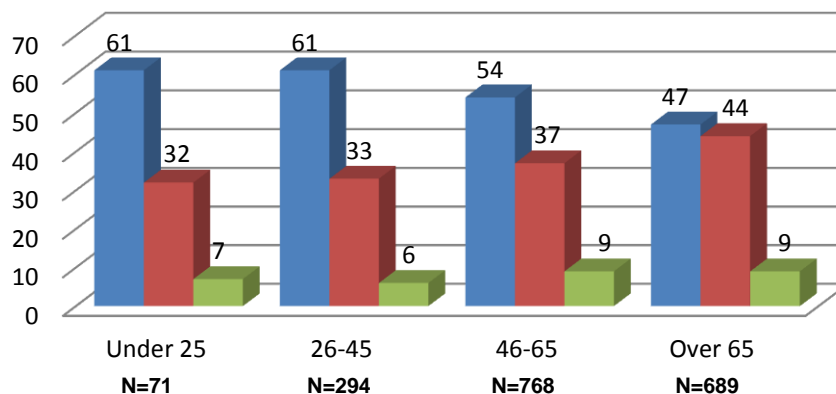
■ Yes ■ Don't Know ■ No



Where full survey responses were completed to include demographic information (Number =, 1,822), it has been possible to undertake further analysis. This shows that of this group, across all age groups more people supported the preferred option than not, with greater support among the younger respondents (% responses below).

## Do you support our preferred option - by age group (N=1,822)

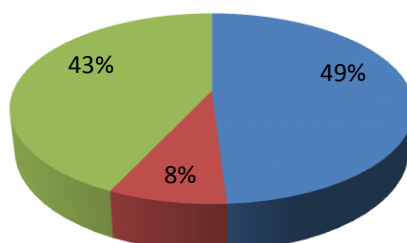
■ Yes ■ No ■ Don't Know



It is also of interest to note that of those respondents who completed the consultation questionnaire and who indicated that they had attended a consultation event, 49% were supportive of the preferred option, with 43% not in favour and 8% un-decided.

**Do you support our preferred option?  
Respondents who reported to have attended  
a consultation event n=658**

■ Yes ■ Don't know ■ No



In addition to the consultation survey, written responses were also received from a number of individuals and stakeholder organisations.

Of note, the preferred option, with some important caveats specifically in relation to location and bed numbers, was supported in principle by the following:

- Mark Harper, MP for the Forest of Dean
- Friends of Lydney Hospital\*
- Cinderford Town Council\*
- Lydney Town Council\*
- Lydney, District and Severnside Stakeholder Group\*
- Forest GP Surgeries
- Great Oaks Hospice
- Coleford Town Council\*
- 2gether NHS Foundation Trust

(\* these responses also made comments with regard to location)

The analysis of the feedback, which also reflected discussions in consultation events, highlights a number of important themes and issues which will require serious consideration by the Governing Body and Trust Board to determine whether these issues, taken together, should move us away from our preferred option. These issues were also identified during discussions held by the Gloucestershire Health and Care Overview and Scrutiny Committee, which considered the outcome of consultation report at its meeting held in public on 9<sup>th</sup> January 2018. A summary of their response is attached at Appendix 4.

### **3.1.1 Bed Numbers**

Currently there are 47 beds across the two community hospital sites in the Forest of Dean. While the consultation document did not give any definitive statement on the number of beds that could be included in a new hospital, it did state that there would be a minimum of 24 beds. While attempts were made to explain the rationale for the inclusion of a minimum number of beds, and assurance was given that detailed bed modelling would be progressed as part of the detailed planning, it is clear that these concerns were not fully addressed and many people interpreted the minimum number of 24 beds as the final number.

As a result a significant proportion of survey respondents who did not feel able to support the preferred option or who were undecided (Don't knows), cited a potentially reduced number of beds as the reason. Similar concerns were also noted in a number of written responses.

*Initial NHS response:*

*If the Governing Body and Trust Board progress the preferred option, it will be essential that further work is undertaken to provide assurance on the bed modelling rationale to ensure that the concerns expressed through the consultation are addressed.*

### **3.1.2 Travel and transport**

It is widely recognised that travel and transport in the Forest of Dean can be difficult, with limited public transport and poor road links common in many rural areas.

In coming to a view on the preferred option of a single Community Hospital it was always recognised that for some residents in the Forest of Dean, and for some colleagues working in the community hospitals, there would inevitably be an impact in terms of travel and access, benefitting some at the cost of others.

Travel and transport was cited as the second most frequently occurring reason not to support the preferred option. It was also an important issue raised in consultation events, where a number of participants took the opportunity to promote the important role played by voluntary transport providers in the Forest of Dean and also reflected on the strength and support within local communities and networks to help people access current health and care services.

There was also some recognition through the consultation events, that a do minimum option could have more significant implications should it not be possible to sustain some of the existing services in the Forest of Dean.

*Initial NHS response:*

*It is clear that should the preferred option be progressed, careful consideration of travel and transport impact and opportunities must be given serious attention.*

### 3.1.3 Changing demographics

The Forest of Dean review has involved key partners, including the Forest of Dean District Council, with the aim of ensuring that our work is based on shared planning assumptions. A number of responses sought assurance that there had been sufficient consideration given to future demographic changes, in particular changes associated with planned housing growth in a number of areas in the Forest of Dean.

*Initial NHS response:*

*Should the preferred option be progressed, greater assurance will be needed to evidence consideration of future population changes and planned housing developments, particularly where these could materially impact on location and core services.*

### 3.1.4 Forest of Dean heritage / local investment

It should be of no surprise that some responses reflected on the important legacy and heritage of both The Dilke Memorial Hospital and Lydney and District Hospital, expressing a wish to see the two hospitals continue to serve their communities.

It is hoped that throughout the consultation process there was an appropriate recognition and respect given to the history associated with both of the sites, while also seeking to explain why, despite the generous support of local people and continued investment by the Trust, there were significant constraints that were impacting on the ability to provide care effectively and appropriately.

These constraints were well recognised by clinical colleagues through the consultation and among those who were familiar with the two existing hospitals.

*Initial NHS response:*

*The consultation has highlighted the need to provide assurance that the future of both existing sites will be an important consideration for the GCS Trust Board and that cultural heritage would be taken into account in any new hospital development.*

### 3.1.5 Insufficient detail provided

Some survey responses cited the lack of detail as the reason why they were unable to support the preferred option.

It is important to recognise that the consultation document deliberately focused on the proposal for investment in a single new hospital and the process for identifying a preferred location. This is because much of the detailed planning work that will impact on community hospital and community based services across the whole of Gloucestershire is being progressed as part of the wider One Gloucestershire STP work. The STP work is assuming that there will be a need for flexible community hospital services, incorporating urgent care, in the Forest of Dean.

It is also of note that Healthwatch Gloucestershire have provided feedback that they felt “the consultation was supported with good quality information, which explained the case for change, background, Frequently Asked Questions and the options”.

*Initial NHS response:*

*The consultation has highlighted a wish for greater detail on the services to be provided in a new community hospital.*

### **3.1.6 NHS ‘cost cutting’**

Through the consultation process, both the CCG and GCS have been clear that the context within which the NHS is working is challenging and opportunities for improving efficiency and effectiveness is critical if services are to be maintained. Indeed, one of the key investment objectives associated with the preferred option is to secure greater efficiencies possible through a single site, thus enabling the continuing provision of a strong community hospital offer in the Forest of Dean.

A number of respondents did not support the preferred option as they perceived it to be a ‘cost cutting’ initiative. In a number of public meetings there were also concerns expressed with regard to the financing of the preferred option, with assumptions made that there would be private finance associated with the new hospital and that the aim was to secure significant receipts through the disposal of the existing sites.

It is noted that, should a final decision be made to progress planning for a new community hospital development in the Forest of Dean, this would be dependent upon the investment of GCS capital funding, with no private funding assumed. It was also made clear in the consultation events that, should the preferred option be progressed, and if one or both sites were not to be identified as the preferred location, the assumption was that any capital from any sale would be reinvested in local NHS services.

## **3.2 Alternative Options**

Respondents who did not support the preferred option were asked whether there were any other options that should be considered.

Where comments were offered, the predominant suggestion was to share the proposed capital investment across the two existing sites. This option was explored as part of the original option appraisal and was discounted for a number of reasons specifically:

- It does not support the delivery of new models of care and inability to sustain essential services across both sites.
- Even with significant investment there would continue to be constraints associated with the existing buildings that would impact on the ability to provide a high quality physical environment.
- It would not support new ways of working.

There were also a number of responses which suggested that the new community hospital should be on one of the existing sites, with the other used for alternative health purposes. Given that both existing sites will be considered as potential options, this is in line with the preferred option set out in the consultation.

A number of respondents identified additional services that they wished to see provided in the Forest of Dean. This included the provision of a maternity unit, a 24/7 Accident and Emergency unit and operating theatre facilities.

### 3.3 Impact of options

While there will be a need to continue to assess the impact of any changes proposed through a robust equality impact assessment process, the consultation provided an opportunity to gain some valuable insight on the impact of the options presented.

Respondents to this question reported both positive and negative impacts, with travel and access being a predominant theme.

### 3.4 Criteria for Location

The consultation asked for views on the possible criteria that should be used to consider the best location for a new community hospital in the Forest of Dean. The criteria suggested were as follows:

- It should be in, or near, to one of the three main population centres in the Forest of Dean – Cinderford, Coleford or Lydney. As a guide it should be no further than 30 minutes by car, for the majority of Forest of Dean residents.
- There is an available site that:
  - is able to accommodate a building/buildings (and parking provision) which meet current and future service requirements
  - is accessible by car or public transport
  - is available and affordable to enable completion of works by 2021/2022
  - will be able to secure appropriate planning permission.
- It is in an area which offers the greatest opportunities for co-location with primary care (e.g. GP services) and/or other related health and wellbeing services.
- It should have the support of local health and care professionals.

- It is a site that offers a design and development which provides best value<sup>2</sup> for money for the public purse.

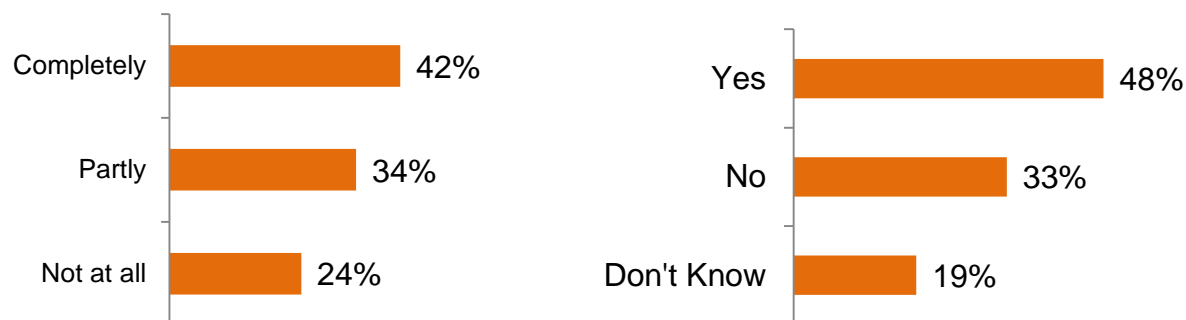
The consultation document also confirmed a commitment to ensure that, wherever the location, the new hospital would be designed with the input of local communities to reflect the unique heritage and character of the Forest of Dean, with environmental sustainability at the core of the design.

While in the consultation survey, some respondents used the opportunity to restate their concerns associated with the preferred option, overall the responses suggest that the proposed criteria are appropriate to be used to consider the optimal location for any new community hospital in the Forest of Dean, with 42% of respondents supporting these completely, and 34% partly (main survey) and 48% and 19% (easy read).

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<sup>2</sup> Best value is defined through this document as ensuring consideration of cost, quality and sustainability.





In offering additional comments and suggestions, it is clear that access by public transport is a common concern. There were also suggestions for additional criteria:

- Relative accessibility of other options to access care recognising that some people will choose to use other health facilities either within or outside of Gloucestershire;
- A site with pleasant surroundings, green space, views, etc.
- A site with sufficient space for car parking, future developments and which is able to facilitate mobile services e.g. breast screening service.

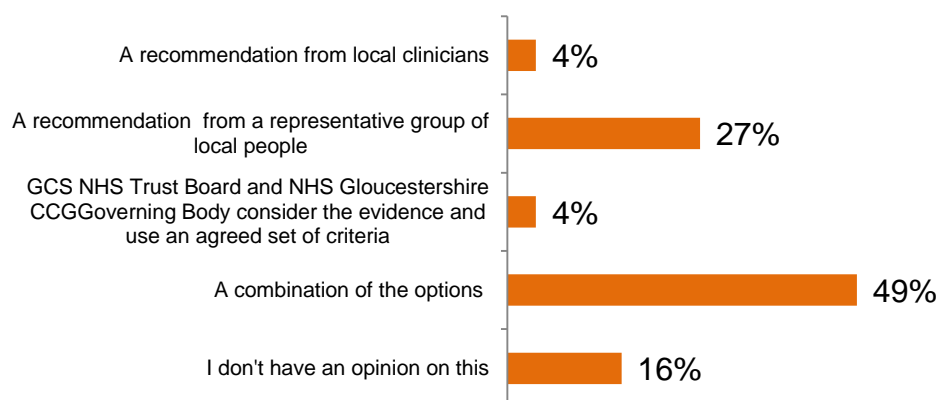
### 3.5 Making a Recommendation on Location

The consultation asked for views on the kind of forum that could be convened to make a recommendation on the preferred area to locate a new community hospital, if the preferred option was to be progressed. A number of options were suggested in the document:

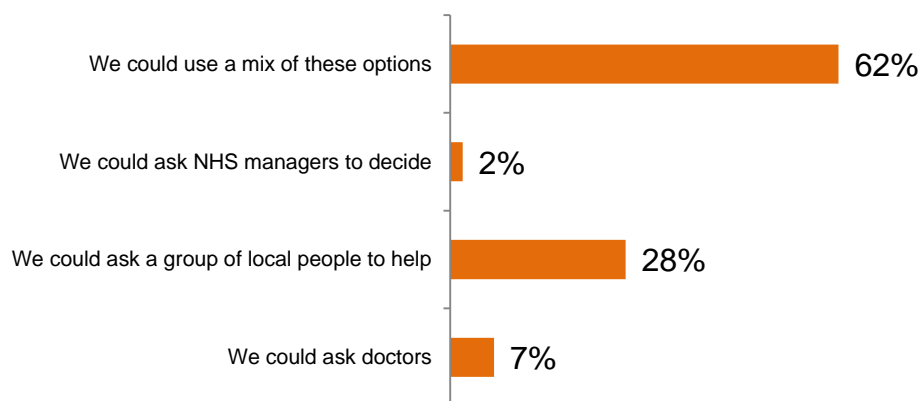
- To convene a Clinical Advisory Panel, involving a representative group of local clinicians (e.g. doctors and nurses) to consider the evidence and make a recommendation. The clinical advisory panel would be independently facilitated (chaired). It would be presented with, and could call for evidence, to enable it to make as informed a recommendation as possible.
- To convene a Citizen's Advisory Panel to consider the evidence and make a recommendation. A citizen's advisory panel or 'jury' would work on the principles of our legal jury system; it would be independently facilitated (chaired) and would be made up of representatives from the community with no personal interest in the issue being discussed. It would be presented with, and could call for evidence, to enable it to make as informed a recommendation as possible.

- To ask the Gloucestershire Care Service NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group to consider the evidence and use an agreed criteria to make a decision.
- A combination of the options above.

The majority view through the survey responses was that the forum should be a combination of local people, health professionals and managers. This was also the general view expressed through written responses from individuals and stakeholders.



### Easy Read - If we build a new hospital, how should we decide where?



## 3.6 Summary

The consultation process has provided a valuable opportunity to listen to people's views and, where individuals attended consultation events, to enter into discussion about why we believe that our preferred option represents the best way forward to maintain and develop strong community hospital based services in the Forest of Dean.

The consultation responses suggest that, while the rationale for investing in a new facility in the Forest of Dean is accepted, the main issues of concern to local people are:

- the need to provide greater assurance with regard to the number of beds that will be available in the Forest of Dean in a new facility to support local people who may require community hospital care in the future;
- Concerns with regard to travel and access should the preferred option be progressed;
- A wish to see a positive future for both existing community hospitals which reflects their history and legacy.

## 4 Our Response

The feedback from the consultation has been carefully reviewed by the consultation team and Executive and Non-Executive colleagues from GCS and the CCG. As a result of this review, a set of recommendations has been developed for consideration.

### 4.1 Case for Change

While it has been hugely gratifying to hear the positive accounts of local people with regard to the services provided across the two community hospitals in the Forest of Dean, the Executive of Gloucestershire Care Services and the Clinical Commissioning Group do not consider that there has been any new evidence presented to suggest that the case for change should be revisited. Indeed, the conversations through the consultation have evidenced the importance placed by the local community on sustaining strong community based services in the Forest of Dean, and a recognition that while the two existing hospitals have served the communities over many years, there are increasing challenges that need to be faced.

#### **Recommendation 1: Case for Change**

The CCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to re-confirm its continuing support for the Case for Change, with specific reference to community hospital services.

### 4.2 Support for our preferred option

A significant number of respondents to the consultation survey (3344), and the written responses (28) received from representative organisations and groups have indicated either support for the preferred option or that they are un-decided. This is in no way intended to ignore the fact that 46% of all survey responses received did not support the preferred option.

#### 4.2.1 *Bed Capacity*

The most common issue of concern among those who did not feel able to support the preferred option was related to the number of beds that would be in a new hospital.

While we recognise that hospital beds are only part of the landscape of community services and community hospitals, it is clear that local people see hospital beds as precious and tangible evidence of NHS services in their local communities.

Through the consultation we sought to be clear that in planning for a new hospital we would work openly and transparently to develop our plans for the number of beds we would include within the facility, noting also the need for a building that has sufficient flexibility to respond to changing needs of the population over time. We also sought to be clear that a key assumption for the planning of a new hospital would be to work on the basis that the capacity required in the Forest of Dean should be sized to meet the needs of the Forest of Dean, recognising potential demographic changes and our continuing aim to reduce the need for hospital admission and length of stay by supporting people in their own homes wherever appropriate.

Currently, due to there being no community hospital facility in Gloucester City or Cheltenham, a significant proportion of the existing community bed capacity in the Forest of Dean is occupied by patients who live in Gloucester City. We explained through the consultation our ambition to work over the next two years to provide alternative provision for patients living in Gloucester City, where possible providing their care closer to home, as well as looking to reduce the need for inpatient hospital admission and length of stay.

As part of the wider STP work, the CCG and GCS have committed to working with Gloucester Hospitals NHS Foundation Trust and other partners to develop a whole system bed model which will support our planning for the future. It will be through this work that the final proposals for the bed numbers to meet the needs of people in the Forest of Dean will be developed. It is expected that this work will be completed before a final decision on the detailed design of a new community hospital is made, and will be shared widely with colleagues in the Forest of Dean to provide assurance that we remain committed to ensure that a new facility has the appropriate capacity to meet local need.

#### **Recommendation 2: Bed Modelling**

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

- 1) Note the comments that have been expressed through the public consultation with regard to the number of beds that will be included in a new community hospital in the Forest of Dean.
- 2) Confirm that at this point in time no final bed numbers have been agreed for a new hospital in the Forest of Dean.
- 3) Confirm that the shared aim is to provide sufficient capacity within the Forest of Dean to meet local need, with specific reference to meeting the needs of people who require multi-disciplinary active rehabilitation and/or sub-acute care, while also

promoting new models of care which reduce the need for hospital admission and support reduced length of stay in hospital.

- 4) Confirm a shared commitment to work actively to test new models of care in Gloucester City and Cheltenham Town, with the aim of providing clear pathways and more local care where possible and appropriate.
- 5) Commit to undertaking further work, as part of the wider whole system bed modelling, to provide the rationale and evidence base for the proposed bed numbers to be included within a new community hospital in the Forest of Dean.
- 6) Confirm that this work will be completed before the final design of a new community hospital is agreed, and that it will be shared widely with colleagues in the Forest of Dean.

#### **4.2.2 Travel and Access**

It is well understood that travel and access is a key issue for the Forest of Dean which covers a significant geographic area with generally poor transport infrastructure. While the 2011 Census shows 85.6% of households in the Forest of Dean have access to a car or van, which is slightly higher than the County average of 82.9%, we appreciate that many people do rely on public transport which can be very limited. The role of voluntary transport and the strength of local communities to support friends and family was also highlighted.

It is noted that a number of the proposed criteria set out in the consultation document to inform the optimal location for a new community hospital relate to travel and access for service users and carers, taking into account both private and public transport. It is also important to understand the issues of travel and access for health and care professionals, including patient transport and ambulance services.

While recognising the importance of travel and access, the feedback from public engagement undertaken through the One Gloucestershire in 2016/17<sup>3</sup> suggested that people were prepared to travel for health care when this was necessary to enable them to receive the right care.

#### **Recommendation 3: Travel and Access**

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

- 1) Note the importance of travel and access for people in the Forest of Dean.
- 2) Ensure that travel and access issues are reflected in any consideration of location, should there be a decision to progress the preferred option.

<sup>3</sup> [www.gloucestershireSTP.net](http://www.gloucestershireSTP.net)

- 3) Commit both organisations to work with partners to support wider ambitions to improve public transport and access routes within the Forest of Dean.
- 4) Commit both organisations to continuing to work with community transport providers to promote the use of their services.

#### **4.2.3 Changing demographics**

It is understood that, regardless of whether the preferred option is progressed, there must be careful consideration of the future population changes.

It has become clear during the consultation that there is a need for greater assurance that we understand the current development control plans and implications. This will be particularly important in any considerations around location of a new community hospital and the scope of services to be provided.

#### **Recommendation 4: Planning for demographic growth**

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

- 1) Confirm that the assumptions for demographic growth will be reviewed and updated to reflect the most current information, working in partnership with the Forest District Council and town councils as necessary;
- 2) That should the decision to approve the preferred option be made, this information will be available to the forum established to consider the optimal location.

#### **4.2.4 Forest of Dean heritage / local investment**

Both GCCG and GCS recognise the important legacy and heritage of both The Dilke Memorial Hospital and Lydney Hospital.

Legal advice has been taken which confirms that both hospitals are assets held by Gloucestershire Care Services NHS Trust on behalf of the Secretary of State for Health and Social Care. The advice has also confirmed that should either, or both, become surplus to requirement they can be disposed of with no restrictive covenants in place. It has, however, always been the ambition of GCS to ensure that, should either or both sites no longer be required for the provision of community hospital services, options for disposal of the sites is progressed in a manner which recognises their history and legacy. We know that this ambition is shared by the Forest of Dean District Council, which has indicated a wish to work with us should there be a time in the future where either or both sites are no longer required by the NHS.

GCS has also been clear that any receipts from the sale of either or both sites will be required to reinvest in the new hospital, ensuring that the funding remains within the Forest of Dean for the benefit of the local community.

## Recommendation 5: Heritage and Legacy

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

- 1) Note the strong views of local people with regard to the history and legacy associated with the two sites.
- 2) Note that, should the preferred option be progressed, and should either or both sites become surplus to requirements, options for the future of each site will be progressed to realise best value.

### 4.2.5 *Insufficient detail provided*

The CCG Governing Body and GCS Trust Board will be aware that the consultation deliberately focused on the proposal for investment in a single new hospital and the process for identifying a preferred location.

As noted in section 3.1.5 this is because much of the detailed planning work that will impact on all community hospital and community based services across the whole of Gloucestershire is being progressed as part of the wider One Gloucestershire Sustainability and Transformation Partnership (STP) work.

Through the consultation events, it was also recognised that should the preferred option be progressed, our aim would be to have a new hospital opening in 2021/22 and while we would need to establish some clear service planning principles to underpin the business case, it would be inappropriate to make definitive service plans at this point in time given the pace of change impacting on health and care services.

It is on this basis that the consultation set out clearly the core services that would be included in a new community hospital, specifically:

- Inpatient beds for core rehabilitation and sub-acute care<sup>4</sup>
- Provision for the delivery of specialist outpatient services and therapy services
- A facility for urgent care
- A range of diagnostic services, including space for specialist mobile diagnostic services

We also note the assurance provided by Healthwatch Gloucestershire with regard to the information that was made available through the consultation.

Some respondents did not feel able to offer a view on the preferred option without knowing the proposed location of a new hospital. While appreciating this was an issue for some respondents, the consultation was seeking views on the principle of a single new community hospital and the criteria that should be used to identify an optimal location.

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<sup>4</sup> **Subacute care** is a level of care needed by a patient who does not require hospital acute care, but who requires more intensive skilled nursing care than is provided to the majority of patients in a skilled nursing facility.



### **Recommendation 6: Detailed Service Planning**

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

- 1) Reconfirm that the approach was to seek the views through consultation on the preferred option for a single new hospital, and views on the criteria for location.
- 2) Commit to ensuring that, if a decision is taken to approve the preferred option, there will be a process established to ensure that local people are engaged and involved in the detailed service planning, reflecting an ongoing commitment to co-production.

#### **4.2.6 NHS ‘cost cutting’**

It is disappointing that a number of respondents did not support the preferred option as they perceived it to be a ‘cost cutting’ initiative and that it would be dependent upon access to private capital. Both GCCG and GCS have been clear that should a final decision be made to progress planning for a new community hospital development in the Forest of Dean, this would be dependent upon the investment of GCS capital funding, with no private funding assumed.

Notwithstanding the above, it is also important to recognise that the health and care system across Gloucestershire is facing an unprecedented challenge to maintain safe and sustainable services within the resources available. This does mean that in planning for future services every opportunity to secure improved efficiency and productivity must be taken. In this regard, the additional costs associated with maintaining relatively low volume services across two community hospital sites is not insignificant and early work has suggested the opportunity to achieve efficiencies through the development of a single site solution in the Forest.

### **Recommendation 7: NHS Financial Framework**

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

- 1) Ensure that in all future engagement and communication it is made clear that should the preferred option be progressed, this will be achieved through the investment of NHS capital;
- 2) Note that should the preferred option be approved, there will be a commitment to ensure that the optimal levels of efficiency are realised, noting the need to secure year-on-year cost improvements and a wish to achieve this with minimal impact on patient care.

### 4.3 Alternative Options

Where comments were offered, the predominant suggestion was to share the proposed capital investment across the two existing sites. This option was explored as part of the original option appraisal and was discounted for a number of reasons specifically:

- It does not support the delivery of new models of care and inability to sustain essential services across both sites.
- Even with significant investment there would continue to be constraints associated with the existing buildings that would impact on the ability to provide a high quality physical environment.
- It would not support new ways of working.

A number of respondents identified additional services that they wished to see provided in the Forest of Dean. This included the provision of a maternity unit, a 24/7 Accident and Emergency unit and an operating theatre facility. These issues had been considered through the Forest of Dean Community Services Review and had been discounted for clinical reasons.

The analysis of the feedback through consultation and by the consultation team has not identified any issues which were not considered as part of the case for change and options appraisal.

#### **Recommendation 8: Alternative Options**

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

- 1) Confirm the assessment that no new options, which met the objectives set out in the consultation, were identified through the consultation feedback which had not been considered as part of the options appraisal to determine the preferred option.

### 4.4 Impact of options

While there will be a need to continue to assess the impact of any changes proposed through a robust quality and equality impact assessment process, the consultation provided an opportunity to gain some valuable insight into the impact of the options presented.

Of particular note from the consultation, the issues identified included the impact of travel and access, both positive and negative.

## **Recommendation 9: Impact Assessment**

The GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

- 1) Recommit to ensuring that, what-ever option is progressed, there will be a clear process to assess the quality and equality impact, with particular reference to people with protected characteristics.<sup>5</sup>

### **4.5 Criteria for Location and Process for Applying the Criteria**

A number of responses, and feedback at consultation events, recognised that it is unlikely that a consensus on the issue of location of a single new community hospital will be possible, and that this should be openly acknowledged and not allowed to stand in the way of progress.

The consultation responses suggest that among those who participated there is a broad consensus on the criteria that should be used to determine whether a new community hospital for the Forest of Dean should be in, or near to Cinderford, Coleford or Lydney. There was also broad consensus on the formation of a panel to apply these criteria, with the panel comprising of a representative group of local people, Trust Board and Governing Body Members and clinicians.

The responses have also highlighted that that some of the criteria are more relevant to the location (i.e. Cinderford, Coleford or Lydney), with other criteria, more relevant to sites characteristics which will be relevant in which ever location is proposed.

The table below seeks to offer a view on a set of criteria which take account of the rich feedback received through the consultation.

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<sup>5</sup> Protected Characteristics refer to nine characteristics covered in the Equality Act 2010. Discrimination against these characteristics is unlawful. The nine characteristics are: Age. Disability. Gender reassignment. Marriage and civil partnership. Pregnancy and maternity.

Criteria – Location	Criteria - Site
<ul style="list-style-type: none"> <li>• It should be no further than 30 minutes by car, for the majority of Forest of Dean residents.</li> <li>• It should be a location which maximises access for the population of the Forest of Dean, mindful of: <ul style="list-style-type: none"> <li>○ the population characteristics of those who will use the services in a community hospital (urgent care, inpatient care, outpatients, diagnostics etc., );</li> <li>○ the needs of key partners who will support the community hospital including the ambulance service, patient transport providers, and other health and care providers;</li> <li>○ relative accessibility of other options to access care, recognising that some people will choose to use other health facilities either within or outside of Gloucestershire;</li> </ul> </li> <li>• It should have the support of local health and care professionals.</li> <li>• It is in an area which offers the greatest opportunities for co-location with primary care (e.g. GP services) and/or other related health and wellbeing services.</li> <li>• It is in an area which offers greatest potential to support the wider economic regeneration plans within the Forest of Dean.</li> </ul>	<ul style="list-style-type: none"> <li>• It is able to accommodate a building/buildings and parking provision which meet current and future service requirements.</li> <li>• It is accessible by car or public transport</li> <li>• It is available and affordable to enable completion of works by 2021/2022.</li> <li>• It will be able to secure appropriate planning permission.</li> <li>• It offers the potential for pleasant surroundings, green space, views, etc.</li> <li>• It is a site that offers a design and development which provides best value for money for the public purse.</li> </ul>

The first stage of the process will be to enable a clear view to be taken as to whether there are determining factors which favour the Cinderford, Coleford, or Lydney areas as a preferred location for the new community hospital.

It is proposed that this recommendation would be developed by an independent panel comprising of lay and clinical members. This would not be an opportunity to reopen the consultation, rather the panel will be asked to make a clear recommendation to the GCS Board and CCG Governing Body on a preferred location. This would then be considered by the Gloucestershire Care Services NHS Trust and CCG Governing Body, and if accepted will enable work to be progressed by the Trust, with the CCG and other partners, to identify a preferred site in that area to enable completion of the final business case.

### **Proposed Role and Composition of a Combined Panel**

The CCG and GCS will commission an independent body to convene and facilitate a Combined Panel. The Panel will be independently selected, with the aim of providing a representative group of individuals who will be asked to use their judgement to consider evidence and take a view on the optimal location of a community hospital in the Forest of Dean, using agreed criteria. They will also be asked to offer a view on the weighting that should be applied to site criteria.

Our expectation is that the panel will comprise between 18 and 22 people, the majority of whom will be residents within the Forest of Dean, from a cross-section of the community. A possible make-up of the panel might be:

- 16 lay members, of whom 12 will be resident in the Forest of Dean and 4 who will have no connection with the Forest of Dean;
- 4 clinical members, of whom 3 will be clinicians working within the Forest of Dean and 1 external to the Forest of Dean
- 1 representative from GCS Board and 1 representative from GCCG Governing Body

Criteria for representative appointment to the panel will include, as a minimum:

- The individual has no direct or family connection with community hospital services in the Forest of Dean, (lay members only)
- The individual has not been involved in the established Forest of Dean Locality Reference Group
- The individual commits to the principle of bringing their independent judgement to the issue to be considered;

The Panel proceedings will result in a public report being presented.

Should the panel be unable to determine a preferred location, the expectation is that Gloucestershire Care Services NHS Trust, would work to establish site options in each area and, with partners, apply the site criteria to determine a preferred site.

### **Recommendation 10: Criteria and approach for appraising location and site**

Should the decision be taken to approve the preferred option, the GCCG Governing Body/Gloucestershire Care Services NHS Trust Board is asked to:

- 1) Confirm the criteria to be used to enable an objective consideration of a preferred **location** (in or near Cinderford, Coleford or Lydney) will be:
  - It should be a location which maximises access for the population of the Forest of Dean, and no further than 30 minutes by car, for the majority of Forest of Dean residents, mindful of:
    - the population characteristics of those who will use the services in a community hospital (urgent care, inpatient care, outpatients, diagnostics etc., ), taking in to consideration planned and potential population growth;
    - the needs of key partners who will support the community hospital including the ambulance service, patient transport providers, and other health and care providers;
    - relative accessibility of other options to access care, recognising that some people will choose to use other health facilities either within or outside of Gloucestershire;
    - public and private transport issues impacting on access.
  - It should have the support of local health and care professionals.
  - It is in an area which offers the greatest opportunities for co-location with primary care (e.g. GP services) and/or other related health and wellbeing services.
  - It is in an area which offers greatest potential to support the wider economic regeneration plans within the Forest of Dean.
- 2) Confirm that a Combined Panel will be commissioned with the purpose of applying the agreed criteria and making a recommendation on location.
- 3) Confirm that the site criteria that will be used will include the following:
  - It is able to accommodate a building/buildings and parking provision which meet current and future service requirements.
  - It is accessible by car or public transport.
  - is available and affordable to enable completion of works by 2021/2022
  - It will be able to secure appropriate planning permission.
  - It offers the potential for pleasant surroundings, green space, views, etc.
  - It is a site that offers a design and development which provides best value for money for the public purse.

## 5 Conclusion and Next Steps

The Trust Board / GCCG Governing Body is being asked to consider whether the recommendations set out in this paper in response to the consultation feedback, address, or have the potential to address, the issues identified such that they feel able to approve the preferred option of a new community hospital in the Forest of Dean.

The Trust Board/GCCG Governing Body is therefore asked to:

- 1) Confirm it is satisfied that there is no new or material information which has come to light through the consultation that would bring into question the case for change.
- 2) Endorse the recommendations set out in response to the issues identified through the public consultation.
- 3) Approve the preferred option for a new community hospital in the Forest of Dean, which would replace The Dilke Memorial Hospital and Lydney and District Hospital.



# Development of health service infrastructure in the Forest of Dean

## A Case for Change



Version 4.0

Version control		
Version	4.0	
Authors	Andrew Hughes, Associate Director, Commissioning, Gloucestershire Clinical Commissioning Group  Rod Brown, Head of Planning and Partnerships, Gloucestershire Care Services NHS Trust	
Executive owners	Mary Hutton, Accountable Officer, Gloucestershire Clinical Commissioning Group  Katie Norton, Chief Executive, Gloucestershire Care Services NHS Trust	
Issue history	<ul style="list-style-type: none"><li>• Version 1.1 shared at the Forest of Dean Community Services Steering Group on 1 March 2017</li><li>• Version 2.3 shared at the Forest of Dean Community Services Steering Group on 5 April 2017</li><li>• Version 2.7 shared at the Forest of Dean Community Services Steering Group on 3 May 2017</li><li>• Version 4.0 shared at the Board of Gloucestershire Care Services NHS Trust on 18 May 2017</li><li>• Version 4.0 shared at the Governing Body of the Gloucestershire Clinical Commissioning Group on 25 May 2017 and July 27 2017</li></ul>	
Revision history		
Draft	Date	Summary of changes
2.1-3.1	Various	Development of document prior to presentation of version 4.0 at the Gloucestershire Care Services NHS Trust Board and the Gloucestershire Clinical Commissioning Group’s Governing Body in May

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# 1. Executive summary

This Case for Change confirms One Gloucestershire's commitment to enhancing primary and community-based services in the Forest of Dean.

Whilst proud of the healthcare services currently provided in the Forest of Dean, it is recognised that there is a need for investment in new infrastructure to support the provision of modern health and care services. In developing our thinking, we have been mindful of the unique geography and needs of the local population, and the emerging service models being developed through Gloucestershire's Sustainability and Transformation Partnership (STP).

The Case for Change recognises that the Forest of Dean has an increasingly elderly population, with a higher incidence of long-term conditions such as heart failure and diabetes. We also recognise that there is a higher level of economic inactivity, deprivation and social isolation compared to elsewhere within Gloucestershire. To support the development and delivery of effective and responsive health and care services to respond to these needs, there is a need to address the following challenges:

- the existing healthcare estate (specifically the two community hospitals and three of the locality's health centres) is no longer fit-for-purpose, and does not efficiently support the provision of modern, effective, high-quality care;
- the ability to maintain some essential services across two community hospital sites is becoming increasingly unsustainable;
- the current healthcare system is fragmented and disjointed from both a service user and professional perspective;
- there are significant needs within the Forest of Dean which are not being met effectively or equitably.

Investment in new estate will, we believe, enable us to better support the health and wellbeing of the local population in the Forest of Dean. It will also allow the NHS to work in new ways that will enable community- based services to integrate more directly with local primary care, with the aim of providing more care within the Forest of Dean, and reducing unnecessary reliance on acute hospital services.

## 2. Introduction

### 2.1 Context

This Case for Change has been developed as part of the wider One Gloucestershire Sustainability and Transformation Partnership. As such, it represents the collective voice of all local statutory NHS and social care providers including:

- the Gloucestershire Clinical Commissioning Group;
- Gloucestershire Care Services NHS Trust;
- 2gether NHS Foundation Trust;
- Gloucestershire Hospitals NHS Foundation Trust;
- South Western Ambulance Services Foundation Trust;
- Gloucestershire County Council.

In line with the ambitions of One Gloucestershire, the Case for Change seeks to ensure that:

- publically-funded health and social care services support a healthier Gloucestershire, that is socially and economically strong and vibrant;
- high quality, safe health and social care services are available to the local population whenever they are needed;
- services are better joined-up so that they sustainable, and best placed to meet the three nationally-identified challenges, being (i) the health and well-being gap, (ii) the care and quality gap, and (iii) the finance and efficiency gap.

Of particular relevance is the commitment within the One Gloucestershire STP to the development of place based models of care, focused around groups of general practices and their registered population. The Forest of Dean cluster comprises the 11 GP practices within the Forest of Dean with a combined registered population of approx. 63,000 (Newent and Staunton to the north fall within the Tewkesbury cluster). Additionally, the CCG has assumed responsibility from Wales for commissioning healthcare services for those people who live in England, but who are registered with a Welsh GP. This adds a further 8,811 people to the overall population considerations.

## **2.2 Purpose**

This document sets out the case for the development of new, fit-for-purpose healthcare service infrastructure within the Forest of Dean. It provides an overview of:

- the local population, demography and health needs;
- the current service provision in the Forest of Dean and where applicable, the key issues and challenges;
- the current healthcare estate in the Forest of Dean, noting the existing plans to develop some primary care infrastructure;
- the national and local strategic context;
- stakeholder insight, feedback and opinion;
- the key emerging models of care which any future infrastructure solution will need to support.

## **2.3 Considerations**

In developing the Case for Change, we have been mindful of the four tests set by NHS England against which proposals for change should be assessed:

- strong public and patient engagement;
- consistency with current and prospective need for patient choice;
- clear clinical evidence base;
- support for proposals from commissioners.

The approach to this project from the outset has been specifically designed to ensure that these four key tests are met.

The project has been led and directed by a Steering Group and delivered by a small Project Group, attended by representatives of the Gloucestershire Clinical Commissioning Group ("the CCG"), Gloucestershire Care Services NHS Trust, 2gether NHS Foundation Trust, Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire County Council. Both the Steering and Project Group have been informed by a Locality Reference Group which has involved key stakeholders in all aspects of the project.

We are confident that this approach, which has enabled the Case for Change to be developed, will enable rapid progression of the development of a Strategic Outline Case and a set of proposals for formal public consultation.

## 3. Forest of Dean profile

### 3.1 Population profile

The population of the Forest of Dean was estimated to be approximately 83,700 in 2014, representing a rise of approximately 2,600 since 2004. This is equivalent to an annual growth of 0.32% in the ten years to 2014. This is significantly below both the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively. In this period, the number of people aged 65+ rose by an average 480 people per year as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.

Assuming these trends continue, Office of National Statistics (ONS) projections suggest that the overall population in the Forest of Dean will reach 86,800 by 2025 and 89,800 by 2037. These projections should also be seen in the context of planned housing developments across the county – current plans include the development of some 1,900 new houses in and around Lydney, and 1,050 new houses in and around Cinderford. Post 2031, there is also some additional housing anticipated, to be built within the south of the district<sup>1</sup>.

The dominating feature of the projected trend for the Forest of Dean is a sharp increase in the number of older people (aged 65+), while projections for children, young people and the working age group show a decline in the next 25 years as illustrated in the table below. The number of people aged 75+ (the age at which social care and other support services are most likely to be required) is projected to increase in the same period, whilst the number of people aged 85+ will see the fastest rate of growth.

Projected Population Growth 2012-37						
	Forest of Dean		Gloucestershire		England	
Age Group	Projected Change 2012-25	Projected Change 2025-37	Projected Change 2012-25	Projected Change 2025-37	Projected Change 2012-25	Projected Change 2025-37
All Ages	5.0%	3.5%	8.9%	6.2%	9.2%	6.4%
0-19	0.0%	-1.6%	7.4%	1.0%	8.6%	0.7%
20-64	-6.0%	-6.9%	0.6%	-1.1%	3.4%	1.5%
All 65+	38.5%	24.6%	35.4%	27.1%	30.4%	26.6%
• 65-74	17.0%	17.1%	19.1%	21.0%	16.8%	22.4%
• 75-84	64.3%	12.0%	53.3%	15.6%	42.7%	15.8%
• 85+	69.6%	76.9%	55.7%	70.4%	54.2%	63.9%

<sup>1</sup> Reference: Forest of Dean District Council

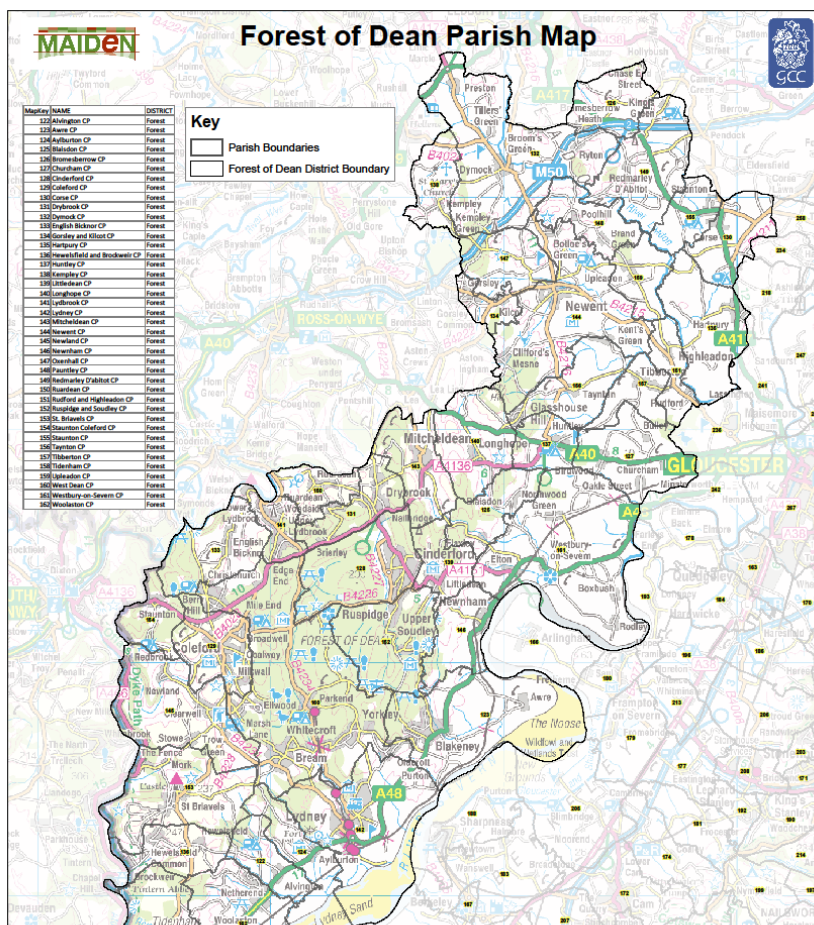


## 3.2 Area Profile

The Forest of Dean is a predominantly rural locality. Access is restricted by the River Sever, and there are only two main road links and a single rail link. As a result, there are significant areas of the Forest which are considered as being “least accessible” based upon the availability of ten key facilities (namely, a post office, supermarket, library, primary school, secondary school, children’s centre, GP, pharmacy, A&E / Minor Injuries and Illness Unit, and fitness facility).

The Forest of Dean is often described as comprising three distinct areas - the Forest “core” in the central belt, and areas to both its north and south.

There are differences between the “core” with its more pronounced industrial history and the other two areas. There are also contrasting landscape types. Within the southern part of the district, south of the A40, is an area which includes on its edge, the towns of Cinderford, Coleford and Lydney. This area contains the Forest of Dean itself with its managed woodlands, and is the source of a rich and distinctive cultural heritage.



### 3.3 Health needs assessment

“Understanding the Forest of Dean” - a detailed health needs assessment was produced in 2015 by the Strategic Needs Analysis Team within Gloucestershire County Council. A summary of key messages are summarised below:

- for the last seven years, the Forest of Dean has seen a higher percentage of excess weight in 4-5 year olds and 10-11 year olds compared to Gloucestershire and England;
- while the overall health of people in the Forest of Dean tends to be good, this is not true for everyone and for every part of the district. Some groups, such as those on lower incomes, people from certain ethnic groups and people with mental health problems, may experience poorer health outcomes;
- the three leading causes of death in the Forest of Dean are cancer, cardiovascular disease, and respiratory disease respectively. This is consistent with the national trend;
- 19.6% Forest of Dean residents (16,603 people) report having a long-term health problem or disability - this is above the county, regional and national averages;
- in general, the Forest of Dean displays average levels of deprivation in relation to the rest of England. Of the 13 Lower Super Output Areas (LSOAs) in Gloucestershire that rank in the 20% most deprived nationally, only one is located in the Forest of Dean district, namely Cinderford West;
- the number of people in the Forest of Dean aged 18+ with a learning disability is forecast to increase to 1,617 people by 2025; this represents an increase of 65 people or 4.2%;
- for the majority of long-term conditions (LTCs), the Forest of Dean has a higher prevalence rate than the county as a whole. It is the only district in the county that is above average for both the proportion of older people and for deprivation;
- over 1,350 people aged 65+ are estimated to have dementia in the Forest of Dean, and this is forecast to rise by almost 75% to 2,330+ people by 2030;
- the rate per 100,000 people receiving community-based adult social care services in the Forest of Dean is the highest in the county;
- the Forest of Dean has the highest rate of people in residential care in the county with an average rate for nursing home care;
- the Forest of Dean has a greater share of the population with caring responsibilities, compared against the county as a whole for every age band.

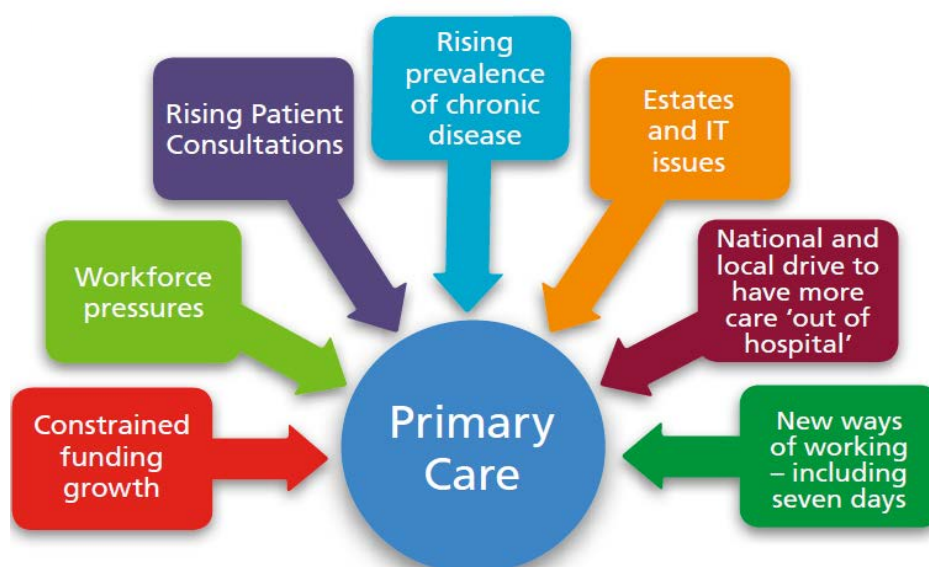
## 4. Current services and key issues

### 4.1 General medical services

It is estimated that 90% of all patient contacts with the NHS occur in general practice. The Forest of Dean Primary Care cluster comprises 11 GP practices offering a range of core, additional and enhanced services set out in a contract between the NHS and GP practices. These are listed in the table below together, with the patient list sizes.

Practice	List size
Lydney	7,041
Yorkley and Bream Practice	7,661
Drybrook Surgery	4,407
Forest Health Care (Cinderford)	7,800
Blakeney Surgery	3,317
Mitcheldean Surgery	6,117
Dockham Road Surgery	6,176
Coleford Health Centre	7,141
Brunston and Lydbrook Practice	5,714
Severnbank Surgery	4,242
Newnham Surgery	3,243
<b>Total</b>	<b>62,859</b>

The CCG has developed a Primary Care Strategy 2016-21 (December 2016) which recognises the challenges facing primary care and the opportunities for the future.



Overall, our priority is to build strong primary care for patients in the Forest of Dean as we believe that this is fundamental to support people to live well for longer and receive joined-up out-of-hospital care. The strategy therefore focuses specifically on:

- attracting and retaining the best possible staff through promoting the Forest of Dean as a great place in which to live and work, and offering excellent training opportunities;
- ensuring good access to primary care 7 days a week;
- creating a better work-life balance for primary care staff;
- maximising the use of technology;
- reducing bureaucracy;
- supporting practices to explore how they can work closer together to provide a greater range of services for larger numbers of patients;
- ensuring that services are provided in modern premises, fit for the future.

#### 4.2 Community-based services

NHS community-based services within Gloucestershire are provided by:

- ***Gloucestershire Care Service NHS Trust (“GCS”)***, which provides a range of services for people of all ages, commissioned largely through the CCG. It employs approximately 3,000 people including nursing, medical, dental and allied health professionals. GCS also works in close partnership with approx. 800 social care staff from Gloucestershire County Council so as to respond effectively to both health and social care needs, which often overlap;
- ***2gether NHS Foundation Trust (“2gether”)***, which provides specialist mental health and learning disability services to both adults and children across Gloucestershire and Herefordshire. Approx. 2,300 dedicated staff, including health and social care specialists, deliver services to more than 40,000 individuals, and offer education and support to their carers’ and families.

Specifically in terms of the Forest of Dean, these physical and mental healthcare services are provided in the two GCS-owned community hospitals, as well as in 2gether’s base at Colliers Court. Additionally, care is provided in GP surgeries / health centres, people’s own homes, schools and children’s centres, nursing and residential homes and other social care settings (for example, 96% of 2gether’s services are provided within the community and as close to a person’s family and friends as possible). In summary, these community-based services include:

- two community hospitals, namely Lydney and District Hospital and Dilke Memorial Hospital, Cinderford: these are described in section 5.2 below;
- adult Integrated Community Teams (ICTs) which comprise community nurses, physiotherapists, social workers, occupational therapists and reablement workers: these ICTs serve to promote people's independent living by providing person-centred care within a person's own home or community;
- a Rapid Response service which complements the ICTs by providing an intensive 24/7 service for adults who require urgent care that can be successfully delivered at home, thereby avoiding hospital admission;
- a dedicated response team for people in a mental health crisis;
- specialist healthcare services including intravenous (IV) therapy, pulmonary rehabilitation, community diabetes, Parkinson's care, heart failure, cardiac rehabilitation, speech and language therapy, podiatry, adult musculoskeletal (MSK) physiotherapy, dental and sexual health services;
- specialist mental healthcare services including the recovery team which supports adults recovering from serious mental illness, the older person's community mental health team, the memory assessment service, and the community learning disabilities team;
- support for children and young people including public health nursing, school nurses, therapy services (physiotherapy, speech and language therapy etc), and childhood immunisations: additionally, mental health support is available at Collier's Court, Cinderford, supplemented by inpatient units in Gloucester and Cheltenham, as well as community-based care.

Key issues for community-based services, relevant to this project, are as follows:

- the estates infrastructure - specifically, the two community hospitals centres - is increasingly unable to support the delivery of high quality health and care services as described in more detail in section 5.2 below;
- GCS and 2gether are moving towards more integrated service provision, in particular working alongside primary care, the voluntary sector of social care providers as a result of implementing the Place-Based Model.

## **4.3 Other local health and social care organisations**

### **4.3.1 Gloucestershire Clinical Commissioning Group**

Gloucestershire Clinical Commissioning Group (“the CCG”) is a membership-based organisation that includes all 81 general medical practices in the county, and is overseen by a constitution authorised by NHS England.

The geographical area covered by the 81 practice members is coterminous with that covered by Gloucestershire County Council, covering 271,207 hectares with a registered population of around 630,000 which is further divided into District Councils.

The CCG’s key function is to commission (plan and arrange) exemplar healthcare services on behalf of the NHS for all people in Gloucestershire through effective clinical leadership, with particular focus on patient safety and continuous improvements in patient experience. The plans set out in this document should be seen as part of this commitment.

### **4.3.2 Acute hospital provided services**

Gloucestershire Hospitals NHS Foundation Trust provides acute, elective and specialist healthcare for a population of more than 850,000 people. It operates from two sites, namely Gloucestershire Royal Hospital and Cheltenham General Hospital. Services are also provided from other locations across the county.

### **4.3.3 Gloucestershire County Council**

The County Council currently supports approximately 25,000 people across Gloucestershire who have a disability, are vulnerable, or live with an age-related disorder, as well as commissioning services aimed at addressing social care and health inequalities, and promoting health and wellbeing. The County Council works in partnership with service users and carers, health, housing and the third sector in order to maximise people’s potential for independence, and meet assessed need within a legal framework, most notably as set out in the Care Act 2014.

### **4.3.4 Independent and third sector providers**

There are many other providers of health and social care provided in the Forest of Dean. These include, for example Great Oaks Hospice.

#### 4.4 Financial framework

The healthcare spend associated with patients living in the Forest of Dean in 2016-17 is summarised below.

<b>Forest of Dean total resource and activity 2016-17</b>	
<b>Variable Healthcare Commissioning</b>	<b>Annual Budget</b>
A&E / Minor Injuries and Illness Units	£2,273,200
Elective & day-case	£8,725,610
Emergency & non-elective admitted care	£12,049,446
Outpatients and non-consultant services	£9,411,972
Practice prescribing	£10,389,100
<b>Block Contract Healthcare Commissioning</b>	
Emergency ambulance	£2,667,956
Specialist mental health	£8,124,848
Out-of-hours	£791,325
Other community services	£6,085,633
Maternity services	£2,766,774
<b>Other Contract Lines</b>	
Other contracts	£2,470,899
<b>Total Healthcare Resource</b>	<b>£65,756,764</b>

Source: NHS Gloucestershire CCG

Since April 2015, the CCG has had delegated responsibility for the commissioning and contracting of GP primary care services. The delegated budget for specific areas is as follows:

<b>Delegated primary care budget 2016-17 for Forest locality</b>	
Contract payments	£5,497,766
Direct enhanced services	£396,829
Premises	£748,524
Other GP services	£185,675
Dispensing and prescribing fees	£919,259
Quality and outcomes framework (QOF)	£969,339
<b>Total</b>	<b>£8,717,392</b>

## 5. Estates infrastructure

## 5.1 Primary care

The CCG approved a Primary Care Infrastructure Plan<sup>2</sup> at the end of March 2016, in which it set out priorities for investment in GP surgeries in order to deliver new models of care. It highlighted where investment is needed for the period 2016 to 2021 to support the delivery objectives of the *GP Five Year Forward View*.

The Primary Care Infrastructure Plan (PCIP) was informed by other service strategies and is now part of Gloucestershire's Sustainability and Transformation Plan. It emphasises that proposals should set out a new offer to patients and their families, and as such, has been a catalyst for bringing practices together to think differently, resulting in proposals for new service models for the long-term. Specifically, the PCIP is responding to an emerging direction of travel for primary care service provision and out-of-hospital services, where extended teams provide a greater range of services in larger facilities, or networked facilities, across a given area of typically around 30,000 to 50,000 people.

The PCIP also responds to the projected population growth in Gloucestershire over the next 15 years, especially where this growth is expected to be exceptional. It recognised that a number of practices are presently providing services in facilities significantly smaller than would be expected. This position worsens over the next ten to fifteen years if there is no investment in new or extended buildings.

In respect of the Forest of Dean, the key issues identified within the PCIP related to a number of primary care buildings being too small and/or the condition of the buildings no longer being satisfactory to support the delivery of new service models. Consequently, the priorities were identified as follows:

- the redevelopment of the Forest Health Centre (Cinderford);
- the redevelopment of the Coleford Health Centre and exploration of the potential for Brunston surgery to be part of any proposed redevelopment - if this not achievable, extension of the existing Brunston surgery building is to be considered;
- a need to ensure primary care premises developments align with proposals across the Forest of Dean e.g. the potential for bringing forward the redevelopment of Lydney Health Centre and other nearby local practices to support the delivery of new models of care.

## 5.2 Current community hospital estates

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<sup>2</sup> NHS Gloucestershire CCG Primary Care Infrastructure Plan 2021/ 2016: March 2016



GCS currently owns, manages, maintains and operates from, two community hospitals in the Forest of Dean, namely Lydney and District Hospital and Dilke Memorial Hospital, Cinderford. In summary, services include:

- inpatient wards with 21 beds in Lydney and 26 in the Dilke;
- outpatient clinics including but not limited to, bone health, children's therapies, diabetes, musculoskeletal therapy and podiatry;
- outpatient clinics supporting activity provided by Gloucestershire Hospitals NHS Foundation Trust but hosted / supported by GCS, including, but not limited to, antenatal, cardiology, colorectal, orthotics, urology etc;
- minor injuries and illness units (MIUs) which support people with urgent, but not life-threatening, needs such as sprains, cuts and wounds, skin problems, minor fractures and minor head injuries.

The primary issues with these hospitals in relation to this project are as follows:

- due to the age and physical dimensions of both community hospital buildings, it is increasing challenging, and cost-ineffective, to comply with prevailing Health Technical Memorandums (HTMs), Health Building Notes (HBNs) and other necessary building requirements;
- the cost of any significant alterations to the existing configuration would be prohibitive per square metre due to the presence of asbestos;
- statutory fixed wiring assessments have concluded that significant and disproportionate spend will be required within the next five years;
- for the Dilke in particular, the physical condition of the heating and domestic hot and cold water services means that more winter breakdowns are anticipated, and if severe, these may result in the hospital's services being compromised;
- from a position of clinical experience, the continued development of the two community hospitals which has occurred reactively over-time, has resulted in poor service user flow around the building (this is exemplified by the lack of a single reception in Lydney);
- the sustainability of services across the two community hospital sites can create inconsistent service delivery, for example, x-ray services are cancelled when radiographer cover from Gloucestershire Hospitals NHS Foundation Trust, cannot be supplied for two sites. Similarly, there are restricted

opportunities to employ a cohesive multi-disciplinary approach when clinical teams are split across different sites;

- few of the hospital side rooms have ensuite facilities which makes isolation where this is required for infection prevention and control challenging, and creates the need to constantly move people around, which can impact negatively upon patient experience;
- on the inpatient wards, bed spaces are small and separated only by curtains which can lead to issues of privacy and dignity: equally, neither hospital has a dedicated dayroom to allow inpatients, as well as friends and families, to eat or spend time together;
- whilst GCS has never breached the national requirement to maintain single sex wards, the limited available space does create undue challenge and complexity;
- outpatient rooms, especially those in the Dilke, are very small, which restricts the types of clinics which can be provided;
- in terms of the Minor Injuries and Illness Units (MIUs), there is limited space or capacity to collocate other urgent care services (such as rapid response);
- in terms of location, Lydney sits amongst housing where there is often over-parking leading to poor road visibility: in contrast, Dilke suffers from a remote location. It is also noted that there is no direct bus route between the two sites.

## 6. Policy context and public feedback

### 6.1 National policy

In October 2014, NHS England and other arms-length bodies published the *NHS Five Year Forward View*. This set out a vision of how NHS services need to change to meet the needs of the population. It also specifically identified that in order to sustain a comprehensive high-quality NHS, action will be needed to address demand, efficiency and funding.

Additionally, the *NHS Five Year Forward View* stated that the NHS will become a better partner with voluntary organisations and local communities. It also forecast that in future, more care will be delivered locally with some services located in specialist centres, organised to support people with multiple health conditions. The document also highlighted the need to redesign urgent and emergency care services to integrate A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services.

The document reiterated that the foundation of the NHS will remain primary care, where there will be more investment. Additionally, groups of GPs will combine with nurses, other community health services, hospital specialists and perhaps mental health and social care, to create fully integrated out-of-hospital care.

### 6.2 Local policy

In November 2016, local NHS and partner organisations published the One Gloucestershire five year Sustainability and Transformation Plan<sup>3</sup> (STP) underpinned by the shared vision to have a Gloucestershire population, which is:

- healthy and well, taking personal responsibility for their health and care, and reaping the personal benefits that this can bring. A consequence will be less dependence on health and social care services for support;
- living in healthy, active communities and benefitting from strong networks of community services and support;
- able when needed, to access consistently high-quality, safe care in the right place, at the right time.

It makes it clear that if Gloucestershire is going to meet the challenges and opportunities facing health and social care, there has to be a commitment to drive new ways of working and new models of care that give greater priority to

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<sup>3</sup> One Gloucestershire: Transforming Care, Transforming Communities, November 2016

prevention and wellbeing. As a result the STP has identified a number of themes and actions which are summarised below.

Theme	Details
Enabling active communities	Building increased personal responsibility and promoting independence, supporting community capacity and making it easier for voluntary and community agencies to work in partnership with the NHS.
One place, one budget, one system	Gloucestershire is taking a Place-Based (locality) approach to the expansion of integrated working focused upon primary care, but encompassing community services, social care, mental health and the voluntary sector. One of the early priorities is to develop a strengthened approach to urgent care.
Clinical programme approach	Care pathways are being reviewed to ensure that the right care is provided in the right place at the right time.
Resilient and sustainable primary care	Gloucestershire's vision is for safe, sustainable and high-quality primary care, provided in modern premises that are fit for the future. The ambition is to support patients to stay well for longer, connect people to sources of community support, and ensure people receive joined-up out-of-hospital care.
One Gloucestershire estates programme	This involves all relevant public sector organisations across the county, and seeks to identify further opportunities to better utilise assets. The key principles are to (i) enhance patients' experiences, (ii) provide staff with excellent facilities in which to work, (iii) use the existing estate more effectively, (iv) reduce running and holding costs, (v) reconfigure the estate to better meet population needs, (vi) share property where appropriate, (vii) dispose of surplus estate to generate capital receipts for reinvestment, and (viii) ensure effective future investment.

### 6.3 Local patient and stakeholder insight

In 2015-16, the CCG and GCS undertook an engagement exercise to gather the views of local people, and healthcare professionals, regarding healthcare in the Forest of Dean. In the context of this Case for Change, the following comments are most relevant:

- Access to services - there was a strong message that care should be “close to home” whenever possible. Transport is seen as a significant barrier to accessing services, and those reliant on public transport often spend an entire day attending a short appointment at one of the acute hospital sites. Mobile services, such as the chemotherapy bus, are highly valued and consideration should be given as to whether similar delivery mechanisms could be applied to other types of care. Access to diagnostic services was also highlighted as an area for improvement;
- Community hospitals - there was general consensus that the current facilities need either replacing or significant refurbishing in order to bring them up to “modern-day standards”. The possibility of a single hospital was suggested repeatedly, with particular support from healthcare professionals who identified opportunities for more integrated working. However, the efficiency of running services from a single site would need to be balanced against ensuring accessibility of services;
- Urgent care - the “out-of-hours” periods provide significant challenge to people living across the Forest of Dean. Opportunities for more integration of GP out-of-hours, pharmacy services, MIIU and community teams (including specialist and palliative care) should be explored to better support people to be cared for at home or in the local community;
- Outpatient services - there was widespread support for more outpatient services in the Forest of Dean;
- Community nursing - expanding the capacity of Integrated Community Teams and Rapid Response Teams is seen as critical to supporting patients and avoiding admissions to both acute and community hospitals. Improving links to primary care, and additional support from the voluntary sector, will ensure more “joined up” community care;
- Partnership working - opportunities for better integration between primary care, community teams and the voluntary sector are recognised. A community hub model was suggested as a way forward, in addition to providing a central point for patient information and education.

## 7. Emerging Models of Care

Section 6.2 above highlights the broad strategic direction outlined within Gloucestershire's Sustainability and Transformation Plan. As the next stage of development, and considering the outputs of the Forest of Dean needs assessment, engagement, best practice review, and strategic context, the following five service developments are now emerging.

**It is essential that any infrastructure changes within community or primary care is suitably responsive, agile and flexible, so as to accommodate these service developments as they are refined and introduced.**

### 7.1 Joined up primary and community care using a Place-Based Model

There will be increased collaboration between GP practices to provide a range of services in new ways on a larger scale. Practices will work more effectively with Integrated Community Teams, community mental health teams, the voluntary sector and district councils. These multi-agency teams will come together to effectively plan and deliver healthcare for their population through systematic multi-disciplinary team (MDT) working, underpinned by effective case management and care coordination in order to keep people independent, and more likely, to be cared for at home.

As these teams develop in size, they will be able to develop greater specialisms, expertise and capacity to provide earlier intervention. They will be supported by good access to advice and guidance from specialist nursing, therapies and consultant services, and will have direct links to the local social prescribing network and voluntary sector, supporting people's wider physical and mental wellbeing.

### 7.2 Urgent care centres

A network of Urgent Care Centres will be developed in Gloucestershire which will bring together the Minor Injuries and Illness Units, GP Out of Hours in hours, primary care, and diagnostic X-ray and blood testing support.

Patients will benefit from an improved experience – they will only have to tell their story once, to one person, and agree a management plan (unless more specialist secondary care input is required). The service will support both walk-in patients and bookable appointments. People will be able to access the service directly, or they will be referred from their practice or from NHS 111.

This service is not intended to replace the urgent care provided on a daily basis within general practice. Rather, it will enhance this by providing additional access

and a platform for delivering 7 day service response. The service will also work with other aligned teams such as Rapid Response as well as community nursing, social work and therapist colleagues to keep people cared for in their own homes.

At time of writing, it is anticipated that a single integrated Urgent Care Centre will be located in the Forest of Dean, though this remains subject to the outcome of the service development work and will require formal public consultation as part of a Gloucestershire wide process.

### **7.3 Outpatient services**

Providing outpatient appointments within the Forest of Dean will continue to be a key part of the commissioning strategy to secure access to local services and provide care closer to home. Currently, approximately 20,000 outpatient appointments are provided by Gloucestershire Hospitals NHS Foundation Trust at the Dilke and Lydney Hospitals, with a further 7,000 outpatient appointments provided by GCS. Outpatient clinics also take place within GP practices, at Great Oaks Hospice, and within the dedicated dialysis unit.

The future model for outpatients is to provide a regular and consistent offer for people in the Forest of Dean, focusing upon the high volume specialities to provide full day outpatient clinics. This will enable people to access appointments in a timely manner so that their pathways can be completed within the national target of 18 weeks from Referral to Treatment. In addition, outpatients will be able to be seen in a range of community clinics for dermatology, therapy, home oxygen, diabetes, falls prevention, memory assessment etc.

### **7.4 Inpatient services**

The key principle for Gloucestershire will be that people will only be admitted to a bed when it is not possible for them to be safely cared for at home. Thus, beds will provide inpatient care for patients aged 18 and over with:

- sub-acute illness (e.g. UTIs, falls, chest infections);
- active rehabilitation needs;
- an episode of chronic disease that cannot be managed at home;
- end of life needs if a person cannot, or chooses not, to die at home.

Patients will be admitted through a Single Point of Access, with the exception of people with specialist stroke rehabilitation needs who will be admitted to the

dedicated countywide stroke rehabilitation unit, currently in development elsewhere within the county. Inpatient beds will also support both step-down discharge from the acute hospitals, and acute admission prevention from general practice.

For the Forest of Dean, the result of demographic growth, despite reduced admissions to hospital through more systematic multi-disciplinary team working and case management between primary and community teams, means that there remains a requirement for community inpatient services, although the number of beds required is assumed to be less than the current capacity. As models of care are finalised during 2017, the number of bed required will be confirmed as part of overall system wide planning.

## **7.5 Diagnostic support**

There is also an expectation that in the Forest of Dean, there is sufficient activity and appropriate demography to support locally provided X-ray and blood testing and diagnostic endoscopic procedures. This will reduce the need for people to travelling outside the district. The assumption is that diagnostic services will be delivered through a central diagnostic facility supplemented by continued growth in near-patient testing within the community and general practice.



## **8. Concluding case for change**

To best support the people of the Forest of Dean, there is a clear ambition to coordinate community-based services around improved and extended GP practices, in order to provide highly responsive, effective and personalised services outside of hospital and ensure the delivery of care in - or as close to - people's homes.

Equally, there is clear commitment to improve the quality and accessibility of community services, although the emerging models of care suggest that the current healthcare facilities are not in a suitable condition to support and deliver these.

As a result, there is a significant commissioning requirement for relevant providers and other partners to consider key options and issues, and confirm the estates infrastructure requirements that will facilitate effective response to the strategic context and challenges set out in this Case for Change.

Health and Wellbeing for the future:

# COMMUNITY HOSPITALS IN THE FOREST OF DEAN





Your feedback is greatly valued  
and will ensure that we make  
decisions that reflect the needs  
of the local community.



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# FOREWORD

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**INGRID BARKER****Chair**

Gloucestershire  
Care Services NHS Trust

We owe a debt of gratitude to people of vision and generosity who have helped develop healthcare facilities and services in the Forest of Dean over many generations.

Now, mindful of changes in healthcare and the needs of our population, we need to create a provision for the future.

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**KATIE NORTON****Chief Executive**

Gloucestershire Care  
Services NHS Trust

This must reflect the significant advances in medicine, clinical skills and technology which have resulted in more services than ever before being provided in people's own homes, in GP surgeries and in the community.

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**DR ANDREW SEYMOUR****Clinical Chair**

NHS Gloucestershire Clinical  
Commissioning Group

There is also a clear consensus from health professionals working in the Forest of Dean that, as part of a strong network of services and support, community hospital services remain vital in meeting local needs.

We therefore want to invest in new health care facilities in the Forest of Dean to support modern, efficient, high quality care. Facilities that will ensure we meet the needs of local residents, whilst providing enhanced working conditions for our staff.

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**MARY HUTTON****Accountable Officer**

NHS Gloucestershire Clinical  
Commissioning Group

Following extensive engagement throughout the lifetime of the Forest Health and Care Review, we now want to consult with you on our proposal to replace the Dilke and Lydney hospitals with a new community hospital in the Forest of Dean.

We encourage local people, health and care professionals and our community partners to consider the information included in this booklet and to share their views as part of this consultation.

Your feedback is greatly valued and will ensure that we make decisions that reflect the needs of the local community.

# WHAT ARE WE ASKING YOU TO CONSIDER?

We are asking local people and health and care professionals to consider the options we have developed for the future of community hospital facilities in the Forest of Dean.

In assessing the options, we identified a preferred option to replace the two existing community hospitals, Dilke Memorial Hospital and Lydney and District Hospital with a newly built hospital in the Forest of Dean.

By working with local people to design the facility, we would want it to be a worthy successor to the current hospitals and in keeping with the unique environment of the Forest of Dean.

We believe that the new hospital should be sited in, or near, to one of the main centres of population in the Forest of Dean, namely Cinderford, Coleford or Lydney.

This booklet sets out the reasons why we believe that 'no change', or effectively replicating what we already have now, will not deliver the care or service benefits that we believe our patients and staff deserve.

Working together, we hope to secure the best possible hospital that our resources can provide.

We would like the views of local people and health and care professionals on our preferred option of a new community hospital. We would also like your views on:

- A set of criteria which would be used to help decide where any new hospital would be located.
- How a recommendation should be made on any preferred location.

# SUMMARY

## CHALLENGES

**In developing and delivering high quality services for the future, we face the following challenges:**

- The two existing community hospitals are reaching the stage where it is becoming increasingly difficult to provide modern, efficient, effective, high-quality care;
- The ability to maintain some essential services across two community hospital sites is becoming increasingly difficult with healthcare professionals working across different sites and the challenge of recruiting and retaining enough staff with the right skills;
- There are significant issues relating to cost of maintenance of the existing hospitals and restricted space for services;
- The current physical environment within the hospitals makes it increasingly difficult to ensure privacy and dignity for all patients and manage infection control;
- Too many people from the Forest of Dean are having to travel outside the local area to receive care that should be provided more locally, such as endoscopy;
- The current healthcare system can be fragmented and disjointed from both a patient and professional perspective;
- Healthcare needs within the Forest of Dean are not always being met effectively.

## BENEFITS

**We want to achieve the following benefits for patients, health and care staff and the Forest of Dean community:**

- A new community hospital facility for local people, fit for modern healthcare;
- Significantly improved facilities and space for patients and staff;
- More consistent, reliable and sustainable community hospital services, e.g. staffing levels, opening hours;
- A wide range of community hospital services, including beds, accommodation to support outpatient services and urgent care services;
- Services and teams working more closely together;
- Better working conditions for staff and greater opportunities for training and development so we can recruit and retain the best health and care professionals in the Forest of Dean.



# BACKGROUND

In 2015, NHS Gloucestershire Clinical Commissioning Group (GCCG) which plans and 'buys' (commissions) health services and Gloucestershire Care Services NHS Trust (GCS) which provides community services launched a review into the future of health and care services within the Forest of Dean.

## THE PURPOSE OF THE REVIEW WAS TO:



develop a plan for delivering high quality and affordable community health and care services to the people of the Forest of Dean which meets their needs now and in the future, and is developed with patients, the public and our key partners. The review will encompass all community services in the Forest of Dean, including those within the community hospitals.



To support this work, we established a Forest of Dean Locality Reference Group. This group is made up of public representatives and community partners with a wide range of interests in healthcare in the Forest of Dean.

The feedback received, throughout the lifetime of the Forest Health and Care Review, has informed our options for the future. The review was also supported by the Forest of Dean Primary Care Group, which is made up of representatives from the local GP surgeries.

Although this consultation is about community hospitals, it is part of an overall plan for the Forest of Dean, which will see significant new investment in new facilities for general practice (GPs and their teams) and other community based services in the Forest of Dean.

Plans have already been progressed to improve GP premises in Cinderford and Coleford. Depending on the outcome of this consultation, other GP facilities in the Forest of Dean may also need to be prioritised for improvement.





# THE FOREST OF DEAN - FACTS AND FIGURES

Area covered

**203.2**  
**SQ. MILES**

Area covered (district)



Growth in Population

Population (district)

2016:



**85,385**

Increase since

2005:

**3,903**  
(4.8%)

**88,074:**

the current estimated  
population by  
2025



## Residents with a long term health condition

Percentage of residents in 2015  
who reported having a long term  
health problem or disability

**19.6%**  
(16,603)



## Age of population

Total number of older people  
aged 65 and over in  
2016:

**20,209**

Current estimated rise:

**4,443**

Total number by  
2025:

**24,652**

The 3 leading causes of death in the Forest of Dean:

THE TOP  
**3**

**Cancer, Cardiovascular  
disease (CVD) and  
respiratory disease.**

# WHAT YOU SAID WAS IMPORTANT TO YOU

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Between September 2015 and May 2016, we sought the views of local people and healthcare providers about what was important to them about health and care and this is what you told us:

## **COMMUNITY HOSPITALS**

There was general consensus that current facilities need either replacing or significant refurbishment in order to bring them up to “modern-day standards.” The possibility of a new, single hospital was suggested by many people, including healthcare professionals who identified increased opportunities for more joined up working.

## **ACCESS TO SERVICES**

People wanted care provided “close to home” whenever possible. Transport was seen as a significant barrier to accessing services, and those reliant on public transport told us that they often spend an entire day attending a short appointment at one of the two large hospitals - Gloucestershire Royal Hospital or Cheltenham General Hospital. Access to diagnostic services (equipment or services that help to identify what is causing an illness or injury) was particularly highlighted as an area for improvement.

## **URGENT CARE**

We heard that the ‘out-of-hours’ periods can be particularly challenging for people living across

the Forest of Dean and there was a wish to see better working between GP out-of-hours services, pharmacy services, Minor Injury and Illness services and community teams (including end of life care).

## **OUTPATIENT SERVICES**

There was widespread support for more outpatient appointments to be provided locally in the Forest of Dean.

## **COMMUNITY NURSING**

People wanted to see further development of joined up Health and Social Care Community Teams and the Rapid Response Service (urgent care response within the community and in people’s own homes) to avoid long hospital stays.

## **PARTNERSHIP WORKING**

We heard a lot about the need for more “joined up” care between primary care (services provided by GPs and practice teams), community based teams, community hospital services and the voluntary sector.

In terms of community hospital care and the feedback received, we have concluded that there is a continued need, and wish, for:

**Community hospital\*beds in the Forest of Dean, providing an appropriate alternative to stays in the large hospitals or care at home**

**Additional outpatient services provided locally in a high quality environment**

**Appropriate areas in a community hospital for therapy services and treatments**

**An urgent care facility which would support greater co-ordination of care between GPs (whether in the daytime, evening, night time or at weekends), diagnostics, community pharmacy, minor injury and illness services and community teams**

**Provision of appropriate diagnostic services, including an endoscopy suite, reducing the need for people to travel to Gloucester or Cheltenham**

**Space to support community events, giving community and voluntary organisations the opportunity to meet with patients and the public and offer relevant support services**

**Interior displays that recognise the unique heritage and character of the Forest of Dean**

During the engagement period, some people asked us to consider additional local maternity services, specifically a maternity/birthing unit in the Forest of Dean. This has, however, been discounted on the basis that a clinically safe and sustainable service could not be provided. We will continue to promote home births where appropriate.

\*Community hospital beds – provided in a way that would support the highest standards of privacy and dignity and infection control. No decision has been made on the exact number of beds, but it would need to meet the needs of Forest of Dean residents and ensure a viable service i.e. evidence suggests at least 24 beds. Currently, on average, only 21 beds are being used by Forest of Dean residents in the two community hospitals at any one time.

# HOW ARE SERVICES CURRENTLY ORGANISED?

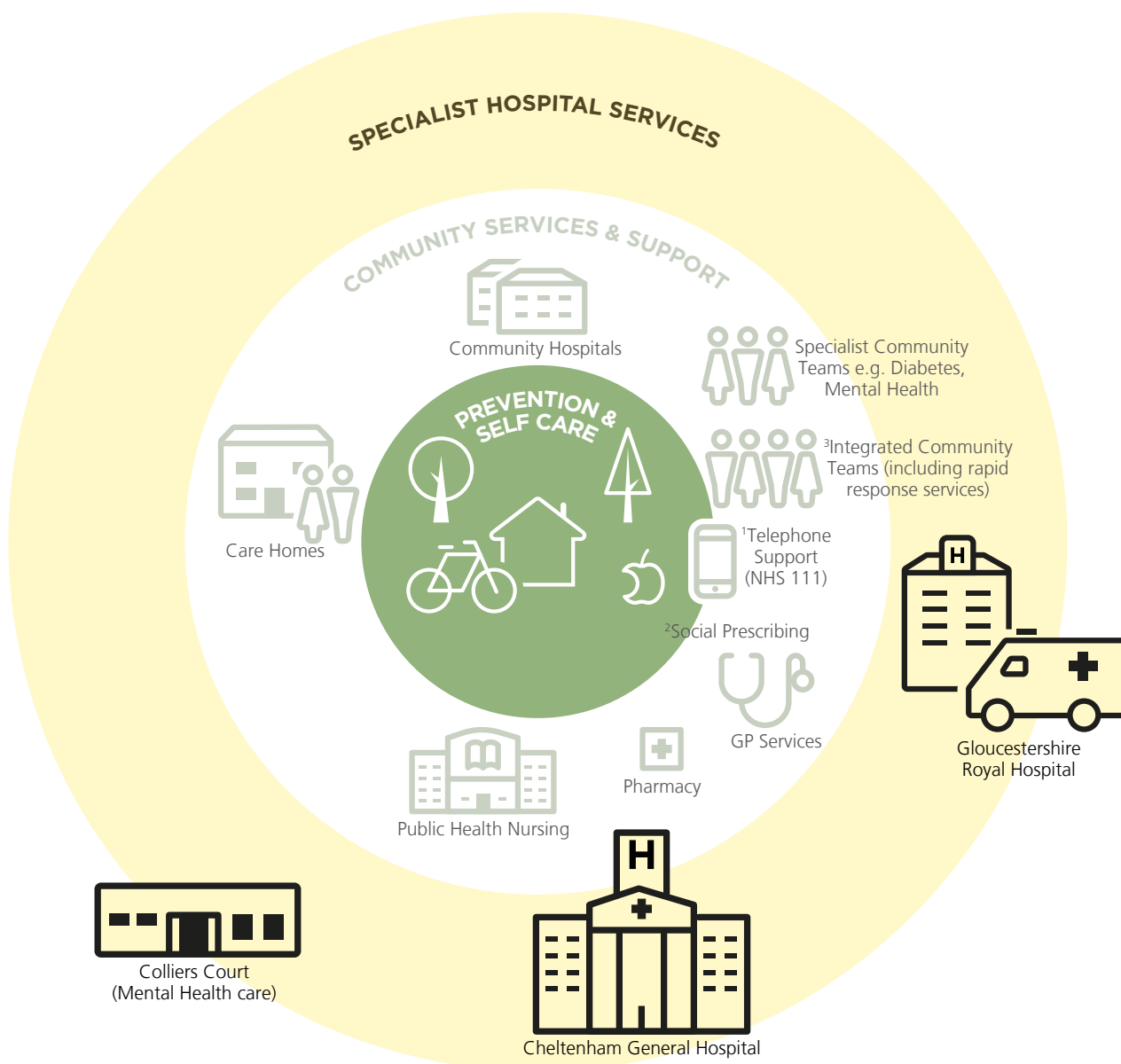
Gloucestershire Care Services NHS Trust runs community hospitals in Gloucestershire, including two in the Forest of Dean, and also provides a range of community based services.

**The two community hospitals in the Forest of Dean provide a range of services including:**

- Outpatient services
- Some diagnostic services
- Minor Injury and Illness services and;
- Inpatient beds – (care for people who are poorly and need medical care, rehabilitation care and end of life care, but do not need care at a large 'acute' hospital).

**THESE COMMUNITY HOSPITAL SERVICES FORM PART OF A NETWORK OF LOCAL SERVICES AND SUPPORT SHOWN ►**





## Key information:

**<sup>1</sup>NHS 111** – health and service advice to the public and access to the Out of Hours (OOH) service.

The OOH service – GPs and nurses provide telephone advice, care at a community hospital (primary care centre) and home visiting outside of GP surgery opening hours.

**<sup>2</sup>Social Prescribing** – GPs refer patients who do

not necessarily require medical care to sources of community support. Involves close working with local councils and voluntary and community organisations.

**<sup>3</sup>Integrated Community Teams (ICTs)** – GPs, community nurses, therapists, social workers, reablement workers and other key support staff. Provide joined up care in people's own homes and the community.



# WHY THINGS NEED TO CHANGE

Whilst proud of the healthcare services currently provided in the Forest of Dean, to continue to develop and deliver high quality community hospital services for the future, **we do not believe we can continue as we are because:**

- The two community hospitals are reaching the stage where it is becoming increasingly difficult to support the provision of modern, efficient, effective, high-quality care;
- The ability to maintain some essential services across two community hospital sites is becoming increasingly difficult with healthcare professionals working across different sites and the challenge of recruiting and retaining enough staff with the right skills;
- There are significant issues relating to cost of maintenance of the existing hospitals and restricted space for services;
- The current physical environment within the hospitals makes it increasingly difficult to ensure privacy and dignity for all patients and manage infection control;
- Too many people from the Forest of Dean are having to travel outside the local area to receive care that should be provided more locally, such as endoscopy;
- The current healthcare system can be fragmented and disjointed from both a patient and professional perspective;
- Healthcare needs within the Forest of Dean are not always being met effectively.



# WHAT WE WANT TO ACHIEVE

In developing options for the future of community hospital provision in the Forest of Dean we established clear objectives and criteria that were informed by your feedback.

**WE HAVE AGREED 2021/2022 AS THE LATEST DATE TO MEET OUR OBJECTIVES.**

OBJECTIVE	WHAT DO WE MEAN?
<b>Support the delivery of new models of care</b>	Accommodation that will support joined up (integrated) primary (e.g. services provided by GPs and their teams) and community based services in the Forest of Dean.
<b>Improve local access to services</b>	Increased access to high quality primary and community based services in the Forest of Dean.
<b>Ensure appropriate service capacity</b>	The necessary capacity (services, staff and premises) to meet the current and future needs of people living in the Forest of Dean.
<b>Provide a high quality physical environment</b>	Community hospital services in the Forest of Dean provided in places which are fully compliant with statutory standards e.g. building regulations, environmental and health and safety standards and in keeping with the unique environment of the Forest of Dean.

**THE FEEDBACK AND DISCUSSIONS THROUGH THE FOREST OF DEAN REFERENCE GROUP AND PROJECT GROUP INFORMED ADDITIONAL CRITERIA BELOW:**

CRITERIA	WHAT DO WE MEAN?
<b>Flexibility and adaptability</b>	Facilities that can be easily adapted to meet the changing needs of the local population and changes in the way health care services can be provided.
<b>Support new ways of working</b>	Facilities which reflect best practice and provide high quality, safe and sustainable services that encourage partnership working between staff, organisations and services.
<b>Achievability</b>	Can be completed no later than 2021/2022.
<b>Affordability</b>	Affordable and sustainable within the money available.
<b>Acceptability</b>	Will be acceptable to the public and partners now and into the future.



# THE OPTIONS WE HAVE CONSIDERED

- KEY**
- ✗ Does not meet objectives/criteria
  - Partly meets objectives/criteria
  - ✓ Fully meets objectives/criteria

Through reviewing the findings from previous engagement and extensive discussions with the Locality Reference Group and the Forest of Dean Primary Care Group (see Page 6), we identified four broad options for consideration. We used the agreed objectives and criteria to appraise them.

OBJECTIVES	CRITERIA
1. Support the delivery of new models of care	5. Flexibility and adaptability
2. Improve local access to services	6. Support new ways of working
3. Ensure appropriate service capacity	7. Achievability
4. Provide a high quality physical Environment	8. Affordability
	9. Acceptability

OPTIONS	ACTIONS	1	2	3	4	5	6	7	8	9	PROPOSED RESPONSE OVERALL	SUMMARY
1. Do the minimum - maintaining compliance	On-going maintenance of the two existing community hospitals.	✗	—	—	✗	—	✗	—	—	—	Reject	Our Options Appraisal concluded that maintaining the current two community hospitals serving the population of the Forest of Dean is not a viable option in the medium to longer term. There are fundamental issues of building capacity (space, design and layout), cost of maintenance and the inability to sustain essential services across both sites. Given the relatively small geographic area and population size, providing services from two sites would not support high quality, effective and safe services in the future and is not considered affordable.
2. Re-develop / re-provide two community hospitals	Provision of two 'new' community hospitals, either upon the current land or elsewhere in the Forest of Dean.	✓	✓	—	✓	—	✓	✗	✗	—	Reject	As above, our Options Appraisal concluded that maintaining services across two community hospitals is not sustainable e.g. always having enough staff available with the right skills, making best use of staff time, maintaining reliable opening hours for essential services, making best use of the money available. There is not enough money (capital) available to redevelop or rebuild two community hospitals to a standard which would meet all statutory requirements.
3. A single Community Hospital in the Forest of Dean	Develop a new community hospital in the Forest of Dean as a replacement for the two community hospitals (either on one of the existing sites, or elsewhere in the Forest of Dean).	✓	—	✓	✓	✓	✓	✓	—	—	Accept and take forward	Our Options Appraisal concluded that this option could deliver a new purpose built facility of a size and capacity to provide high quality, safe and sustainable care. It could be delivered within available resources and would provide the clinical space needed to support the development of services. It would support partnership working, including opportunities for bringing staff together. The Options Appraisal recognised the impact on (geographical) access.
4. Close both of the two existing community hospitals and offer home and community-based services as alternatives	Create community-based teams with skills to care for people at home and in the community, including at times of crisis (complementing the Rapid Response teams). Where a hospital stay is unavoidable, refer people to other hospitals across Gloucestershire or beyond.	✗	—	✗	✗	—	—	—	✓	✗	Reject	Our Options Appraisal concluded that this option does not reflect the ongoing need for urgent care services and a facility that can provide a range of more specialist services in the community, recognising the geography of the Forest of Dean.

The outcome of the appraisal (assessment) was reviewed by the Board of Gloucestershire Care Services NHS Trust which resulted in a clear preferred option. The table above provides a summary of the outcome of the options appraisal.

**CONCLUSION:**

On the basis of the assessment the preferred way forward, which we are recommending through this public consultation, is **OPTION 3 - to develop a single community hospital in the Forest of Dean.**

# LOCATION OF A NEW COMMUNITY HOSPITAL

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Following this consultation, should a decision be made to develop a new community hospital for the Forest of Dean (either on one of the current sites or a new site); it will be important to consider carefully a number of factors before making a decision on a preferred location.

We are taking this opportunity to share some of the criteria we think would be important in making such a decision. In addition to the list below, we would welcome your thoughts on whether there are any other things we should take into account:

- It should be in, or near, to one of the three main population centres in the Forest of Dean – Cinderford, Coleford or Lydney. As a guide it should be no further than 30 minutes by car, for the majority of Forest of Dean residents.
- There is an available site that:
  - + is able to accommodate a building/buildings (and parking provision) which meet current and future service requirements
  - + is accessible by car or public transport
  - + is available and affordable to enable completion of works by 2021/2022
  - + will be able to secure appropriate planning permission.

- It is in an area which offers the greatest opportunities for co-location with primary care (e.g. GP services) and/or other related health and wellbeing services.
- It should have the support of local health and care professionals.
- It is a site that offers a design and development which provides best value for money for the public purse.

Wherever the location is, we would be committed to any new development being designed with the input of local communities to reflect the unique heritage and character of the Forest of Dean, with environmental sustainability at the core of the design.

# MAKING A RECOMMENDATION

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We would also like your views on which kind of forum you think should be used to make a recommendation on the preferred location, if the preferred option of building a new community hospital is agreed.

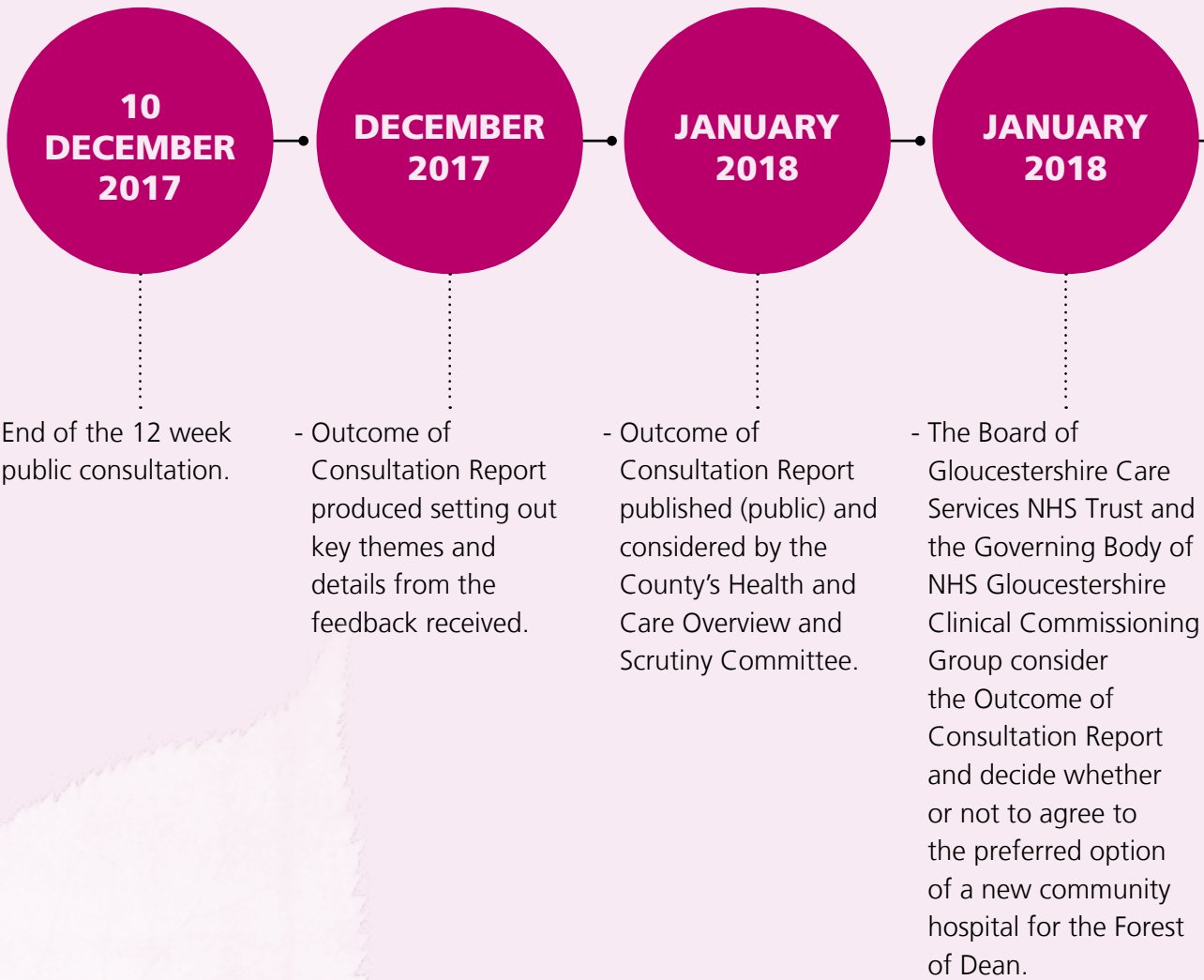
While a final decision would be made by the Board of Gloucestershire Care Services NHS Trust (as it would be making available the funding for the proposed new hospital should this be agreed) and the Governing Body of NHS Gloucestershire Clinical Commissioning Group, there would be a commitment to an open and transparent approach to determining a preferred location.

Your views are sought on the best way to enable a recommendation on any site location to be developed. We think there are a number of options:

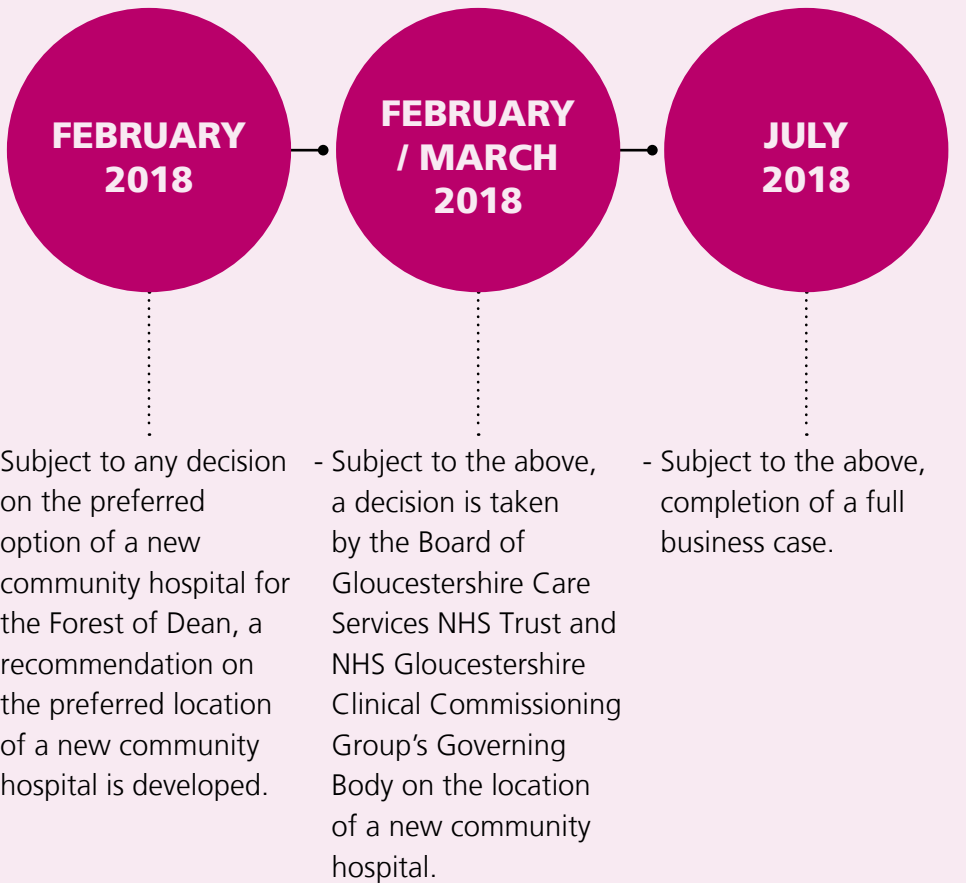
- To establish a Clinical Advisory Panel, involving a representative group of local clinicians (e.g. doctors and nurses) to consider the evidence and make a recommendation. A clinical advisory panel would be independently facilitated (chaired). It would be presented with, and can call for, evidence to enable it to make as informed a recommendation as possible.
- To establish a Citizen's Advisory Panel to consider the evidence and make a recommendation. A citizen's advisory panel or 'jury' works on the principles of our legal jury system; it would be independently facilitated (chaired) and would be made up of representatives from the community with no personal interest in the issue being discussed. It would be presented with, and can call for, evidence to enable it to make as informed a recommendation as possible.
- To ask the Gloucestershire Care Services NHS Trust Board and the NHS Gloucestershire Clinical Commissioning Group Governing Body to consider the evidence and use an agreed criteria to make a decision.
- A combination of the options above.

# WHAT WILL HAPPEN NEXT

The following dates are for the initial consultation and development of the Outcome of Consultation Report:



The following dates are subject to the outcome of consultation:





## SHARE YOUR VIEWS / FIND OUT MORE

- Complete the FREEPOST survey in this booklet and return it to us by: 10 December 2017
- Complete the survey on-line at: [www.fodhealth.nhs.uk/survey](http://www.fodhealth.nhs.uk/survey)
- Visit us at one of our public drop in sessions or at the Information Bus. See event list at: [www.fodhealth.nhs.uk/events](http://www.fodhealth.nhs.uk/events)
- Get involved via social media  
- take part in a Twitter Q/A session (check the website for details)

You can find more information on our website: [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk)

If you have any further questions please contact the Consultation team by [email](#) or via the freepost address.



# ABOUT YOU

These questions are optional, but to help us ensure we reach a good cross-section of the local population, we would be grateful if you could complete the following:

## 1 What is your gender?

Male      Female      Prefer not to say

☐☐☐

## 2 What is your age group? (please circle)

Under 18      18-25      26-35      36-45

46-55

56-65

66-75

over 75

Prefer not to say

## 3 Are you:

Health or care  
professional

☐

Community partner or  
member of the public

☐

## 4 What is the first part of your postcode? e.g. GL17, GL20

## 5 Overall how would you rate your health during the past 4 weeks?

Excellent      Very good      Good      Fair      Poor      Very poor      Prefer not to say

☐☐☐☐☐☐☐

## 6 Do you consider yourself to have any disability? (Tick all that apply)

☐

No

☐

Visual impairment

☐

Hearing impairment

☐

Physical disability

☐

Mental health  
problem

☐

Learning difficulties

☐

Long term condition

☐

Prefer not to say

## 7 Which of the following health and care services have you, or your family, used in the last 12 months?

☐

GP Practice

☐

Community Nursing

☐

Community Hospital Minor Injury and Illness Unit

☐

Outpatient appointment at a Community Hospital

☐

Outpatient appointment at a large 'acute' hospital  
e.g. Gloucestershire Royal Hospital

☐

Stayed in a Community Hospital

☐

Stayed in a large 'acute' hospital  
e.g. Gloucestershire Royal Hospital

☐

Out of Hours GP services

☐

Other services (please specify)

☐

I have not used any services in the last 12 months

## 8 To which of these ethnic groups would you say you belong? (please tick one)

☐

White British

☐

Other White background (please specify)

☐

Mixed background

☐

Asian or Asian British

☐

Black or Black British

☐

Chinese or other ethnic group

☐

Prefer not to say

# TELL US YOUR VIEWS:

Please send us your views by: 10 December 2017. Alternatively, you can complete this survey on-line at [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk) Space on the printed survey below is limited; further comments can be submitted via the website or in writing using our freepost address.

## 1 Do you agree with our preferred option to invest in a new community hospital in the Forest of Dean, which would replace Dilke Memorial Hospital and Lydney and District Hospital?

Yes No Don't Know

☐☐☐

If you do not support our preferred option, please tell us:

- Why you are unable to support this option
  - What other option(s) we should consider
- (options must be able to achieve the objectives and criteria set out in section 8 of this booklet)

## 2 Do you think that any of the options explained in the consultation booklet (section 9) have a greater impact on either you, your family, or other Forest of Dean residents? If yes, please tell us why.

Yes No Don't Know

☐☐☐

## 3 If the option of a single new community hospital is approved, to what extent do you agree with the proposed criteria for assessing the location for a community hospital in the Forest of Dean (set out in section 10)?

Completely Partly Not at all

☐☐☐

If you do not "completely" agree, please tell us:

- Why you do not agree
- What other criteria we should consider

---

**4** If the option of single new community hospital in the Forest of Dean is agreed, how do you think a recommendation should be made on the location?

- ☐ A recommendation to the Gloucestershire Care Services NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group Governing Body from local clinicians, through a Clinical Advisory Panel
- ☐ A recommendation to the Gloucestershire Care Services NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group Governing Body from a representative group of local people, through a Citizen's Advisory Panel
- ☐ Gloucestershire Care Services NHS Trust Board and NHS Gloucestershire Clinical Commissioning Group Governing Body consider the evidence and use an agreed set of criteria
- ☐ A combination of the options above
- ☐ I don't have an opinion on this

---

**5** How have you participated in this consultation?

- ☐ Attended a presentation
- ☐ Attended a drop-in session
- ☐ Visited the Information Bus
- ☐ Read the information in the consultation booklet and completed the survey

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**6** Please use the box below for any other comments.

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**Thank you for taking the time to share your views.**

At the end of the consultation period, all feedback received will be collated, analysed and presented in the Outcome of Consultation Report. This report will be available at [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk).



Freepost RRYY-KSGT-AGBR  
Forest of Dean Consultation  
5220 Valiant Court  
Gloucester Business Park  
Brockworth  
GL3 4FE

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IT TO THE FOLLOWING FREEPOST ADDRESS BY 10 DECEMBER 2017

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**FREEPOST RRYY-KSGT-AGBR,**

Forest of Dean Consultation,

5220 Valiant Court, Gloucester Business Park, Brockworth GL3 4FE



Health and Wellbeing for the future:

# COMMUNITY HOSPITALS IN THE FOREST OF DEAN

Outcome of  
Consultation Report -  
Autumn/Winter  
2017





## Foreword

During the twelve weeks of the public consultation, Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group have earnestly sought the views of local people in the Forest of Dean.

This report provides information about the consultation process and activities and summarises the feedback received from members of the public, stakeholders and health and care staff.

Our intention is to demonstrate that we have respected the views presented to us and we have taken care to record the comments and suggestions received.

We are grateful to everyone who has taken the opportunity to get involved with the consultation.

### Tea and talk - Drop In



### Information Bus Visit



Further copies of this Report, and copies of the Report in other formats are available from: The consultation team: [glccg.consultation@nhs.net](mailto:glccg.consultation@nhs.net) or by writing to:

Forest of Dean Consultation

52220 Valiant Court

Gloucester Business Park

Brockworth, GL3 4FE

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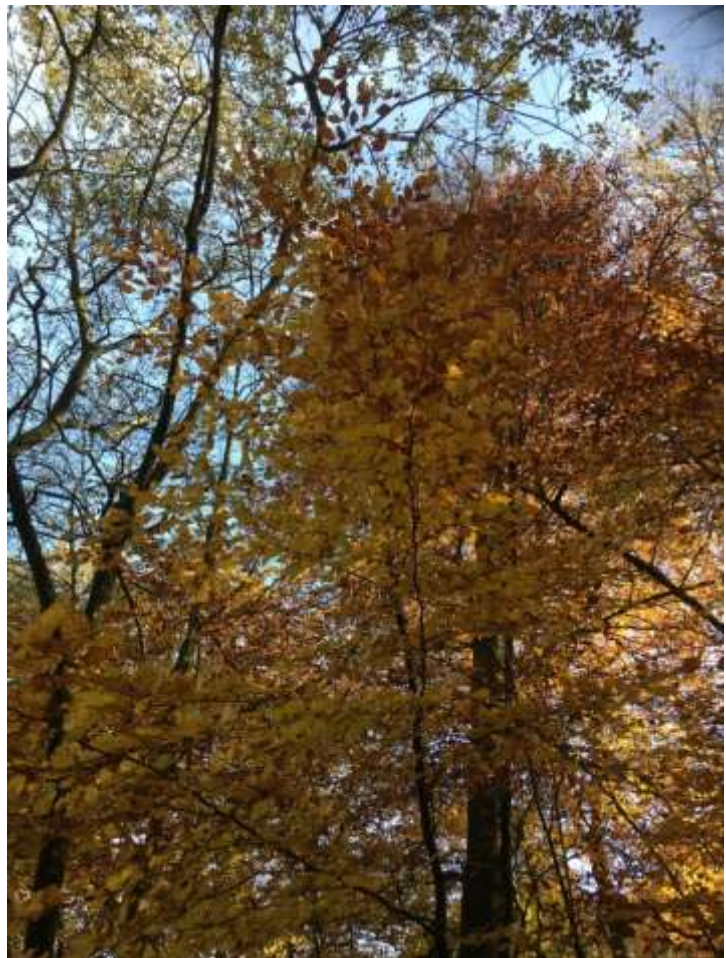
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**FREEPOST RRYY-KSGT-AGBR,**

PALS, NHS Gloucestershire Clinical Commissioning Group, Sanger House,  
5220 Valiant Court, Gloucester Business Park Gloucester GL3 4FE



# 1 Introduction to the Outcome of Consultation Report

This report sets out the feedback received during the recent consultation: Health and Wellbeing for the future: Community Hospitals in the Forest of Dean.

It provides a detailed overview of the consultation, which will inform the decision making of NHS Gloucestershire Clinical Commissioning Group and Gloucestershire Care Services NHS Trust regarding the future of Community Hospitals in the Forest of Dean.

It provides background context, sets out the consultation activity and reports on the quantitative responses and qualitative themes from the qualitative feedback received. All of the free text comments responses, together with written submissions responding to the consultation, are included in the online appendices at:

[www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk)

Thank you to all those individuals, groups and organisations which shared their views with us and helped with the dissemination of the consultation booklet.

## 1.1 Background

In 2015, NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire Care Services NHS Trust (GCS) launched a review into the future of health and care services within the Forest of Dean. The purpose of the review was to:

*develop a plan for delivering high quality and affordable community health and care services to the people of the Forest of Dean which meet their needs now and in the future, and is developed with patients, the public and our key partners. The review will encompass all community services in the Forest of Dean, including those within the community hospitals.*

To support this work, a Forest of Dean Locality Reference Group was established. This group is made up of public representatives and community partners with a wide range of interests in healthcare in the Forest of Dean. The group has worked with us to develop our engagement with the local community and have actively contributed to this consultation regarding the future of the two community hospitals. The review was also supported by the Forest of Dean Primary Care Group, which is made up of representatives from the local GP surgeries.

Although this consultation has been about community hospitals, it is part of an overall plan for the Forest of Dean, which will see significant new investment in new

facilities for general practice (GPs and their teams) and other community based services in the Forest of Dean. Plans have already been agreed to improve GP premises in Cinderford and Coleford. Depending on the outcome of this consultation, other GP facilities in the Forest of Dean may also need to be prioritised for improvement.

## 1.2 Outcome of early engagement

Between September 2015 and June 2016, a range of engagement activity was undertaken to gather feedback from Forest of Dean residents regarding their health and care needs now and into the future. Health care professionals working in the Forest were also asked to give their insights and ideas for further improvement in delivering local services. This feedback has informed the development of options for community hospital services in the Forest of Dean. Key themes from the engagement are shown below. The full Outcome of Engagement report is available at <http://www.fodhealth.nhs.uk/engagement-2016/>

Key themes:

- Access to services

There is a strong message that care should be “close to home” whenever possible. Transport is a significant barrier to accessing services and those reliant on public transport often spend an entire day attending a short appointment at one of the acute hospital sites. Mobile services, such as the chemotherapy bus, are highly valued and consideration should be given as to whether similar delivery mechanisms could be applied to other types of care.

- Community Hospitals

There is general consensus from our engagement that the current facilities need either replacing or significant refurbishment to bring them up to “modern-day standards”.

The possibility of a single hospital has been suggested. The efficiency of running services from a single site would need to be balanced against ensuring accessibility of services.

Improving local access to diagnostic services and support on discharge from both the acute and community hospitals have been highlighted as areas for improvement.

- Urgent care

The “out-of-hours” periods provide significant challenge to people living across the Forest of Dean. Opportunities for more integration of GP out-of-hours, pharmacy services, Minor Injuries and Illness services and community teams (including specialist and palliative care) should be explored to support people to be cared for at

home or in the local community. Poor experience of engaging with the mental health crisis team, by both professionals and patients, was reported.

- Outpatient services

We should aim to provide more outpatient services in the Forest of Dean. It would appear that local options are not always offered either by reception/ booking office staff, or via the E-Referral system and patients report that they have only been able to get an outpatient appointment in the Forest of Dean following their specific request.

- Community Nursing

Expanding the capacity of Integrated Community Teams and Rapid Response Teams is seen as key to supporting patients and avoiding admissions to both acute and community hospitals. Improving links to primary care and additional support from the voluntary sector will ensure more “joined up” community care.

- Mental Health services

There is felt to be a general lack of support for people with poor mental health and a need for more low-level services, particularly for children and young people.

- Education and information

There is considerable confusion regarding the configuration of services. Many people appear to be unaware of what services are available where and although recent messages, such as making better use of pharmacies, are having a limited impact there is still a long way to go.

- Integration/Partnership working

The opportunity for better integration between primary care, community teams and the voluntary sector is recognised. A community hub model has been suggested as a way to improve integration between services, in addition to providing a central point for patient information and education.

### **1.3 Planning for the public consultation**

A Communication Strategy and Consultation Plan was produced by Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Committee to support the Community Hospitals in the Forest of Dean public consultation. The objectives of the Strategy and Plan were to support comprehensive communication and widespread public consultation by:



- ensuring that there was a clear framework for communication and consultation activity in place, enhanced by the Forest of Dean Locality Reference Group.
- ensuring that information about the consultation was clear, easy to understand and widely available to the local community.
- ensuring that people knew how they could have their say and influence the work of the programme.
- ensuring that information was presented in a consistent and coherent way, with an agreed set of key messages.
- ensuring information was regularly updated and that mechanisms were in place to respond to questions from stakeholders and people in our local communities e.g. Frequently Asked Questions and Answers.
- ensuring that stakeholder groups were communicated with in the right way and in a timely manner.
- demonstrating and informing stakeholders of the outcome of the consultation and the impact that their feedback has made. This Outcome of Consultation Report supports this objective.

Building on the engagement work undertaken from September 2015, the Strategy and Plan describes the key communication and consultation methods/tools to be used and sets out our approach to public consultation:

#### Communication

- Face to face pre consultation briefings: Community Hospital staff, Forest of Dean DC, MP, Locality Ref Group (including League of Friends), Media
- Written staff, stakeholder and media briefings issued
- Dedicated public webpage (and links from GCS and CCG websites) – to host consultation materials/provide on-line feedback options
- Hardcopy and on-line consultation booklet
- Published Frequently Asked Questions and Answers that are updated in real time during the consultation
- Use of social media (twitter and FB) – to support the consultation process
- Consultation video – setting out the story/key messages and encouraging participation in the consultation process
- Info cards and posters to promote the consultation process and feedback opportunities
- Regular media promotion/coverage to highlight consultation feedback opportunities
- Posters, media and social media to promote consultation events/information bus availability.

## Consultation

- Activities to comply with duty to involve the public (s242<sup>1</sup> and s14Z2<sup>2</sup>).
- Continued work with the Forest of Dean Locality Reference Group.
- On-line survey (plus Easy Read version) and hardcopy booklet (plus Easy Read version) with back pages tear out pre-paid survey (as part of consultation booklets)
- Deliberative workshops with key stakeholder groups, including those identified through the Equality Impact Assessment.
- A range of Community outreach via the Information Bus and drop-in style events, arranged across different days and times of the week, including evenings and weekends.
- Regular briefings and meetings with community hospital staff.

### 1.4 Consultation Launch

The consultation was launched at the Gloucestershire County Council Health and Care Overview and Scrutiny Committee (HCOSC) on 12 September 2017. This committee meeting was webcast. HCOSC agreed that it could support this proposal going out to consultation; and would receive the outcome of this consultation at its meeting in January 2018.

The consultation launch was extensively promoted through the local media and social media, including a Facebook advertising campaign (details below). Information cards, signposting people to the dedicated consultation website, were also available and posters advertising drop-in events were sent to all host sites.

Over 9,000 consultation booklets were distributed to GP surgeries, pharmacies, hospitals, libraries, leisure centres and district council buildings across the Forest of Dean and were available at all the venues used for consultation events. We responded to specific requests from community groups and organisations for copies of the consultation booklets, for example Forest Routes (Community Transport provider), dentists, local political representatives. We restocked venues with consultation booklets on request throughout the consultation period. Around 1,000 copies of the 'easy read' guide were also distributed. Consultation materials, including the survey, are available on-line at [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk)

Healthwatch Gloucestershire, which is the county's independent health and care champion, took a keen interest in the consultation. This took the form of attending a

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<sup>1</sup> National Health Service Act 2006 (NHS Provider Trusts)

<sup>2</sup> Health and Social Care Act 2012 (NHS Clinical Commissioning Groups)

number of the presentations and ‘drop-ins’ as well as reviewing the information available to the public. Healthwatch Gloucestershire’s full observations regarding the consultation are included in the Correspondence Appendix 3

Healthwatch Gloucestershire’s made three specific comments regarding the consultation process. These are highlighted below:

1. Healthwatch Gloucestershire was impressed by the high level of preparation that had gone into the consultation which provided a good opportunity for residents of the Forest of Dean to participate and share their views. The consultation included a range of ways for people to have their say including attending public meetings, visiting an information bus, and drop-ins – all delivered in local venues. There was also an online option to share views via a survey. We were impressed by the number of face-to-face opportunities for engagement with nearly 100 people present at the Lydney meeting and a high number of drop-ins. Every presentation we attended was handled professionally including when there was robust challenge and questioning by local people.
2. The consultation was supported with good quality information which explained the ‘case for change’, background, FAQs, and the options. We were impressed by the dedicated website which provided clear and very comprehensive information. The audio-visual content was useful for those who like to access information in this way as was the easy-read documentation.
3. The information available clearly set out the preferred option of the commissioners and the provider and invited local people to say whether or not they agreed with this option. We believe that taking such a clear position is helpful.

## **1.5 Consultation Activity**

Over 50 consultation events – presentations with question and answer sessions, information bus visits and public drop-in events (see below) - have been held across the district and these have been publicised in advance through social media, through regular half and full page advertisements in the Forest and Wye Valley Review, The Forester and the Citizen. Flyers with the original set of extensive dates were also included in every consultation booklet. Invitations to attend other meetings/groups were also sought and received, providing an opportunity for targeted engagement with specific groups such as young people and family carers. As a result we attended numerous meetings of local clubs, support groups and organisations such as town council meetings, schools, Crossroads Care, Forest Sensory Services and Gloucestershire Young Carers, taking the total number of consultation events above 50.

The Consultation Team would like to thank all venues for their co-operation and assistance with consultation activities.

## Consultation Events

**Information Bus** visits across a range of locations, during weekdays and weekends during the consultation period, enable access for local people to find information and to ask questions of members of the consultation team.

**Tea and Talk** drop in sessions enabling informal opportunities for people to talk with members of the consultation team. The idea for the Tea and Talk sessions came from a local tea shop owner who offered to provide a location, refreshments and locals to talk with the consultation team. The approach was well received and enabled people to engage with the consultation in areas where community spaces or vehicular access for the Information Bus might be restricted.

**Presentations** provided an opportunity for information to be shared and questions answered.

Discussions at consultation events correspond with the feedback received through the consultation survey and are summarised in Survey analysis later in this Report.

A detailed schedule of consultation events is included in Appendix 2.

In total, members of the consultation team supported:

**52** events, accounting for **1318** face-to-face contacts at consultation events with local residents

There were:

**3,456** individual visitors to the consultation website

**27,498** Twitter impressions

**3,779** Facebook impressions

Facebook consultation advertisement, total number of people reached:

**15,420**, of which **11,918** was a result of paid-for advertising, and **3,502** as a result of organic sharing.

**38,720** Facebook consultation advertisement impressions - the number of times our advert was displayed, whether the post was clicked on or not. The advertisement can be attributed to generating an additional **834** clicks to the consultation website home / landing page. Once the campaign finished online, Facebook gave us a relevance score of 8 out of 10. The high score shows how relevant our advert was to

our target audience, compared to other adverts which may have targeted the same audience.

The consultation activity resulted in:

**3344** surveys (including **354** Easy Read surveys) submitted between 12 September and 10 December (receipt of postal surveys extended by 2 extra days to account for inclement weather conditions at the end of the consultation period).

**28** items of Correspondence received (emails and letters)

**Staff engagement:**

- Staff briefings led by Katie Norton, Chief Executive, GCS, and Cheryl Haswell, Community Hospital Matron, took place at The Dilke Memorial and Lydney and District Hospitals, and at Edward Jenner Court on 11 September 2017
- Further briefings were provided at the Forest Hospitals as requested
- Katie Norton, Chief Executive, GCS, and Cheryl Haswell, Community Hospital Matron were present at the hospital sites on multiple occasions throughout the consultation, to answer questions from staff

## 2 Consultation Responses

### 2.1 Written Responses and Correspondence Received

28 items of correspondence (email and letter) were received during the consultation period, as summarised below in Table 1. These can be found in full at Appendix 4. Where the correspondence is received from a group or elected representative names have been included, where correspondence has been received from an individual member of the public, names and addresses have been removed (redacted).

**Table 1: Written Responses and Correspondence Received**

Ref:	Received	Details	Key messages
01	26/09/2017	Letter from Mark Harper MP (re Letter from constituent)	New hospital provides opportunity for Forest, but need to increase number of beds and other services provided.
02	29/09/2017	Letter from Newent Town Council	Seeking confirmation that existing hospital facilities would remain open until the new hospital built and operational.
03	18/10/2017	Letter from Forest of Dean Health & Social Care Community Interest Company	Insufficient clarity regarding the services that would be provided and concern that a move to a single unit would result in services being reduced.
04	30/10/2017	Email from local resident	Offered comments regarding the future of Lydney and District Hospital and increased travel/costs for patients to a central location, importance of a local minor injuries service.
05	31/10/2017	Letter from Mark Harper MP following meeting with Friends of Lydney Hospital and League of Friends of The Dilke Hospital	Asked questions regarding proposed services in new community hospital, bed numbers and bed usage by Forest of Dean residents, site selection decision making process, design of facilities in particular single rooms/ward and seeking assurance on future engagement with Leagues of Friends.

Ref:	Received	Details	Key messages
06	31/10/2017	Letter from local resident	Proposed investment in existing hospitals rather than a new build.
07	06/11/2017	Letter from Mark Harper MP	Confirming support for new community hospital following meeting with GCSNHST staff.
08	08/11/2017	Email from Forest of Dean Green Party	Asking a series of questions relating to the consultation
09	10/11/2017	Email from local resident	Noting that the land for Lydney Hospital given by Bathurst family.
10	11/11/2017	Email from local resident	Stating a view that land on which Lydney Hospital built would revert to Bathurst family if no longer required for healthcare services.
11	13/11/2017	Letter from constituent of Mark Harper MP	Expressing view to redevelop existing sites, increase number of beds and range of services provided.
12	14/11/2017	Email from Glos Breast Imaging Department	Request to be included in any future planning for a new community hospital facility.
13	15/11/2017	Comments from local resident	Retain the Dilke Hospital site and name.
14	18/11/2017	Letter from Dean Forest Voice	Comments regarding growing population, number of beds, role of community hospitals in supporting acute hospitals, maternity services,
15	24/11/2017	Letter from Forest of Dean Green Party	Need to focus on community assets and partnerships to ensure sustainable local services.
16	28/11/2017	Letter from Friends of Lydney Hospital	Understand the arguments for a single hospital, promoting a South Forest location. Comments on demographic information in supporting site selection process and bed capacity.



Ref:	Received	Details	Key messages
17	28/11/2017	Letter from local resident	Comments relating to “cost cutting” and closure of hospitals.
18	04/12/2017	Letter from Cinderford Town Council	Recognition of challenges faced at existing facilities. Support for enhanced medical care in FoD, need for sufficient beds, in a central location. Identification of potential development site. Comment regarding the future use of the Dilke Memorial Hospital site.
19	04/12/2017	Letter from Forest GP Surgeries	Support the preferred option to build a new community hospital in the Forest of Dean and close the two existing hospitals. Comment regarding review of bed numbers.
20	05/12/2017	Letter from Great Oaks (Dean forest Hospice)	Support the preferred option to build a new community hospital in the Forest of Dean and close the two existing hospitals. Comment regarding the bed numbers. Offer to be involved in site identification in Coleford area.
21	06/12/2017	Letter from Healthwatch Gloucestershire (HWG)	Positive feedback on consultation activity. Observations on main themes of feedback: bed numbers, population increases, maternity service provision, transport and travel, car parking, existing community hospital site ownership. Recommendation regarding Citizen’s Panel membership.
22	07/12/17	Letter from local residents	Comments regarding level of detail in the consultation document and asking a series of questions relating to the consultation and requesting further consultation.

Ref:	Received	Details	Key messages
23	07/12/2017	Letter from Gloucester resident	Concern re siting a new hospital in Coleford. Recognition of value added by Friends of Lydney Hospital.
24	07/12/2017	Letter from Coleford Town Council	Full support for provision of a single community hospital. Provided information regarding Coleford Neighbourhood Development Plan. Comments regarding population growth and number of beds within a new community hospital. Potential development sites within Coleford area identified.
25	08/12/2017	Letter from 2gether NHS Foundation Trust	Positive comments regarding the consultation process. Support for the preferred option to build a new community hospital in the Forest of Dean and close the two existing hospitals. Support for the site selection criteria. Recognition that mental as well as physical health for residents of all ages should be the focus of ongoing planning.
26	12/12/2017	Letter from Town Council of Lydney	Support given to the Friends of Lydney Hospital and Lydney, District and Severnside Stakeholder Group consultation responses. If preferred option progressed, propose facility sited in Lydney (benefits listed). Comments regarding decision making process, number of beds.
27	November 2017 (undated)	Blakeney Surgery	Comments regarding options for rerouting of public transport, bed numbers. Comments regarding co-location of primary care facilities: challenges and opportunities and advantages of larger practices.

Ref:	Received	Details	Key messages
28.	December 2017 (undated)	Communication from Lydney, District & Severnside Stakeholder Group	Support for a single new community hospital in Lydney, providing more than 24 beds, setting out benefits of location.

**Note:** We have been made aware of a petition co-ordinated by the Hands off Lydney and Dilke (HOLD) group, however this was not received by the NHS during the consultation period, nor at the time of preparing the Outcome of Consultation Report.

## 2.2 Survey Questionnaire Responses

The online questionnaire was created using survey software which supports analysis of both quantitative (number and %) responses as well as qualitative (free text) responses. Quantitative responses are presented relating to the full questionnaire, the Easy Read Questionnaire, and where possible a combination of the two. This was not possible with every survey question as there were some small differences between the main and easy read versions of the questionnaire. Themes from qualitative responses, illustrated by some quotations from the comments received, are also presented. A complete list of all qualitative responses is included in the Appendix 5.

The Consultation survey questionnaire was made available to the public, staff and stakeholders for a three month period in either print form or online, resulting in a random sample of respondents to the consultation.

The consultation team can confirm that all survey questionnaires received between 12 September 2017 and 10 December 2017 were included in the analysis in this Report (receipt of postal questionnaires was extended by two extra days to account for inclement weather conditions at the end of the consultation period). Where it was clear that the same hand had been used to complete a postal survey questionnaire, or identical phrases had been used to answer free text questions, it was assumed by the consultation team that the questionnaire had been completed on behalf of another individual.

In considering the survey questionnaire analysis it should be noted that there is strong evidence that an individual respondent's decision whether or not to respond to the survey is not random and the group of people who choose to answer a questionnaire is not necessarily representative of the population as a whole. Survey responders are people who are more motivated to take the time to answer the survey questions.

### 2.2.1 Survey Questionnaires received

A total of 3344 questionnaires (including 354 Easy Read) were submitted between 12 September and 10 December 2017.

Questionnaires were either completed on line using the web link on the consultation website or by hand using the tear-out freepost survey questionnaire printed in the consultation booklets. Questionnaires received by freepost were entered into the online portal by the consultation team in exactly the same words as were used originally. Where, in some cases handwriting was very difficult to read, a series of '?????' were entered.

All free text responses in both the main and Easy Read versions of the questionnaire were read by a member of the consultation team and grouped according to key themes.

### **2.2.2 Consultation Survey Questionnaire – Who responded?**

The survey questionnaire provided the opportunity, optional, for respondents to provide information about themselves. This information is helpful in identifying whether a good range of local people have taken the opportunity to provide feedback.

Approximately half the respondents to the survey provided demographic information, which is summarised in Appendix 1.

## 2.3 Consultation Questionnaire Analysis

546 respondents only responded to the first question on the questionnaire. These responses have been included in the totals below.

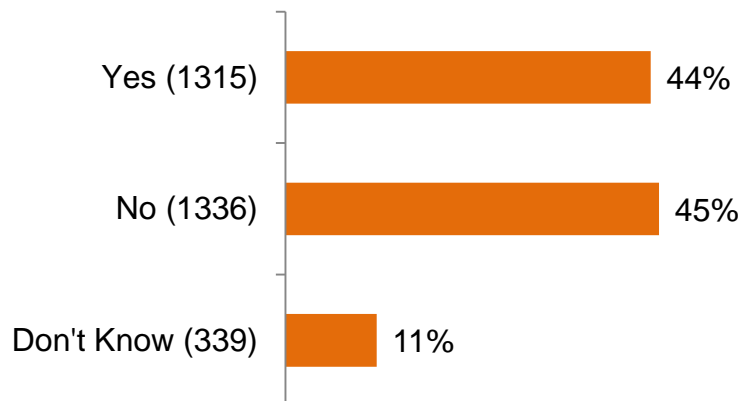
### 2.3.1 Support for the preferred option

***Q1: Do you agree with our preferred option to invest in a new community hospital in the Forest of Dean, which would replace Dilke Memorial Hospital and Lydney and District Hospital?***

3344 responses, including 354 Easy Read

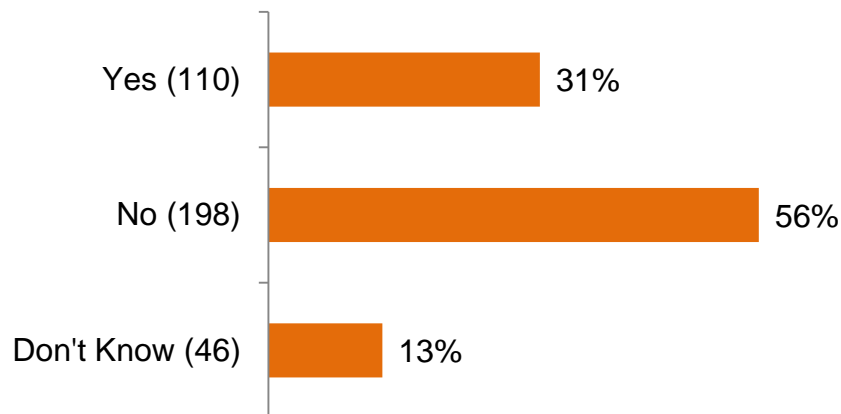
#### **Main survey responses:**

Responses: 2990 (1191 included a qualitative comment)



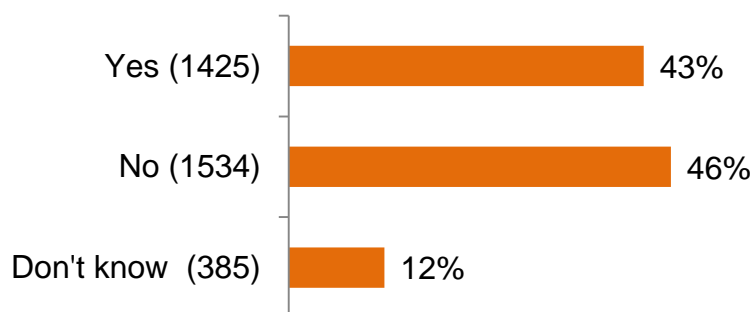
### Easy Read responses:

Responses: 354 (186 included a qualitative comment)



### Combined Responses from both the main survey and easy read versions:

(3344 responses with and without qualitative comments)



### Respondents to the first part of Question 1 by group

The responses from respondents from different groups such as: age; postcode; engagement with the consultation; are shown below in Table 2.



**Table 2: Main and Easy Read (ER) Survey Responses Q1 (part 1) further analysis by group (where disclosed)**

**Shaded GREEN** = more in the group support preferred option

**Shaded RED** = more in the group do not support preferred option

Group	No. of responses (Main)	No. of responses (ER)	Yes (Main)	Yes (ER)	No (Main)	No (ER)	Don't Know (Main)	Don't Know (ER)
Public and Community Partners	1474	N/A	720* 49%	N/A	631 43%	N/A	123 8%	N/A
Health or care professional	279		204 73%		55 20%		20 7 %	
Age Under 25	71	62	43 61%	33 53%	23 32%	8 13%	5 7%	21 34%
Age 26-45	294	36	180 61%	10 28%	97 33%	22 61%	17 6%	4 11%
Age 46-65	768	70	417 54%	22 31%	285 37%	45 64%	66 9%	3 4%
Age over 66	689	70	326 47%	22 31%	300 44%	43 61%	63 9%	5 7%
People who attended a consultation event	658	98	323 49.09%	35 36%	284 43%	42 43%	51 8%	21 21%
Cinderford area residents	375	N/A	177 47%	N/A	169 45%	N/A	29 8%	N/A
Coleford area residents	293		158 54%		99 34%		36 12	
Cross-Border area residents	51		11 22%		28 55%		12 24	
GL17 area residents	223		114 51%		97 44%		12 5%	
GL18 North Forest area residents	56		43 77%		11 20%		2 4%	
GL19 – North Forest area residents	17		10 59%		4 24%		3 18%	
Lydney area residents	539		254 47%		238 44%		47 9%	
Live in the Forest of Dean (ER only)		241	N/A	82 34%		130 54%		29 12%

\*Actual numbers and percentages for each group shown

The information in Table 1 shows differential responses between groups to the first part of Question 1, with respondents using the Easy Read survey less likely to support the preferred option.

***Q1 Supplementary: If you do not support our preferred option, please tell us why you are unable to support this option.***

**Main survey responses:**

1191 responses

**Easy Read Responses:**

186 Responses

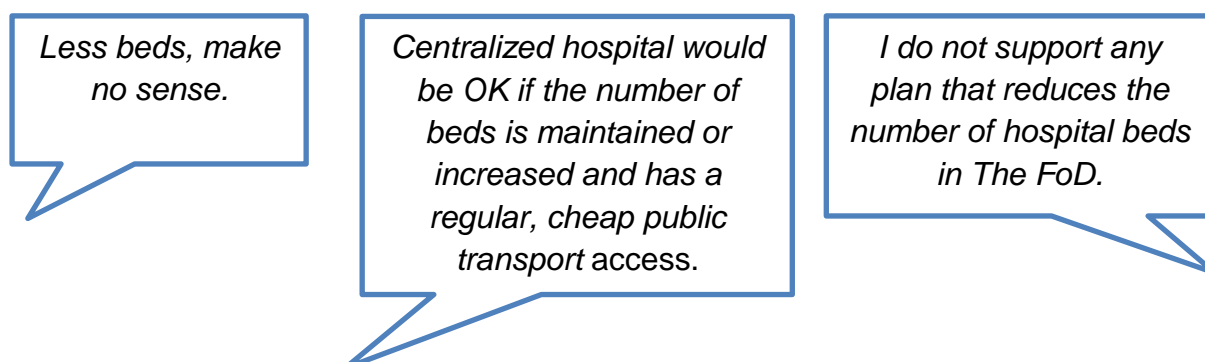
**Main Qualitative Themes:**

- reduced number of beds
- travel/transport
- Changing demographic [housing development/aging population]
- FoD heritage / community cohesion / local investment
- insufficient detail provided
- NHS cost cutting

This quote summarises many of the main qualitative themes above, with other quotes offered below:

*"I feel that cutting the amount of beds and centralising the community hospital to one point is a bad idea. Why can the millions of pounds not be invested in revamping and regenerating the current hospitals to bring them up to standard? (Especially as the Dilke has just had 6 weeks of refurbishment in minor injuries). It would mean people have options on how far they want to travel for appointments, more beds are available and staff will be able to keep their jobs and possibly more will be created. You could even add a midwife led maternity unit if funds allowed."*

**Reduced number of beds**



### Travel/transport

*Such a large area with limited transport. Need two hospitals.*

*Out of the budget perhaps you could fund a 24 hour Dial a ride with a short response time.*

*Towns and villages are scattered and the population is well used to travelling c. 3-5 miles to access specialised shops, services, facilities etc.*

### Changing demographic [housing development/aging population]

*The growth of both Lydney and the new development in Cinderford means that more hospital places are required not less.*

*Forest of Dean residents are increasing especially with new housing developments arising.*

*I support the need for one modern and manageable hospital, however the decrease in community beds*

### FoD heritage / community cohesion / local investment

*People in the Forest have a strong emotional connection with their 2 community hospitals. They are part of our heritage*

*The design of such a facility also needs to allow easy access to the outside world, fresh air, views etc. Country people are badly affected by enclosed, sterile spaces.*

*Our hospitals are a huge part of our community and our heritage and they serve our communities well. We need places we feel comfortable with to make us feel better. The Dilke and Lydney provide excellent health care why try and fix what isn't broken.*

### Insufficient detail provided

*Proposals have no defined plan for extra capacity for community beds in Gloucester and Cheltenham? I believe that you will fail to address this and will continue to be forced to accept city patients and therefore fail to meet the needs of local patients.*

*Unless I know where and what exactly is involved I cannot agree.*

## NHS cost cutting

Given the funding crisis in the NHS, it is highly unlikely under the present government that any new purpose built hospital will actually materialise. This is a cynical move to sell off two extremely valuable public land assets to the private sector who will make big profits in redevelopment.

Further analysis of the “Don’t Know” responses to Survey Question 1 (339 responses to the Main survey and 46 to the Easy Read survey) has focussed on the reasons why respondents who were unsure about supporting the preferred option to build a single new community hospital in the Forest of Dean to replace the two existing hospitals. 195 qualitative responses were recorded using the Main survey and 19 using the Easy Read survey.

A significant number of comments indicated that respondents would be able, or more likely, to support the preferred option if two factors were known; namely the location of the new hospital and the services to be provided in the new hospital, including more detail regarding the number of beds.

*I agree in principle that one new hospital would be good but am concerned that it must be located in the centre of the Forest.*

*Would support a new facility IF it meant more outpatient services would be provided so less journeys to Gloucester for treatments.*

*Until I know a proposed site for the new hospital and what the plans are for the use of the old buildings once the current facilities are closed I do not know whether or not I agree...  
  
... If they are replaced by something better which is easily accessible for the whole community, including those who do not have access to a car, then I would be more inclined to agree with the proposals.*

***If you do not support our preferred option, please tell us: What other option(s) we should consider (options must be able to achieve the objectives and criteria set out in section 8 of this booklet)***

1191 responses Main survey, 354 Easy Read survey, only respondents who selected 'No' and 'Don't know' above completed this question:

Main Qualitative Themes:

- Share investment £11m between two existing sites
- Redevelop one site and use second site for respite/EOL/care home facility
- Include a maternity unit
- Include a theatre

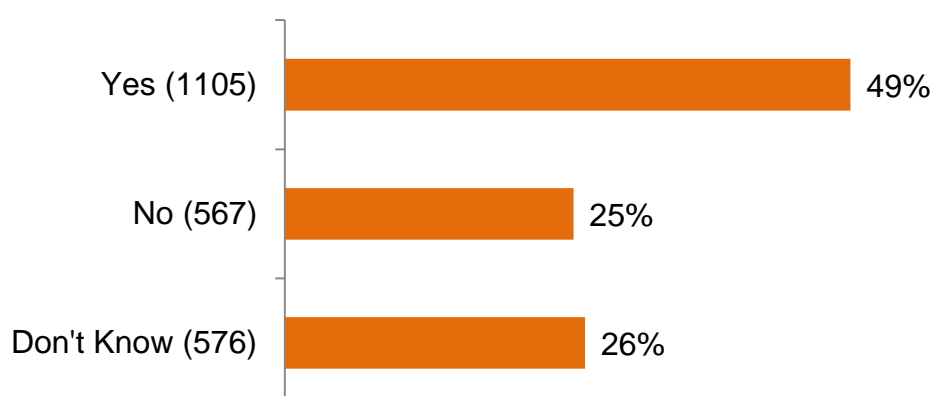
*Could you not spend the money that will be used in building a new hospital be spent on existing ones.*

*Could we consider 1 new "treatment" hospital and 1 perhaps simplified site with "advanced care home" type facilities.*

### 2.3.2 Impact of options

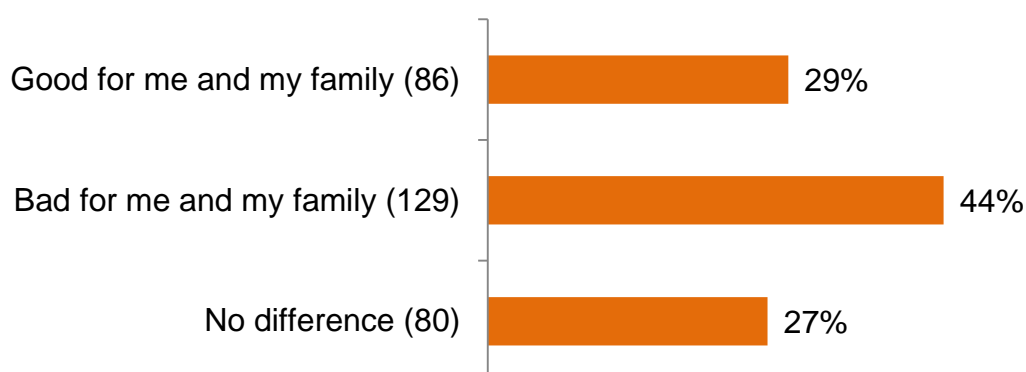
***Q2: Main: Do you think that any of the options explained in the consultation booklet (section 9) have a greater impact on either you, your family, or other Forest of Dean residents?***

(2248 responses)



**Q2: Easy read - How would you be affected by a new hospital in the Forest?**

(295 responses)



*A single hospital providing more beds and services with transport links could work. Obviously no hospital would have the worst impact.*

Respondents to this question reported both **negative** and **positive** impacts of the options for change. Most respondents concentrated on the impact of the preferred option (Option 3), whilst a small number of respondents commented on Options 1, 2 and 4. In terms of impact of Options 1, 2 and 4, Option 1 was identified as having the least impact and Option 4 was identified as having the most impact. A number of key themes were evident, summed up in the comment below.

**Access/Travel/Public Transport:** Positive comments referred to the opportunity to access services, such as outpatients and diagnostic tests within the Forest of Dean instead of travelling to Gloucester or Cheltenham and comments from staff related to increased efficiency through not travelling between two community hospital sites. The majority of negative comments related to anticipated increase in difficulty in attending a new single site community hospital (dependent upon the location). Many respondents commented on the poor public transport infrastructure within the Forest of Dean, the limited road infrastructure, the impact of bad weather and the additional cost of accessing services in Gloucester or Cheltenham.

*I feel some people may find it more difficult to access care. Transport may be a problem for some users.*

*An adverse effect on travel difficulties. New bus routes will have to be put in place. A positive effect if more services are available*

*As a retired, old age pensioner, I am likely to need more minor medical care services in the future. A new state-of-the art hospital is much more likely to be able to provide me with those services and prevent lengthier journeys outside of the area. This is likely to apply to a growing elderly population in the FoD.*

**Number of community hospital beds in the Forest of Dean:** The majority of comments related to the number of beds provided in a new community hospital and concern that Forest of Dean residents would not be able to access a bed within the Forest of Dean.

*It is very obvious that any reduction in beds would impact on everybody in the county, never mind the forest of dean. Your figures show that the population is rising and there are more older people, where are they all going to go if there are less beds available?*

*The proposed reduction of beds for a single site is a real concern*

**Facilities:** Comments under the theme of 'facilities' were diverse; positive comments included comments relating to a better, modern environment within a new community hospital and potential for extended services within a new community hospital. Negative comments included concern about the detail of services to be provided in future that the proposed new community hospital would not include a maternity unit, operating theatre and that urgent care services could be reduced.

*I believe a new hospital on one site is the best way forward as it would be more efficient use of money, provide a better service for local people and visitors to the area (using the MIU) and be a very pleasant purpose built unit to work in. I think one unit would be better for people to use for instance x ray and outpatient appointments.*

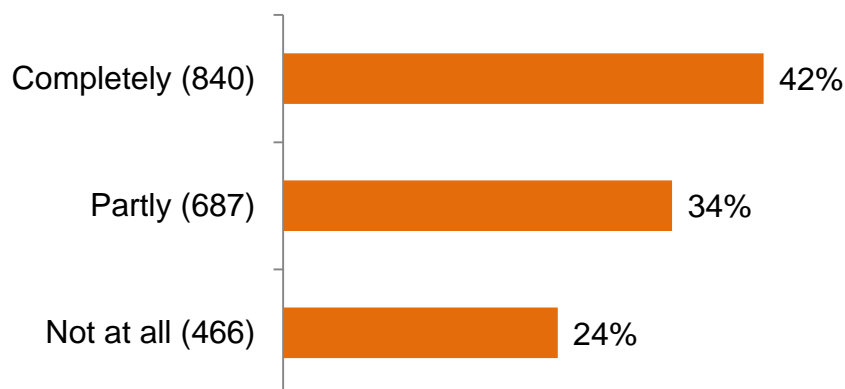
*Whilst I have no objection to either one replacement hospital or two newly built hospitals, it needs to be clearer what facilities this would give us.*



### 2.3.3 Proposed Criteria for assessing a location for a community hospital

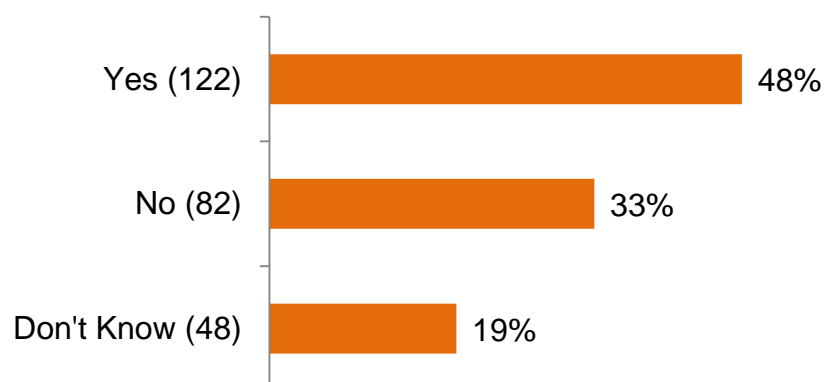
**Q3 Main survey: If the option of a new single community hospital is approved, to what extent do you agree with the proposed criteria for assessing the location for a community hospital in the Forest of Dean**

(1984 responses)



**Q3 Easy Read survey - We have made a list of what we think is important about a new site. Do you agree with the list?**

(252 responses)



### **Q3 Supplementary: If you do not “completely” agree, please tell us**

- **Why you do not agree;**
- **What other criteria we should consider.**

A total of 965 respondents (858 responses using Main Survey, 107 Easy Read survey responses) used the free text box in this question to raise their concerns about the preferred, option often raising previous concerns.

Key issues regarding the criteria included:

- poor road infrastructure;
- lack of public transport;
- impact of geography/topography of the Forest on travel times;
- a site within 30 minute travel time for majority of population was not achievable;
- demography – increasing population:
- heritage/local investment.

Some people suggested additional criteria that should be used for assessing the location for a community hospital in the Forest of Dean, some of which impact on location within the Forest of Dean and others which relate to site characteristics. Many of the suggestions reflected those included in the criteria given as part of the consultation, for example accessibility and public transport:

- needs to be accessible by public transport
- location should be central to the majority of the population
- site should be located on, or near to, one of the main roads through the Forest
- consideration of accessibility of other options, recognising that some people will choose to use other health facilities either within or outside of Gloucestershire
- surrounding environment i.e. preference given to sites with pleasant surroundings, green space, views, etc.
- sufficient space for car parking, future developments, to facilitate mobile services e.g. breast screening service.

*Reliance on public transport does not seem to be realistic. Even if some main bus routes run through the Forest, their frequency would not be such that out patients/visitors journeys would be easy. They could be facing long waits either at the hospital when they arrive, or at the hospital when they wish to return.*

*Nowhere will get unanimous support so just get on.*

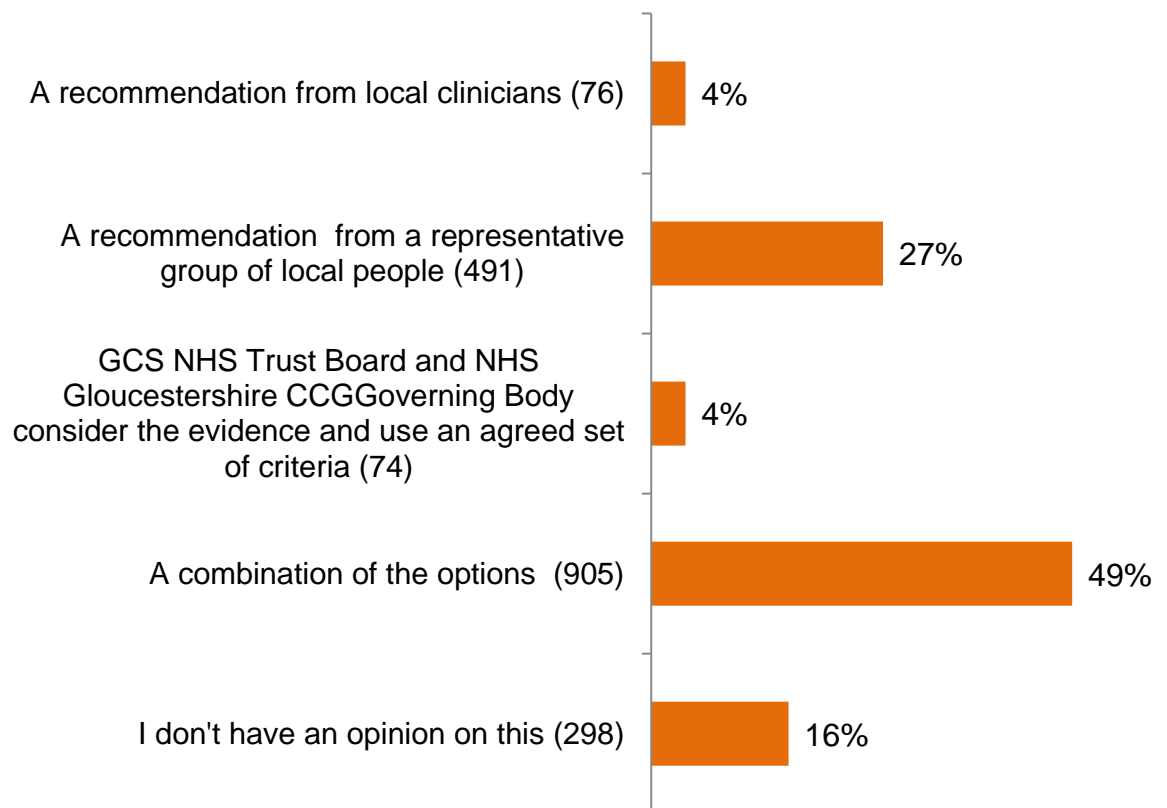
*Include the impact of the new site on the heritage and natural setting of the forest.*

The full free text comments is included in Appendix 5.

### 2.3.4 Making a recommendation

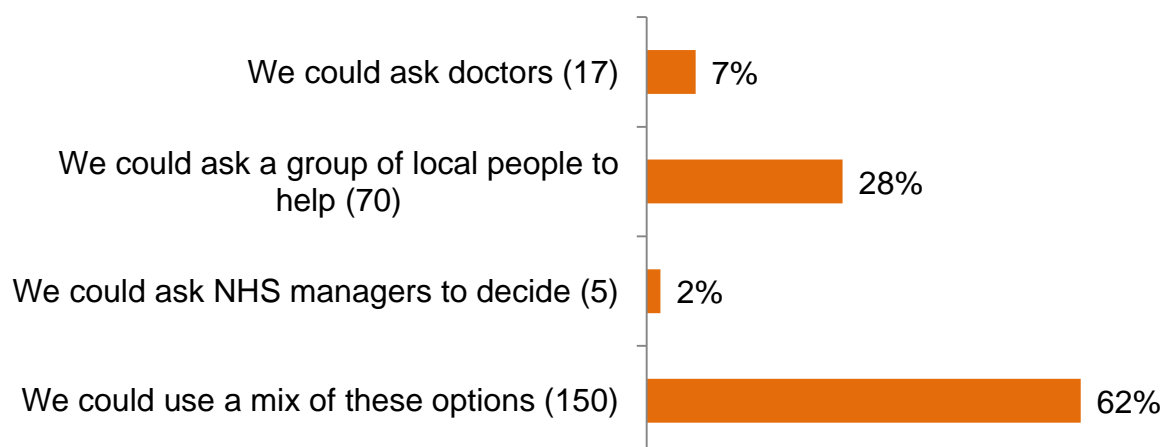
***Q4: Main survey: If the option of a single new community hospital in the Forest of Dean is agreed, how do you think a recommendation should be made on the location?***

(1844 responses)



**Q4 Easy Read Survey - If we build a new hospital, how should we decide where?**

(242 responses)

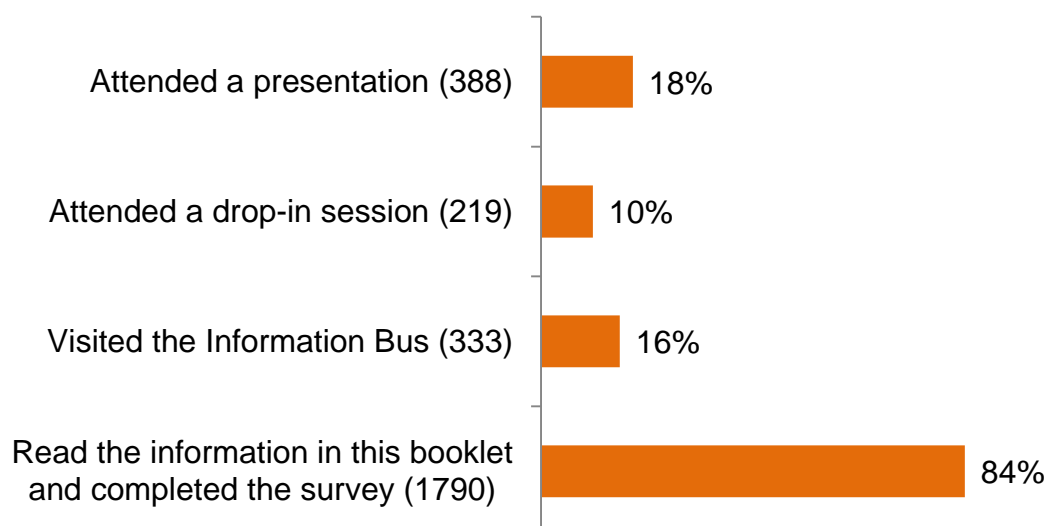


**2.3.5 Participation in the consultation**

**Q5 How have you participated in this consultation?**

**Responses from both the full survey and easy read versions**

(2141 responses)



### 2.3.6 Other qualitative comments

The final Survey question invited respondents to provide any other comments (1159 additional comments recorded in the main survey, 120 on the Easy Read survey). Many respondents to both surveys repeated previous comments. The main items from 'any other comments' are listed below:

#### Location

- Sufficient car parking essential
- You cannot please everyone
- Site recommendation panel members: avoid people with vested interests, include non-Forest of Dean representative, include rural and urban representation
- Consider the arrangement of the natural and artificial physical features of the Forest of Dean
- Don't build where trees and wildlife would be destroyed
- Site a new Community Hospital centrally in the Forest of Dean in an area of greatest deprivation
- Consider the impact on residents living close to the Welsh Border
- Hope a new Community Hospital will be close to school so that pupils can help

#### Heritage

- Honour the mining history in the new Community Hospital
- Ensure recognition of previous financial and cultural contribution to healthcare facilities
- Build new Community Hospital but retain existing sites for community wellbeing use: mental health, hospice, respite, care home, healthcare museum
- Recognise the contribution of the two Hospital Leagues of Friends in the new Community Hospital
- The NHS doesn't own The Dilke site, so you can't sell it
- Foresters discriminated against by NHS managers

#### Environment

- 21<sup>st</sup> century buildings required
- Consider the value of the environment in which a Community Hospital is built: views, nature – aid to recovery

- Consider the impact on the environment when selecting a site and building a new Community Hospital – consider renewable energy sources
- Consider a dementia friendly environment
- The Forest of Dean is promoted as an outdoor activity area for tourism and leisure, health services need to take this into account

## Consultation

- It's time for change
- Change overdue, need new facilities to prevent people leaving the Forest of Dean
- A good opportunity to build better healthcare for future generations
- 10 years ago, the consultation to close the two existing Community Hospitals did not offer to replace with a new Community Hospital
- Well thought out plan
- Being asked to sign up to an idea rather than a reality
- Good that young people have been involved in the consultation
- Listen to the consultation feedback
- Decision already made
- Consultation before preferred option identified would have been better
- The final say should go to the staff who work at the existing Community Hospitals
- A waste of money consulting, fund patient services instead
- Listen to the younger generation

## Services / Facilities

- Involve staff and patients in designing a new Community Hospital
- New Community Hospital must open before the two existing hospitals close
- Maternity unit required in the Forest of Dean
- Minor operations unit required in the Forest of Dean
- Urgent care requires x-ray and GP Out of Hours assessment
- Integrate new Community Hospital with primary care / poly-clinic
- Provide a mix of communal day room and shared and single rooms in a new Community Hospital
- Provide more out-patient clinics, follow up appointments should be offered locally
- Introduce specialist services for eyes and ears in the Forest of Dean to reduce travel to Gloucestershire Royal Hospital
- Existing equipment must be transferred to a new Community Hospital in the Forest of Dean
- Why isn't the Forest Dialysis Unit included in the planning?
- Excellent services provided from existing Community Hospitals

- 24 hour urgent care services needed
- Health improvement is predicated on early intervention
- Join up thinking between health and leisure
- Include community space / coffee shop / pharmacy within a new Community Hospital
- Build flexibly, multi-purpose facility with room to expand

## Beds

- 24 beds insufficient
- There is hidden demand for beds, Forest of Dean residents are distributed around Gloucestershire and out of county
- Restrict admissions to Forest of Dean residents
- Require more beds not fewer
- Forest of Dean residents frequently unable to access beds in the Forest of Dean Community Hospitals today
- Planning alternative services for Gloucester and Cheltenham residents a priority

## Demographics and Housing Development

- Take into account population growth (Housing development) – 6600 new homes allocated by local planning department
- Take into account older age population growth
- Severn Bridge Toll to be removed, likely to result in population growth

## Access / Travel / Public Transport

- Public transport unlimited and unreliable
- Taxis expensive
- Centralising services shifts costs to the users or services from the providers
- Consider transport options in an area of deprivation

## Funding / Investment

- £11m insufficient to build a new Community Hospital
- Waste of NHS resources to build a new Community Hospital
- How will the asset from the sale of the existing sites be used locally?



- Investment in community services required / increase home care support
- Invest in primary care
- A positive option if it saves money
- The new hospital in Chepstow was a waste of money as services are being withdrawn

#### Politics

- Stop political infighting
- Don't privatise the NHS
- Do not be persuaded by protest groups / political activists / local business interests

#### Staff and Management

- Staff looking forward to closer working, better environment and reduced travel between two existing sites
- Consider the impact on staff of workplace relocation
- Staff at existing Community Hospitals do a great job with limited outdated resources
- Consider the impact on staff of opportunities for greater integration on a single site
- Consider a staff crèche/nursery at a new Community Hospital

### 3. Next steps

The outcome of the consultation report will be presented to Gloucestershire Health Overview and Scrutiny Committee (HCOSC) on 9 January 2018.

The Gloucestershire Care Services NHS Trust and Gloucestershire Clinical Commissioning Group will be reviewing and consideration all of the feedback from the consultation process, and any issues raised by the HOSC. A joint report will set out recommendations for consideration by the Board of Gloucestershire Care Services NHS Trust and the Governing Body of NHS Gloucestershire Clinical Commissioning Group at meetings to be held in public on 25 January 2018. This will include:

- Consideration as to whether there is any new and material information which has come to light through the consultation which would bring in to question the case for change;
- Consideration of the issues arising from the consultation, such as bed numbers, travel and access, and whether these can be mitigated, or whether they require us to reconsider our preferred option;
- Recommendations on whether to progress the preferred option;
- Should the preferred option of a single, new hospital be supported, recommendations on how the process to establish a preferred location will be progressed, including the criteria to be used and process to enable a recommendation to be made.

## 4. List of Appendices

Appendix 1: Demographic information for the Main survey and the Easy Read survey

Appendix 2: Appendix 2: Schedule of Consultation Activity September – December 2017

Appendix 3: Healthwatch Gloucestershire's full observations regarding the consultation

Appendix 4: Written Responses and Correspondence Received

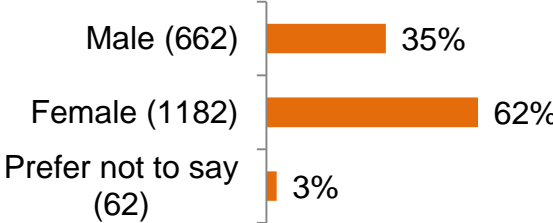
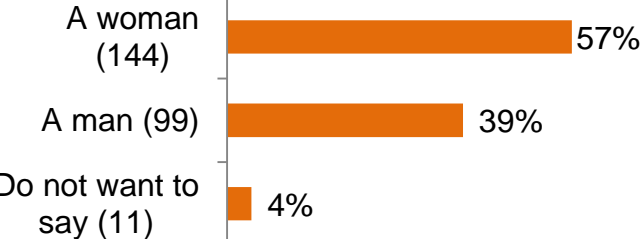
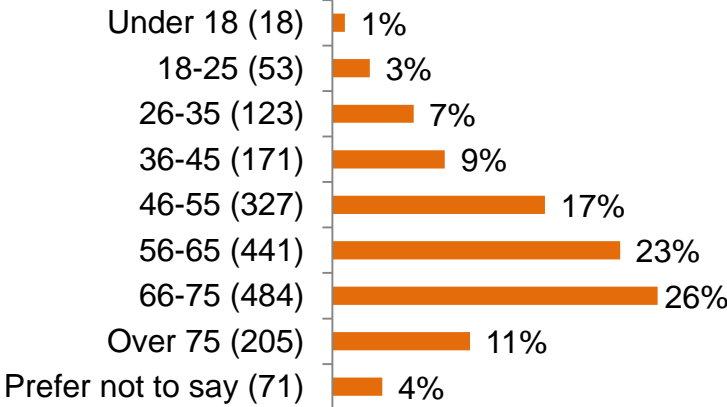
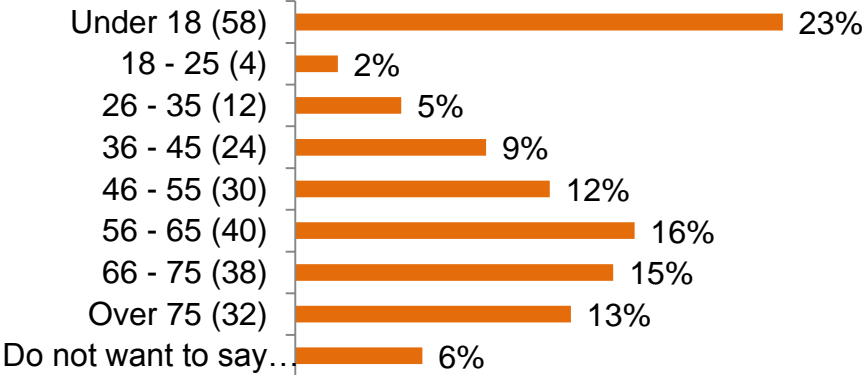
Appendix 5: Survey questionnaire free text comments

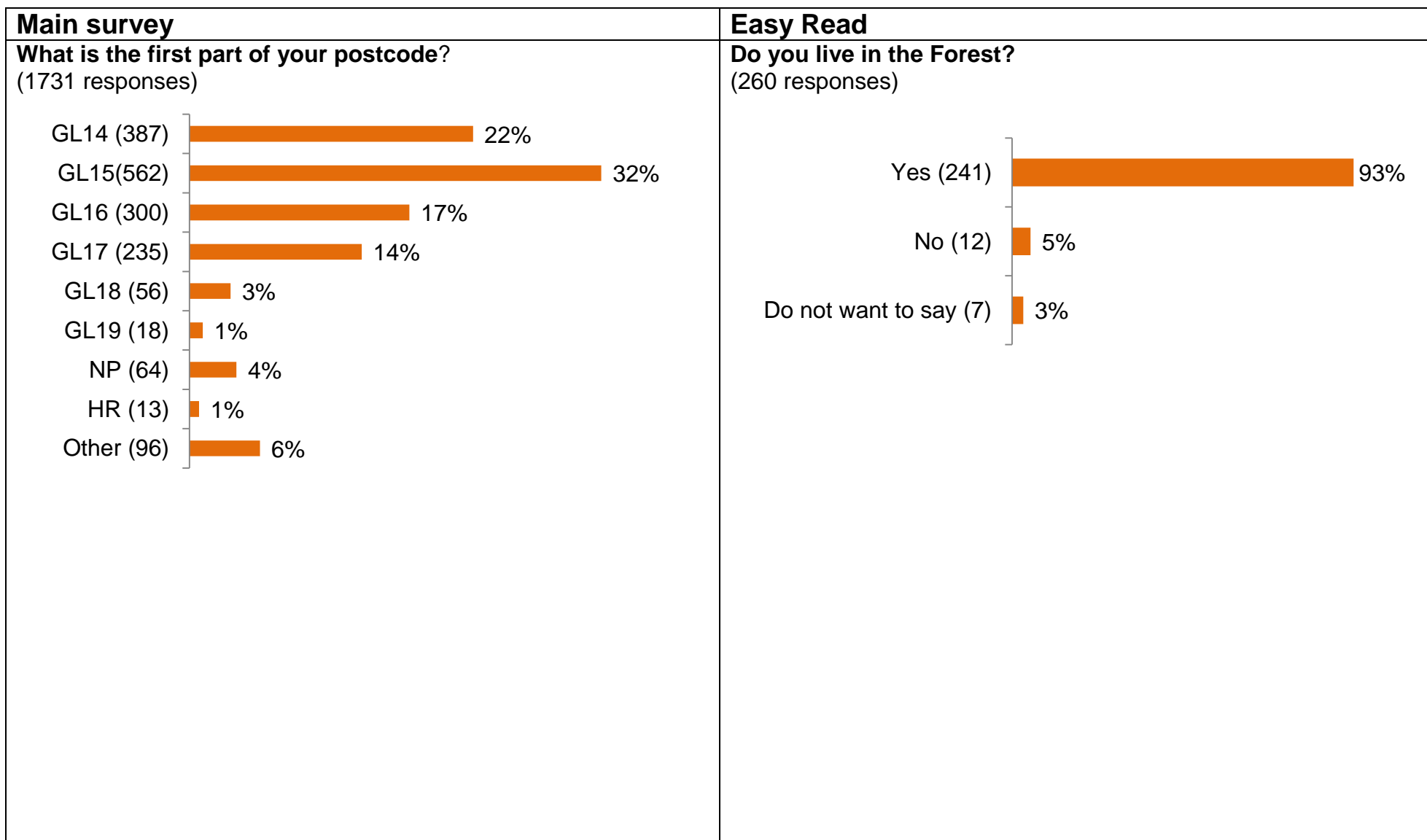
(Appendices 3 - 5 available at: [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk) )



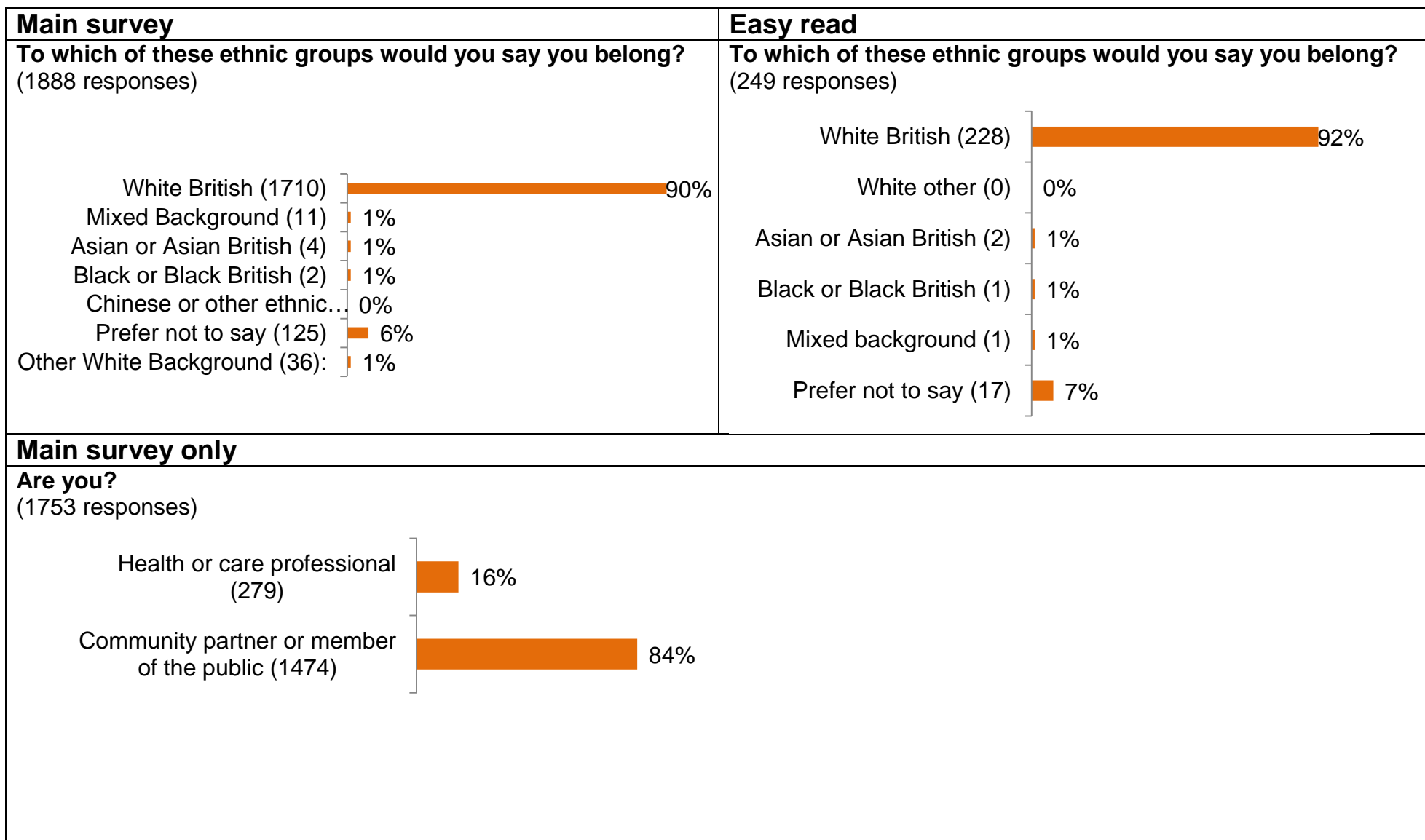
Print date: January 2018

## Appendix 1: Demographic information for the Main survey and the Easy Read survey

Main survey	Easy Read																																																												
<p><b>What is your gender?</b> (1906 responses)</p>  <table><tr><th>Gender</th><th>Count</th><th>Percentage</th></tr><tr><td>Male</td><td>662</td><td>35%</td></tr><tr><td>Female</td><td>1182</td><td>62%</td></tr><tr><td>Prefer not to say</td><td>62</td><td>3%</td></tr></table>	Gender	Count	Percentage	Male	662	35%	Female	1182	62%	Prefer not to say	62	3%	<p><b>Are you?</b> (254 responses)</p>  <table><tr><th>Gender</th><th>Count</th><th>Percentage</th></tr><tr><td>A woman</td><td>144</td><td>57%</td></tr><tr><td>A man</td><td>99</td><td>39%</td></tr><tr><td>Do not want to say</td><td>11</td><td>4%</td></tr></table>	Gender	Count	Percentage	A woman	144	57%	A man	99	39%	Do not want to say	11	4%																																				
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Main Survey	Easy Read																																																						
<p><b>Do you consider yourself to have any disability? (tick all that apply) (Responses: 1875)</b></p> <p>A horizontal bar chart with orange bars. The y-axis lists categories and the x-axis shows percentages. The data is as follows:</p> <table><tr><th>Disability Type</th><th>Count</th><th>Percentage</th></tr><tr><td>No</td><td>1188</td><td>63%</td></tr><tr><td>Mental health problem</td><td>77</td><td>4%</td></tr><tr><td>Visual Impairment</td><td>69</td><td>4%</td></tr><tr><td>Learning difficulties</td><td>14</td><td>1%</td></tr><tr><td>Hearing impairment</td><td>147</td><td>8%</td></tr><tr><td>Long term condition</td><td>356</td><td>19%</td></tr><tr><td>Physical disability</td><td>168</td><td>9%</td></tr><tr><td>Prefer not to say</td><td>100</td><td>5%</td></tr></table>	Disability Type	Count	Percentage	No	1188	63%	Mental health problem	77	4%	Visual Impairment	69	4%	Learning difficulties	14	1%	Hearing impairment	147	8%	Long term condition	356	19%	Physical disability	168	9%	Prefer not to say	100	5%	<p><b>Do you have a disability? (Responses: 243)</b></p> <p>A horizontal bar chart with orange bars. The y-axis lists categories and the x-axis shows percentages. The data is as follows:</p> <table><tr><th>Disability Type</th><th>Count</th><th>Percentage</th></tr><tr><td>No</td><td>132</td><td>54%</td></tr><tr><td>Poor sight</td><td>21</td><td>9%</td></tr><tr><td>Poor hearing</td><td>18</td><td>7%</td></tr><tr><td>Physical disability</td><td>22</td><td>9%</td></tr><tr><td>Mental health problem</td><td>15</td><td>6%</td></tr><tr><td>Learning difficulties</td><td>14</td><td>6%</td></tr><tr><td>Long term health...</td><td></td><td>18%</td></tr><tr><td>Prefer not to say</td><td>33</td><td>14%</td></tr></table>	Disability Type	Count	Percentage	No	132	54%	Poor sight	21	9%	Poor hearing	18	7%	Physical disability	22	9%	Mental health problem	15	6%	Learning difficulties	14	6%	Long term health...		18%	Prefer not to say	33	14%
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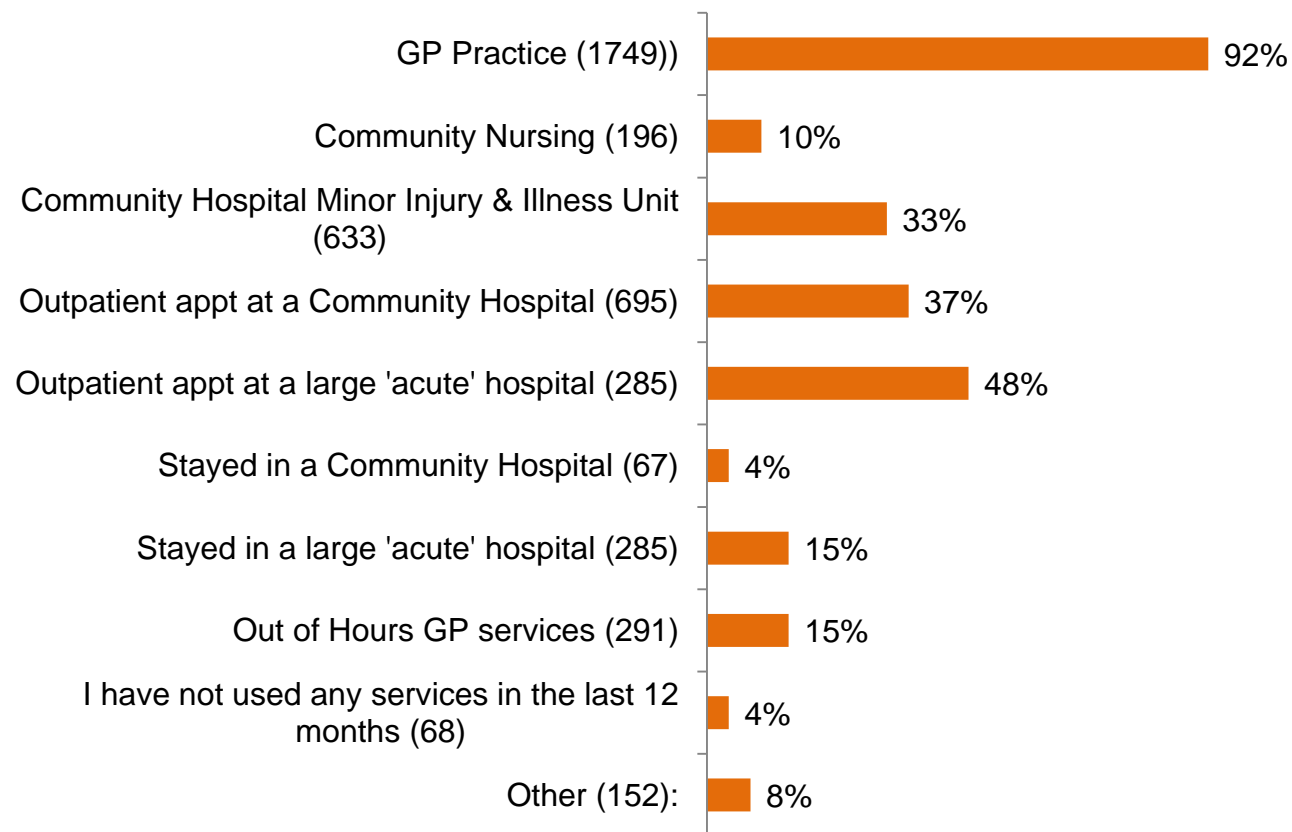




### Main survey only

**Which of the following health and care services have you, or your family, used in the last 12 months?**

(Responses: 1899)



## Appendix 2: Schedule of Consultation Activity September – December 2017

Activity	Date	Time	Venue
Information Bus	Wednesday 27 September	10.00am - 3.00pm	Cinderford Co-op
Forest Food Festival (Event)	Sunday 1 October	10.00am - 4.30pm	Speech House
Information Bus	Monday 2 October	10.00am - 3.00pm	Newerne Street Car Park, Lydney
Information Bus	Tuesday 3 October	10.00am - 3.00pm	Coleford Clock Tower
Presentation	Wednesday 4 October	10.00am - 12.00pm	Belle Vue Centre, Cinderford
Drop in	Thursday 5 October	6.00pm - 8.00pm	Memorial Hall, Bury Barr Lane, Newent
Information Bus	Monday 9 October	10.00am - 3.00pm	Market Square, Newent
Meeting/Event	Monday 9 October	7pm	Lydney Town Council
Presentation	Tuesday 10 October	2.00pm - 4.00pm	The Main Place, Railway Drive, Coleford
Drop in / Tea & Talk	Wednesday 11 October	10.00am - 12.00pm	Taurus Craft, Lydney
Information Bus	Saturday 15 October	10.00am - 3.00pm	Newerne Street Car Park, Lydney
Presentation	Monday 16 October	10.00am - 12.00pm	St Briavels Pavillion

<b>Activity</b>	<b>Date</b>	<b>Time</b>	<b>Venue</b>
Information Bus	Wednesday 18 October	10.00am - 3.00pm	Cinderford Co-op
Drop in	Wednesday 18 October	5.30pm - 7.30pm	Cinderford Rugby Club
Drop in	Thursday 19 October	12pm - 2pm	Vantage Point Business Park
Drop in	Thursday 19 October	6.00pm - 8.00pm	The Main Place, Railway Drive, Coleford
Presentation	Thursday 26 October	5.00pm - 7.00pm	Mitcheldean Community Centre
Drop in / Tea & Talk	Monday 30 October	10.00am - 12.00pm	Postage Stamp café, New Road, Parkend
Meeting/Event	Wednesday 1 November	6pm	Coleford Neighbourhood Plan
Information Bus	Thursday 2 November	10.00am - 3.00pm	Newent Co-op
Drop in / Tea & Talk	Friday 3 November	10.00am - 12.00pm	Bethel Tea Room, Broad Street, Littledean
Meeting/Event	Monday 6 November	11am	Primrose Hill & Severnbanks School
Meeting/Event	Monday 6 November	1pm	VCS Organisations
Drop in	Monday 6 November	3pm - 5pm	Bream Community Centre
Meeting/Event	Monday 6 November	6pm	Young Carers

Activity	Date	Time	Venue
Presentation	Tuesday 7 November	2.00pm - 4.00pm	Community Centre, Lydney
Drop in / Tea & Talk	Thursday 9 November	2.00pm - 4.00pm	Toast, Coleford Road, Tutshill
Drop in	Thursday 9 November	6.00pm - 8.00pm	Lydney Town Hall
Meeting/Event	Friday 10 November	12.30pm	Dene Magna School
Presentation	Friday 10 November	2.00pm - 4.00pm	Memorial Hall, Bury Barr Lane, Newent
Information Bus	Saturday 11 November	10.00am - 3.00pm	Coleford Clock Tower
Meeting/Event	Tuesday 14 November	3pm - 4.30pm	VCS Organisations
Meeting/Event	Tuesday 14 November	7pm	Cinderford Town Council
Drop in / Tea & Talk	Wednesday 15 November	10.00am - 12.00pm	The Buttery Tea Room, Newent
Drop in/Tea & Talk	Friday 17 November	10am - 11.30am	Yorkley Community Café
Drop in / Tea & Talk	Monday 20 November	2.00pm - 4.00pm	The George Café, Newham on Severn
Drop in / Tea & Talk	Monday 20 November	5.30pm - 7.30pm	Lydney Town Hall
Meeting/Event	Monday 20 November	7pm	Huntley Primary PTA

<b>Activity</b>	<b>Date</b>	<b>Time</b>	<b>Venue</b>
Meeting/Event	Tuesday 21 November	1.30pm	Forest Sensory Services
Information Bus	Wednesday 22 November	10.00am - 3.00pm	Newerne Street Car Park, Lydney
Drop in / Tea & Talk	Thursday 23 November	2.00pm - 4.00pm	Cinderford Rugby Club
Meeting/Event	Friday 24 November	1.00pm	PPG Network (Forest members)
Information Bus	Saturday 25 November	10.00am - 3.00pm	The Triangle, Cinderford
Meeting/Event	Monday 27 November	3.00pm	St Briavels School (Parents)
Drop in / Tea & Talk	Tuesday 28 November	10.00am - 12.00pm	Harts Barn, Monmouth Road, Longhope
Drop in / Tea & Talk	Wednesday 29 November	10.00am - 12.00pm	Sixteen Community Café, Coleford
Meeting/Event	Wednesday 29 November	2pm	Crossroads Carers
Presentation	Thursday 30 November	6pm - 7.30pm	Sedbury Community Centre
Information Bus	Friday 1 December	10.00am - 3.00pm	Coleford Clock Tower
Meeting/Event	Friday 1 December	1.30pm	Wyedean School Sixth Form
Presentation	Saturday 2 December	10.00am - 12.00pm	Belle Vue Centre, Cinderford

Activity	Date	Time	Venue
Information Bus	Tuesday 5 December	10.00am - 3.00pm	3 Shires Garden Centre, Newent

## **Health and Care Scrutiny Committee**

### **Community Hospitals in the Forest of Dean – Consultation Outcome Report**

**9 January 2018**

1. The committee is a statutory consultee on any substantial development of the health service in Gloucestershire. The consultation on Health and Wellbeing for the future: Community Hospitals in the Forest of Dean was launched at the meeting of the committee on 12 September 2017, and the outcome report of this consultation was received at the committee meeting on 9 January 2018.
2. The preferred option that was consulted on was to invest in a new community hospital in the Forest of Dean which would replace the Dilke Memorial Hospital and Lydney and District Hospital. The committee's role in this stage of the development of this proposal was:-
  - to confirm whether it was satisfied that the consultation process was undertaken in line with statutory requirements and was appropriate and proportionate; and,
  - to feedback on key issues that it would wish to have fully considered by the Gloucestershire Care Services NHS Trust (GCS) and Gloucestershire Clinical Commissioning Groups (GCCG) Boards within their decision making process.
3. The committee received a detailed presentation from the GCCG and GCS on the consultation process (including the engagement activity) and the main findings from the consultation.
4. The concerns raised by committee members during the debate reflected those identified in the consultation outcome report:-
  - The number of beds
  - Transport issues
  - Housing developments (including the impact of the removal of tolls on the Severn Bridge by the end of 2018)
  - Insufficient detail (on the proposal) overall
  - A lack of clarity as to why the shared investment suggestion is not viable
5. The committee agreed that it was satisfied that the consultation process was undertaken in line with statutory requirements.
6. However, whilst agreeing that the consultation process was appropriate and proportionate, committee members were clear that they had serious concerns with the wider aspects of the consultation, as listed above, and that they expect the GCS and GCCG Boards to give these matters due consideration during their decision making process. The committee is also clear that it expects to be kept informed of progress.

Cllr Carole Allaway Martin  
Chairman