

Fit for the Future: A new hospital for the Forest of Dean Consultation

Governing Body Response to the outcome of Public Consultation

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Author:	Ellen Rule, Director of Transformation and Service Redesign GCCG and ICS Programme Director
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1. Purpose of the Document

This paper is intended to support the Governing Body of NHS Gloucestershire Clinical Commissioning Group (GCCG) to respond to the outcome of the consultation on the services model for the new Forest of Dean Hospital. This consultation was focussed on the service proposals specific to the planned building of a single new community hospital for the district, which following previous phases of engagement and consultation, and subsequent decisions by the CCG Governing Body and Board of Gloucestershire Health and Care Trust (GHC), is planned to be built in Cinderford.

This paper should be read in conjunction with the output of consultation report and the various appendices of supporting information. The output of consultation report is attached as an annex to this report, the appendices to the consultation report can be found online at <https://www.fodhealth.nhs.uk/consultation/>.

The service proposals consulted on are consistent with the aims and objectives of the Gloucestershire Integrated Care system and are planned to meet the needs of the population now and into the future within available resources. The business case to build a new community hospital is primarily concerned with ensuring the 'right' infrastructure can be developed with sufficient flexibility to allow for the continuous evolution of service delivery models in the NHS. The Gloucestershire Integrated Care System is confident that the proposals set out in this paper will ensure that the Forest of Dean gets a bright, modern facility that is flexible and forward looking – one that is Fit for the Future of our local NHS.

Various phases of engagement and consultation with local communities and clinicians have been completed across the locality over a number of years. Our last period of engagement highlighted some key issues that were of particular interest to the local population, and these have been taken account of in the recent consultation: The key issues of interest to the local community are:

- Proposed inpatient capacity in the new hospital
- Urgent Care provision for the district, and in particular for residents of the south of the forest now that we have confirmed that the new hospital will be based in Cinderford
- End of Life care provision
- Travel and Access

The consultation set out proposals for the services to be included in the new hospital. These are:

- Inpatient Care
- Urgent Care
- Diagnostics Care
- Outpatients Care

This updated paper will describe the consultation feedback received for each area and conclude our firm commissioning intentions for each to enable the programme to develop the hospital to proceed to full business case stage.

2. Assurance and Oversight

All programmes that involve service change need to fulfil the assurance requirements that apply to all significant service changes. These can be found in the national guidance document from NHS England, Planning, Assuring and Delivering Service Change: <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>. In summary the requirements are to:

- Meet the Governments' four tests for service change, which are:
 - Strong public and patient engagement
 - Consistency with current and prospective need for patient choice
 - Clear, clinical evidence base
 - Support for proposals from clinical commissioners
- NHS England's test for proposed bed closures (where appropriate)

The NHS England bed test was introduced from the 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

Due to the extensive timeline associated with the project, the proposals for the Forest of Dean have been considered by NHS England/Improvement (NHSE/I) over a two stage process, initially in 2017 and then more recently on the 1st October 2020. The 2017 assurance process confirmed that tests 1-4 were fully met at that stage; therefore the final stage of assurance was to ensure that NHSE/I were satisfied regarding the fifth test – the NHS bed test.

A summary of our response to the bed test requirements is set out in the following table:

Bed Test Requirement	Evidence
Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or	Significant alternative provision in both beds and 'bed alternatives' has been provided: This includes: <ul style="list-style-type: none">• Complex Care at home service• Rapid Response Service• End of life hospice care arrangement• Stroke rehabilitation at the Vale• Rehab beds in Gloucester purchased as part of Enhanced Independence Offer (EIO)

Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or	Not applicable to this case, although it should be noted that our alternative provision for stroke rehab at the Vale and the new end of life care model 'spot purchase' arrangement will reduce admissions to the Forest hospitals for both of these categories
Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).	Our developing new model of care for rehabilitation will improve length of stay in the community hospitals and improve efficiency. This has not been factored into our model and therefore we believe this provides a 'buffer' regarding the number of beds proposed. Our planning proposals have assumed that we will no longer have 'super stranded' patients with a length of stay over 50 days as this does not represent a good quality experience or care outcome for our patients.

Statement of Assurance:

Test	Panel finding
Test 1 - Strong Public & Patient Engagement / Stakeholder Engagement	Fully Assured (2017 and 2020)
Test 2 - Consistency with current & prospective need for Patient Choice	Fully Assured (2017)
Test 3 - Clear Clinical Evidence Base	Fully Assured (2017)
Test 4 - Support from Clinical Commissioners	Fully Assured (2017)
Test 5 - NHS Beds Test	Fully Assured (2020)
Financial Assurance	Fully Assured (2020)
Implementation Plan	Fully Assured (2020)

Key Points

- The updated proposals for Inpatient Care, Urgent Care, Diagnostics and Outpatients have been developed through extensive feedback and engagement with local communities and clinicians across the locality over a number of years
- The service proposals consulted on are consistent with the aims and objectives of the Gloucestershire Integrated Care System
- The proposals are robust and we, and NHS England, are satisfied that all five tests were met to enable the proposals to move to consultation.
- The key issues of interest to the local community in the response to the consultation are proposed inpatient capacity, urgent care provision for the district – in particular the South of the Forest, End of Life care provision and Travel and Access

3. Service Models and Response to Consultation Feedback

The consultation set out a proposal to include 24 beds in the new hospital in line with the modelling completed and the evidence set out and assured by NHSEI for the 5th or 'beds' test. The rationale and approach for how we reached this number is set out in summary below for information:

3.1 Inpatient Bed Numbers

To support our bed planning approach the CCG and the former GCS jointly commissioned 33N, an external bed modelling consultancy firm to provide an independent review of the bed capacity required for the Forest of Dean. Acknowledging that this work was undertaken in 2018/19 the assumptions contained were updated and reviewed during 2020 and were confirmed as remaining valid with no significant changes to activity trends and demographics prior to the final proposals being shared in the consultation. Analysis of GCS community hospital activity data was undertaken by 33N with the specific purpose of:

- Developing a view of how community hospitals function on a county level;
- Developing an understanding of the bed requirements for the Forest of Dean;
- Enabling "what if" modelling around changes in bed base, length of stay (LoS) and efficiency at hospital, county and locality level;
- Enabling bed modelling based on the breakdown of acuity, dependency and complexity of patients/

The existing model of care within all of our Community Hospitals is for sub-acute, general rehabilitation and to support those who may have complex discharge needs. This is consistent with the model of care from the existing beds at the Dilke or Lydney Hospital. Predominately these beds are used for patients stepping down from an episode of acute hospital care and in need of a period of intense rehabilitation to maximise their independence and outcomes. Additionally, the units will (to a significantly lesser degree) admit people directly from the community, helping to prevent an acute hospital admission. The new hospital will continue to support this model of care.

The unit will (continue to) be nurse led, with strong multi-disciplinary support from GP medical input, therapists and social workers. This multi-disciplinary input is key to assessing and planning for discharge from the point of admission.

The number of residents from the Forest of Dean who have used a community hospital bed in any locality has fallen over the last 5 years. This is consistent with the pattern across other localities in Gloucestershire, and is in line with the One Gloucestershire system direction for people to receive care at home where this is appropriate.

Our proposal for the new hospital is that it should provide a bed capacity that aligns to the needs of the local population of the Forest of Dean. Our modelling has confirmed that the new hospital should provide **24 beds** which is a reduction from the current bed base across both existing hospital sites (47 available beds) however, it should be noted that since March and throughout the COVID pandemic these two sites have been operating at a reduced capacity of 30 beds in total.

The other important point to note (and key to assurance received through the bed test) is that our county will not see an overall reduction in beds, instead this proposal is an

intentional rebalancing of beds both geographically (from the Forest district to other areas of the county, predominantly Gloucester city to reflect actual patterns of use) and into the independent sector via brokerage which has significant capacity available to be flexibly purchased to meet demand, ensuring better value for the Gloucestershire £. Further details of some of our bed modelling key figures are as follows:

- a) At any given time, approximately half of the current beds in the Forest of Dean hospitals are occupied by people who are travelling from other localities in our county (most typically Gloucester). This can be seen in the table below.

Year / Total	Resident FoD	Non Resident FoD	Residency not known
2017/18	56.32%	39.80%	3.88%
2018/19	54.89%	42.11%	3.00%
2019/20	53.95%	42.43%	3.62%
Grand Total	55.04%	41.47%	3.49%

It is worthy of note, that whilst we have been operating at a total of 30 beds across both sites since March 2020, the capacity and flow of patients has not been significantly impacted. The flexible model of alternative community provision has enabled the capacity to be flexed appropriately and this is further supported by additional beds that have been purchased in the Gloucester locality to provide care closer to home for these patients. At the present time, our community is **purchasing approximately 230 additional beds** across our county to support winter delivery. This reflects the new model of flexible purchases to meet needs close to people's own homes where possible, and a move away from fixed NHS beds capacity that is not located where people live (in the case of the predominately Gloucester based residents who have historically used the beds in the Forest hospitals).

Our current thinking has recognised the challenges that COVID has presented across the existing hospitals estate in the Forest of Dean with regards to infection, prevention and control - and our proposals are continuing to evolve. We are considering a proposal that aims to build the new hospital with 24 single self-contained rooms with en-suite bathrooms, thus ensuring that we can manage care as safely as possible with regards to managing infection prevention and control, and maximising bed availability and capacity.

- b) It is proposed that the new hospital will operate a 7 day therapy model. This has been shown to improve patient outcomes and reduce length of stay through more intensive, multi-disciplinary team support.

Based on both CCG and GHC reviews, in Gloucestershire 74% of 2681 admissions to community hospitals (all patients across all community hospital sites, 17/18 data) for rehabilitation require physiotherapy as the primary need. This 74% of patients would benefit from improved access to physiotherapy of up to 6 contacts a week which has the potential to reduce Length of Stay (LoS) by 2 days. A 2 day reduction in LOS could equate to approximately 5 beds being saved across the system. **This saving has not been factored into our bed modelling and is therefore part of our 'buffer' in planning terms. A 7 day**

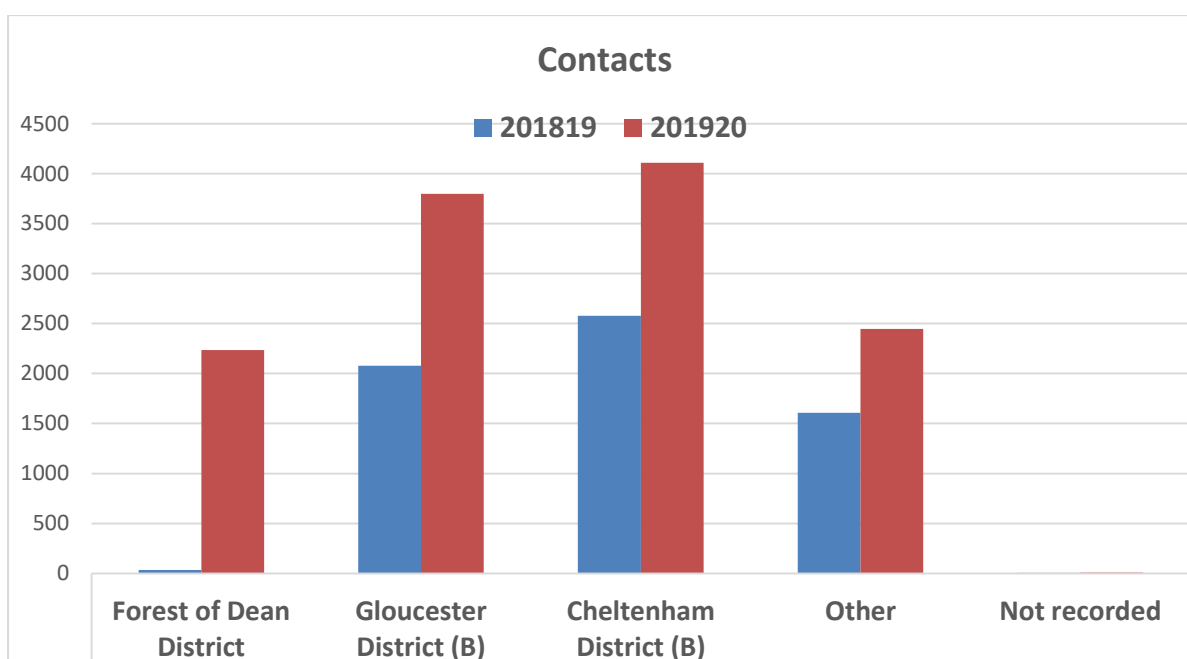
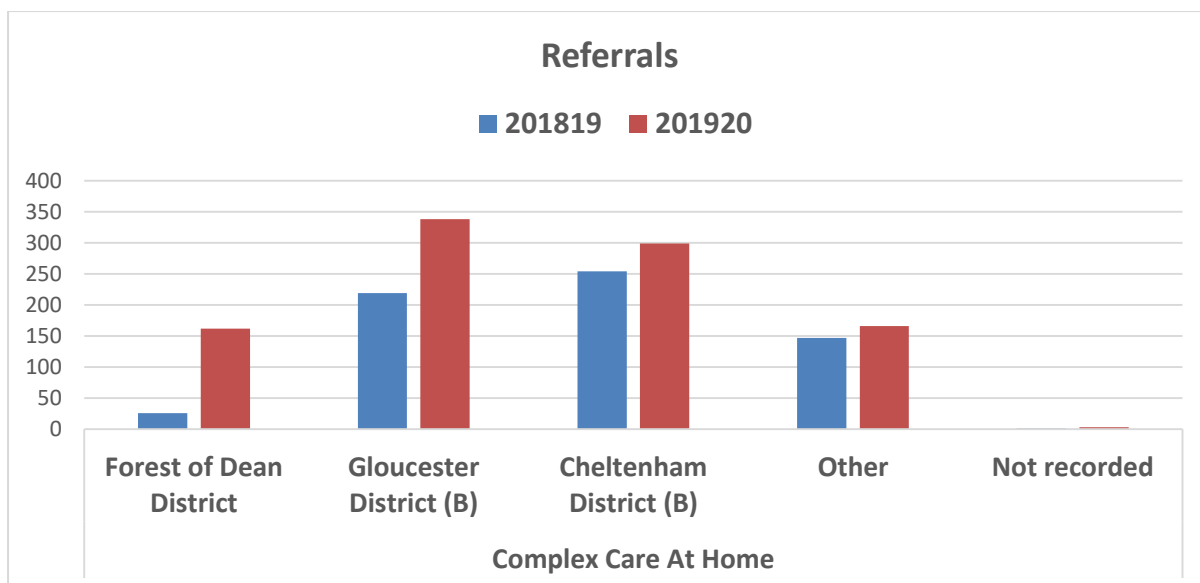
therapy model has been used in the Forest hospitals since March 2020 to support the current bed reduction in place due to COVID-19.

Aside from the productivity impact, there is a significant benefit for patients from the 7-day therapy model who can get home more quickly and face less risk of ‘decompensating’ (loss of capability and independence) due to avoidance of excessive time spent in a hospital bed.

- c) Community based services are also supported by a range of assessment unit beds for reablement, rehabilitation (including acquired brain injury), non-weight bearing and Discharge to Assess for Continuing Healthcare and Adult Social Care assessments and therapeutic input.

At the time of putting together the proposals for consultation the system was purchasing 136 beds in various locations across the county, but predominately in Gloucester City and Cheltenham. We described how as the bed base in the Forest community hospitals reduces, then we have the ability to increase the capacity through our brokerage services and purchase additional bed based care close to people’s place of residence should this be required. We set out that we are already implementing this model to support winter 2020/21, and as set out above we are now – mid winter 2020/21 – purchasing approximately 230 beds flexibly to support our current delivery model. There is no feasible way that NHS capacity could flex up and down to meet demands to this scale and so we believe that this further supports the validity of our model, and that bed based care can be successfully purchased as required to support demand – as it arises.






- d) Our vision for our county is that we expect to have less reliance on inpatient beds, including community beds over time, as we have invested extensively in community-based alternatives such as Rapid Response (a service providing care in people’s own homes and minimising delayed transfers of care), Complex Care at Home and the use of Virtual Wards as currently demonstrated by our COVID virtual ward operating across Gloucestershire since November 2020. Our community teams are now operating in a relatively stable state and as can be seen in the two tables below (which demonstrate the data for Complex Care at Home but are consistent in terms of the pattern for other community based alternatives) there has been a year on year growth in referrals pattern and contacts since the service commenced in 2018/19.



3.1.1 Feedback from the Consultation relating to Inpatient Care

As set out in the introduction we described each of the services to be offered in the new hospital. We described that we think that the range of services proposed in this Consultation will meet the needs of local people. We asked people to tell us whether they agreed with this statement. The summary of the findings are set out below (the full detail is available in the Annex and online resources referenced in this paper) :

Feedback relating to our proposals Inpatient Care:

1. Inpatient care:			Response Percent	Response Total
1	Strongly agree		21.9%	105
2	Agree		21.9%	105
3	Disagree		19.8%	95
4	Strongly disagree		32.6%	156
5	No opinion		3.8%	18
			answered	479

Closer analysis of the breakdown of this feedback relating to inpatient care shows a strong geographical partiality. Now the location of the hospital has been specified (not known for the previous consultation) it can be seen that for residents located in the Centre or North of the district (better for access to Cinderford) then those who supported the proposals exceeded the number of those who did not support. For respondents in the South of the district (worse for Cinderford) then there was an overall negative response to the inpatient proposals:

Breakdown of responses by area of the Forest in which the respondent lives:

	Central (123 responses)	North (7 responses)	South (190 responses)
Strongly agree	33.3%	42.9%	10.0%
Agree	24.4%	42.9 %	18.9%
Disagree	16.3%	0.0%	24.2%
Strongly disagree	21.2%	14.3%	43.7%
No opinion	4.9%	0.0%	3.2%

Analysis of other demographics, e.g. disability, age, ethnicity, health care professionals did not show any notable variation in responses between those who shared a certain characteristic and those who did not.

Qualitative feedback noted that those who agreed with the proposals for inpatient care thought the new hospital would reduce the need for travelling out of the Forest of Dean, but recognised the need to provide high quality care in the community.

- *A local hospital which we can get access to inpatient and outpatient services will be good and the travelling will be less than having to go out to Gloucester or Cheltenham*
- *Keeping the number of beds to 24 in the light of a growing and aging populations will require excellent community care and home based end of life care.*
- *The analysis undertaken seems to meet the population needs of people living in the area*
- *As a staff nurse who currently works at the Dilke the resources we are having to work with, or lack of inhibits our ability to care for our inpatients to the standard at which everyone should expect from a modern NHS.*

Feedback from those who disagreed with the proposals asked for consideration of an increase in the local population and questioned whether the 24 beds provided sufficient capacity to support the needs of people in the Forest of Dean. There were comments about a lack of capacity across the county and the need for end of life care to be provided.

- *The number of beds proposed is inadequate. Although based on the current number of inpatients at both Lydney and The Dilke, it fails to account for an aging population and an increase in population in the area.*
- *There are numerous patients from the forest area in hospitals outside the area atm, with all these new houses being built throughout the forest there is no way 24 beds will cover the 'locals' needs.*
- *Need to be able to provide end of life care in a hospital - not all patients wish to die at home and no hospice inpatient facility in forest Concerned about reduction in beds. Beds currently occupied by many Glos and Chelt patients as they do not have a community hospital. This will not change.*
- *I feel that consideration should be given to reviewing the bed provision, if there is insufficient capacity achieved elsewhere in the county forest residents could find the reduced number of beds unavailable to them if otherwise occupied.*

Single rooms

There was a mixed response to the proposals for the provision of single en-suite rooms, with some concerns that patients may feel isolated.

- *Single en-suite rooms probably best*
- *Better facilities in the single rooms would be more beneficial*
- *Will there be communal spaces and or dinning area to support people to interact when appropriate?*
- *My main concern is that although single rooms are wonderful they are isolating and make observation difficult.*
- *I think individual rooms whilst helpful to a degree with infection control do not overall aid care or recovery.*

3.1.2 Proposed Response to Feedback relating to Inpatient Care

There has been a significant complexity in describing a position where at a county level we have **no planned reduction in beds**, but at the district level we do plan to reduce NHS bedded care, to rebalance against the wider county level needs in our system (most notably, our aim for residents in all parts of the county to have their bedded care provided closer to home).

It is clear and completely understandable that on observing the loss in NHS 'owned' bedded care for their locality the feedback is somewhat negative. That said, the strong geographical partiality within the dataset shows that people have responded to the service offer at a level that is very local (sub district) level to their home. Those, for whom the new hospital will be most local, support the proposed provision. Those in the South of the Forest, do not. These results suggest that the impact of travel distance to the new Forest of Dean Hospital is impacting on responses to the consultation question about inpatient service provision to a greater extent than the (somewhat complex) detail on modelling and projected bedded and community based capacity.

That said, the qualitative feedback did indicate that people appreciated the links between community and bedded care, the need for newer facilities to support excellent care, and the impact of population growth which was flagged a number of times (population growth has been taken into account in our modelling work).

End of life care was raised again by some respondents (flagged in previous engagement) and more work is clearly required to ensure that clinical leaders working in the district can support the countywide End of Life care model being developed. It is not proposed that the Forest should develop an independent model of End of Life care based on capacity being developed for this care in an inpatient community hospital setting.

With regards to the proposal for single rooms, some people felt that this could be isolating for patients with others feeling that this represented higher quality of care. Communal areas are planned for the facility, with shared spaces to enable those who can safely socialise with others to do so during the day. The recent experience of COVID has demonstrated that facilities with single rooms were able to keep operating safely throughout the pandemic, providing further evidence for this being a resilient model of inpatient care for community hospitals into the future.

Planning for inpatient capacity in the hospital has been complex and based on detailed modelling that takes account of needs, available resources, and the developing pattern of services. The backdrop to modelling bed numbers is made more complex due to trying to complete a 'point in time' assessment against a dynamically developing sector.

Just in the last five years alone we have seen in Gloucestershire a radical development of community services such as Rapid Response and Complex Care at Home, a new End of Life model of care, increasing use of Home First, and the new Enhanced Independence Offer EIO supporting hospital discharges).

Whilst it is acknowledged that the feedback about the inpatient care proposal has not been wholly positive, the recommendation is that at this stage and based on all of the above we proceed with the commissioning intention to commission 24 beds in predominately single rooms for the new Forest Community Hospital.

Key Points

- **Approximately 50% of the current bed base in the existing Forest of Dean hospitals are utilised by people who do not live within the Forest. In the future we will commission care for these patients closer to home through the 'spot purchasing of beds' across our county.**
- **A robust and resilient community based set of alternative services such as Rapid Response and Complex Care at Home are now in place**
- **Additional community bed based capacity is available with currently 230 beds being purchased in our system, predominately in Gloucester City and Cheltenham. We are confident that we have the ability to increase this capacity through our brokerage services if additional capacity is required once the bed based provision in the Forest is reduced**
- **A 7 day therapy model will support a reduction in length of stay which will increase the efficient utilisation of hospital based care and improve patient outcomes, helping them to get home more quickly to their families**
- **People in the centre and north of the district with better access to the new hospital supported the proposals for inpatient care, people who lived in the south of the district did not, indicating that travel and access remain a primary concern**
- **We propose to proceed with the commissioning intention to commission 24 beds in predominantly single rooms for the new Forest Community Hospital**

3.2 Urgent Care Provision

As part of the ongoing development of the Fit for the Future programme it has been established that there are clear drivers for change for community urgent care services. These have been developed from extensive public and stakeholder engagement and can be summarised as follows;

- **Reduce confusion – the public have clearly stated that they find the current model of delivery confusing, with different entry points and opening hours**
- **Accessibility - the recognition that a community urgent care service should be offered in every locality**
- **Sustainability - proposed changes must minimise the impact on the main Emergency Departments at both Gloucester and Cheltenham Hospitals.**

An extensive piece of work was undertaken to review the model of provision of urgent care in the community across the whole of the county, but particularly focused on the Minor Injury and Illness units provided in the seven existing community

hospitals. Recommendations have been accepted by the ICS Board in early 2020, including that the national Urgent Treatment Centre model would not be implemented across Gloucestershire.

Countywide context for Minor Injuries and Illness services (MIU)

Illness is core to the business of primary care and we expect that over time all urgent care services in the county will focus on injuries, with illness being predominately managed in primary care. Urgent Care services will increasingly be pre booked ('talk before you walk') which will support the redirection of illness to primary care.

Forest of Dean Minor Injuries and Illness services context:

Our proposal for the new community hospital is that there will be an urgent care service that is operating 7 days per week to replace the existing two centres at Lydney and Dilke hospitals. The new hospital service will be open from 8am to 8pm, seven days a week. Opening hours of the existing units have changed due to the recent pandemic, with Lydney Urgent Care Centre now open from 8am to 8pm and Dilke Urgent Care Centre remaining closed temporarily (since March 2020).

Before the changes that were made to respond to the pandemic, on average 26 people per day attended the service at the Dilke with a similar number attending the service at Lydney. The majority of people attend between 8am and 8pm, with only an average of 1 person per hour presenting between 8pm – 11pm. Activity analysis across the system demonstrates a typical split of injury to illness is that 62% of the activity is injury and the remaining 48% is illness. Based on 2018 / 2019 data, the baseline figures for the Forest of Dean suggest that that year the Forest units saw 10,766 minor injury attendances and 6,598 minor illness attendances. This baseline has been used given that more recent activity has been significantly depressed due to the impact of COVID-19.

The service would be supported by a range of diagnostic services including x-ray which would be open 7 days a week. It should be noted that approximately 5-6% of people who present to the urgent care services require an x-ray. The bulk of x-ray usage in the Forest hospitals currently is by people who are referred by their GP, or who are attending the outpatient department and require supporting diagnostic investigations.

We plan to provide a Minor Injuries urgent care service in the new Forest Hospital to provide services to the whole locality. Following the recommendation of the citizens jury to position the new hospital in Cinderford, we received engagement feedback expressing concerns about access to urgent care provision for the district (these concerns are related to travel and access), in particular with regards to provision for Lydney and the surrounding area in the south of the Forest of Dean (and the distance from these areas to Cinderford).






We fully acknowledge the concerns raised during our last phase of engagement around the availability of urgent care in the southern areas of the Forest and the challenge for residents in terms of distance and accessibility to the new hospital in

Cinderford. Therefore, we will convene a working group including local stakeholders to explore if it might be possible for us to develop other options for the provision of additional urgent care services in the Lydney area. Just under 100 local people have expressed an interest through the consultation survey in participating in this process. We will work with the local community and healthcare partners to identify any potential solutions, which will then need to be tested to ensure they provide high quality, deliverable services into the future.

3.2.1 Feedback from the Consultation relating to Urgent Care

As set out in the introduction we described each of the services to be offered in the new hospital. The consultation materials proposed that the new Forest hospital would include an Urgent Care offer, and asked for interest in working with us through a 'deliberative exercise' to consider if there would be scope to develop an urgent care offer for the south of the Forest.

A summary of feedback we have received is set out on the next page. The comments indicate that people were strongly influenced by the location of the new hospital (being in Cinderford) when they considered whether they supported the proposal to include urgent care services within the new community hospital.

2. Urgent care:			Response Percent	Response Total
1	Strongly agree		23.4%	112
2	Agree		19.2%	92
3	Disagree		20.3%	97
4	Strongly disagree		34.3%	164
5	No opinion		2.7%	13
			answered	478

To explore this further, we again undertook to look in more detail at the responses by sub area of the Forest of Dean. It can clearly be observed that the strength of support is dependent upon the individual respondent's or groups of respondents' geographical partiality. Respondents from the south of the district are much less supportive of the proposed services for urgent care, compared with those in the central and northern parts of the Forest of Dean.

	Central responses) (122	North responses) (7	South responses) (191
Strongly agree	35.2%	28.6%	11.5%
Agree	27.0%	57.1 %	14.7%
Disagree	18.0%	0.0%	20.9%
Strongly disagree	18.0%	14.3%	50.8%
No opinion	1.6%	0.0%	2.1%

Analysis of other demographics, e.g. disability, age, ethnicity, health care professionals did not show any notable variation in responses between those who shared a certain characteristic and those who did not.

A review of the qualitative comments in response to this question further corroborated that view that the responses were focussed to a large degree on issues of location of the services, rather than whether the hospital itself should contain a minor injuries service. The opening hours of the unit were also raised as a point of concern.

- *Urgent care - locating all MIU services in one area, namely Cinderford, severely disadvantages people who live in the south of the Forest. Access to local GPs is becoming increasingly difficult and being able to call in at a local 'urgent care centre for reassurance is most important.*
- *Easy access to urgent care services for Lydney and surrounding areas will be key.*
- *With hours being 8 am to 8 pm it means for urgent care (A&E) you will have to go to Glos which can cause delay to treatment.*
- *The distance to travel to the new hospital from Lydney and its surrounding villages is too great for "Urgent" care*
- *The urgent care should be open for longer hours. Our child had an accident that required treatment this happened late into an evening but luckily the Dilke was open past 10pm*
- *Concerned at the lack of emergency cover in the forest between 8.00 pm and 8.00 am*

Urgent care support for the south of the Forest of Dean

During earlier engagement about the new hospital, as noted earlier in this paper, concerns were raised about people accessing a single urge care facility located in

Cinderford. A commitment to undertake a further review of urgent care services in the south of the Forest has therefore been made and, through this Consultation, people were offered the opportunity to be involved in this work. Just under 100 people have expressed an interest in participating in further discussions.

People's suggestions for how urgent care could be made more accessible for those living in the south of the Forest included an additional facility; working with local GP services; and improved transport links. Feedback received will be used to inform the planned review.

3.2.2 Proposed response to Feedback relating to Urgent Care

As noted in the review of the feedback, the responses strongly reflected the views of local residents on the location of the new community hospital and this has impacted heavily on the feedback received regarding the services offered from a locality perspective. The issue of concerns regarding access from the South of the Forest is well known to the CCG from previous engagement, and we heard this clearly again in the consultation. The next steps are therefore proposed as follows:

- To confirm, plan and convene the deliberative process to establish if an urgent care offer is viable in the South of Forest (subject to reasonable tests of this being affordable / deliverable)
- To complete an impact assessment to establish if the potential development of an urgent care offer for the South of the Forest will impact to a material degree on the emerging business case for the Forest community hospital, or whether these two pieces of work could now be reasonably 'decoupled' to allow each to proceed to an independent timeline

Given that it was known from existing feedback from our previous engagement that there was a high level of interest in an offer for the South of the Forest, an impact assessment had been developed in advance to inform this response: A high level summary of this is set out below. The impact assessment considers the following service planning issues on the likely activity expected to flow through a future unit at the community hospital:

- The potential move of minor illness to primary care
- The potential development of a minor injury offer for the South Forest

Impact assessment for South of the Forest Urgent Care Offer

	Emergent Service Planning Options
Baseline – Minor Injury and Illness service as per now, delivered from community hospital for all of the Forest Locality	<p>Based on historic use total MIU activity for the district is 10,766 minor injuries and 6,598 minor illness attendances (2018/19 baseline, 8am to 8pm). Option 1 assumes we will need to see Injuries and Illness & we do not redirect illness to primary care</p> <p>Option 1: We can plan a hospital urgent care unit with enough space and staff to take the total activity of 17,364 attendances per annum / 8 til 8 7 days per week</p>
GP services take minor illness	<p>In the future people will book to attend urgent care services using NHS 111 (talk before you walk) this will mean we can redirect people who need minor illness care to GP services. Option 2 assumes the hospital will be a minor injuries only urgent care unit and will therefore see around 10,766 people per year through the site</p> <p>Option 2: We can plan a hospital urgent care unit with enough space and staff to take the injuries only activity of 10,766 attendances</p>
Minor Injuries Care delivered in a new facility from Lydney	<p>District injuries activity is around 10,766 people per year. Option 3 assumes we can purchase an injury service from primary care in Lydney. The hospital service will be open 7 days per week, a Lydney service is likely to be open 5 days a week and won't have Xray. Assuming 10% need Xray, and based on 5 days per week Lydney service could see approx. 3,460 patients per annum.</p> <p>Option 3: We can purchase a Lydney injuries service for 3,460 patients per annum and plan that the hospital unit takes the remaining injuries only activity, 7,306 attendances</p>

These options have been tested with our provider colleagues at GHC and the **conclusion is that the activity differences between Option 1, 2 and 3 will NOT make a material difference to the spatial requirements for a minor injuries unit in a community hospital.** The business case for the new community hospital at this stage needs to confirm the capital costs, and set out the outline revenue costs. Our workings indicate that in capital terms there will be no impact between the different options set out above. From a revenue perspective, there may be a small impact - most significantly between options 1 & 2, with a minimal / if any difference between 2& 3. With up to three years still to go prior to the new hospital opening, we will need to continue to be able to make adjustments to the staffing model (which will drive the revenue costs) between now and the opening date to ensure the proposals continue to be reflective of activity levels in the district.

The proposal is therefore that the decision can be made now to allow the business case for the new hospital to proceed, with an urgent care service included, while the

work on whether an offer for the South of the Forest is viable continues concurrently. The financial impact of developing an additional offer for the South of the Forest is expected to be wholly a revenue consideration rather than capital..

Key Points

- **It has been a commitment since the inception of the Forest Community Hospital programme that the new hospital will contain an urgent care unit**
- **The unit will operate 7 days per week, 8am – 8pm**
- **Diagnostic support is proposed to be available 7 days per week**
- **Concerns have been raised (and acknowledged) regarding access to urgent care in the South of the Forest and we will convene a working group to include local stakeholders to identify if a South Forest solution can be found.**
- **Options analysis indicates that the capital business case for the new hospital is not dependent on any decision on a South Forest offer, therefore the work on the capital business case can proceed alongside the work to consider if a South Forest offer is viable.**

3.3 Ambulatory Care (Diagnostics and Outpatients)

A range of other services will be contained within in the new hospital development alongside inpatient care and urgent care. The feedback we received in the previous engagement events regarding the range of ambulatory care proposals was positive and we will continue to refine and update the proposals to take account of new ways of working and modern technologies. The range of services is intended to include:

- **Endoscopy** - this remains an area of growth across the county with the changes in demand being driven by the expansion of the age range for the bowel screening programme and the demography of the population. Overall, the county has a shortfall in capacity for endoscopy procedures and therefore the provision of a unit in the Forest of Dean will ensure a locally available service and reduce the pressure on services within the main hospital units. This remains consistent with our planning assumptions in 2017.
- **Outpatients** – the need to have a range of local and accessible outpatient services in the community hospitals was an important element from the engagement exercises and the new hospital will continue to ensure that people are able to access consultant led outpatient services provided by both Gloucester Hospitals NHS FT and Gloucestershire Health & Care NHS FT in a convenient manner.

The impact of Covid-19 has meant a change in the way services are currently delivered, including outpatient appointments and therapies. Looking beyond this our






intention is to continue to deliver services as close to home as possible and acknowledge that this may now include a greater use of technology and virtual appointments either by telephone or video where appropriate to do so.

We recognise that models of health care and the ways in which we deliver services will always continue to evolve. Therefore, the new hospital design will focus on flexible multi-use space that incorporates a range of consulting, treatment and group rooms as well as space for video consultations.

The range of diagnostics services proposed will ensure a local and accessible service to investigations such as ultrasound and plain film radiology which the GP will be able to refer people directly to along with blood tests for patients who are attending outpatients or the urgent care unit.

3.3.1 Consultation feedback on Diagnostic services

People were asked whether the diagnostic services proposed in this Consultation would meet the needs of local people. The feedback on diagnostics is as follows:

3. Diagnostic services:			Response Percent	Response Total
1	Strongly agree		24.1%	115
2	Agree		31.4%	150
3	Disagree		15.1%	72
4	Strongly disagree		24.5%	117
5	No opinion		4.8%	23
			answered	477

Although the response this time is more positive than negative, the same pattern of geographic partiality is observed. Respondents from the south of the district are less supportive of the proposed diagnostic services, compared with those in the central and northern parts of the Forest of Dean.

	Central responses) (123	North responses) (7	South responses) (190
Strongly agree	39.0%	42.9%	11.1%
Agree	36.6%	42.9 %	28.9%
Disagree	8.1%	0.0%	19.5%
Strongly disagree	13.8%	14.3%	35.3%
No opinion	2.4%	0.0%	5.3%






Analysis of other demographics, e.g. disability, age, ethnicity, health care professionals did not show any notable variation in responses between those who shared a certain characteristic and those who did not.

Qualitative feedback noted support for the proposals which would result in a reduced need to travel outside the Forest of Dean, but also reflected on the overall difficulty in accessing services for those living in the south of the Forest.

- *Good that diagnostic services will be there, so that people in the forest don't have to travel to Gloucester or Bristol.*
- *More diagnostics and minor surgical procedures would be welcome to save the trips to Gloucester or Cheltenham.*
- *I welcome the additional diagnostic services over the weekend, but you need to ensure that staff are sufficiently competent to provide the right level of care*
- *I like the sound of more diagnostic and outpatient services*
- *Lydney hospital is super important for people like me, I can't drive and I have 4 children. The buses to anywhere are practically impossible and I can't afford a taxi to Cinderford or Gloucester for a hospital visit. It would be detrimental to the health of myself and my children.*
- *Diagnostic services in one place should not preclude x ray in Lydney which needs ready access and already has a state of the art facility funded by local people.*

3.3.2 Outpatient services

People were also asked for their views on the outpatient proposals. A summary of the feedback is set out below:

4. Outpatient services:			Response Percent	Response Total
1	Strongly agree		25.9%	124
2	Agree		28.5%	136
3	Disagree		15.1%	72
4	Strongly disagree		26.4%	126
5	No opinion		4.2%	20
			answered	478

Again, the theme continues that the strength of support is dependent upon the individual respondent's or groups of respondents' geographical partiality. Respondents from the south of the district are much less supportive of the proposed outpatient services, compared with those in the central and northern parts of the Forest of Dean.

	Central responses) (123	North responses) (7	South responses) (190
Strongly agree	38.2%	42.9%	12.6%
Agree	35.8%	42.9 %	24.7%
Disagree	9.8%	0.0%	20.0%
Strongly disagree	13.0%	14.3%	39.5%
No opinion	3.3%	0.0%	3.2%

Analysis of other demographics, e.g. disability, age, ethnicity, health care professionals did not show any notable variation in responses between those who shared a certain characteristic and those who did not.

Qualitative feedback noted support for the proposals which would result in a reduced need to travel outside the Forest of Dean, but also reflected on the overall difficulty in accessing services for those living in the south of the Forest.

- *I think it would be great to also consider outpatient services with the availability to connect with consultants digitally/ remotely rather than driving to Gloucester /Cheltenham.*
- *Ortho and Neuro and Respiratory O/P appointments would be REALLY useful if the hospital was to have an effective REHAB role.*
- *We need as many outpatient clinics as possible because getting to Gloucester/Cheltenham by car is bad enough, (time, traffic, parking) but without a car can mean several buses and a whole day taken. I question the statement on page 21 about the range of outpatient clinics provided by Gloucester hospital. Recently I have had to visit orthopaedics several times for follow up consultations. I was told neither of these clinics were available at the Dilke or Lydney.*
- *This once in a life time opportunity to get it right – don't combine services assuming they will work it out. Space is a necessity when providing rehabilitation for complex people with multiple disabilities. Having all community services within the hospital space will enhance the holistic management of patients and the patients journey. That is why investing in multidisciplinary teams is the gold standard approach.*

3.3.3 Proposed response to Feedback relating to Outpatients and Diagnostics

As noted in the review of the feedback, the responses continued to reflect the views of local residents on the location of the new community hospital and this has impacted on the feedback received regarding the services offered from a locality perspective. That said, the balance of feedback is that the proposals for outpatients and diagnostics are broadly supported by the feedback received with caveats about where possible maximising the potential for all residents in the district to be able to access outpatient and diagnostic care as close to home as possible. The proposed response therefore is to proceed with the proposed approach to outpatients and diagnostics in the new community hospital.

Key Points

- **The proposal will include a dedicated endoscopy unit to meet the needs of the local population. This will be a new offer in the new hospital compared to the existing facilities (which do not have suitable estate to offer this service)**

- **A range of outpatient services will be provided similar to that within the existing two hospitals. The facility will be designed to take account of new ways of working and increased use of video consultation and technology.**
- **Diagnostic provision will include plain film and ultrasound and blood tests for patients attending the outpatient department and urgent care unit.**

3.4 Travel and Access

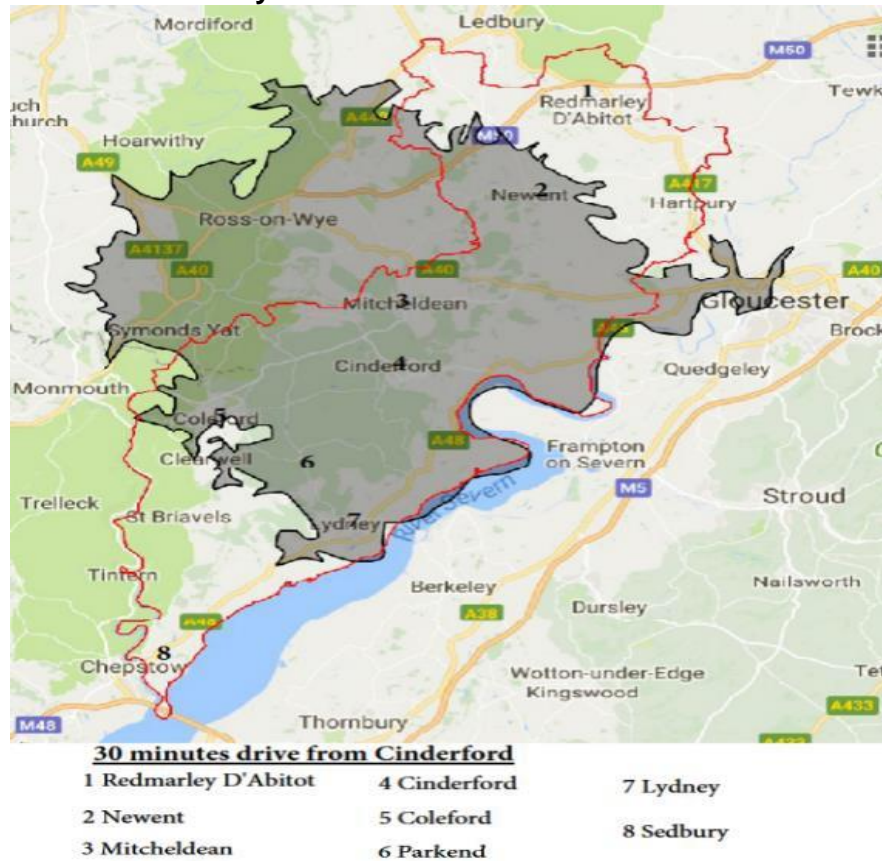
Although there were not any specific questions relating to travel and access in this consultation, it can clearly be seen throughout the responses that the location of services and issues of access are a principle concern of local residents. Travel and access has in fact been a consistent theme in all stages of the engagement processes. Detailed analysis has been completed to consider the travel implications associated with the change in service delivery. We have analysed the rates of car ownership and public transport services in the district. Over 80% of the people who responded during a public engagement event indicated that they have their own motorised transport with 10% generally relying on public transport as their main mode of transport. Since the travel analysis was completed the decision has been made to locate the new facility in Cinderford and a site has now been acquired by Gloucestershire Health & Care NHSFT.

This phase of the consultation is not concerned with the decision regarding the location of the hospital, this decision has already been made and the site already purchased for development. For information however the figure below shows the locations that can access Cinderford within a 30-minute travel time by car. This shows that the two main urban areas of Lydney and Coleford are within this parameter. Sedbury is the area facing the longest drive to Cinderford in the locality, but analysis indicates that residents from this area also access services in North Bristol (which is a shorter drive and no longer subject to Severn bridge tolls). A new community hospital is also planned by the Anuerin Bevan Health Board in South Wales which may also enhance choices for local people in terms of access.

In relation to public transport a 90-minute journey time was considered to arrive at Cinderford by either 8.30am or 1.30pm and then associated departure times. This showed that with the new hospital based in Cinderford, people from Lydney could achieve 3 out of the 4 timeframes but were unable to achieve the 1.30pm arrival time in 90 minutes. Again, Sedbury was the most affected locality with only 3 out of the 4 scenarios being possible.

In the past we have successfully worked with local councils to ensure that bus routes are adjusted to provide better access to NHS facilities and we would seek to do the same for any new hospital located in the Forest of Dean. Additionally, there is a strong provision of community transport available across the Forest of Dean and we would continue to work with these providers to ensure a robust offer and particularly look to improve the impact for those residents most affected.

Local Travel Analysis:



Key Points

- We acknowledge that travel and access remains a concern in terms of access to services across the Forest of Dean
- Travel analysis has been conducted considering the new hospital location in Cinderford. The area of the Forest impacted most significantly is the Sedbury population.
- Public transport is generally poor in the district. We will continue to work with the Local Authority to improve access to the new hospital via bus routes and bus stops being positioned either within or at the entrance to the site.

4. Next Steps

The Governing Body needs to consider the recommendations that are set out in this paper, which are summarised for ease of reference below. Confirmation of these will constitute a firming of the commissioning intentions for the new community hospital, which will enable the work on the capital business case to proceed towards the intended March deadline for completion. The recommendations are as follows:

- **Inpatient Beds:** Whilst it is acknowledged that the feedback has not been wholly positive, the recommendation is that based on all of the issues set out and explored in this paper, the Governing Body should proceed with the commissioning intention as it stands – i.e. to confirm our intention to commission 24 beds in predominately single rooms for the new Forest Community Hospital
- **Urgent Care:** To confirm our intention to include a Minor Injuries Unit in the new hospital in line with our previous commitment, to enable the work on the capital business case for the new hospital to proceed.
- **Urgent Care:** To confirm that the work to develop an offer for the South of the Forest and test whether it is viable can continue concurrently (and not as a dependency to the hospital business case) given that analysis confirms the financial impact of developing an additional offer for the South of the Forest is likely to be wholly a revenue consideration and will not impact to a material degree on the capital scheme for the hospital
- **Ambulatory Care (Diagnostics and Outpatients):** To confirm that we will continue to confirm our commissioning intentions for ambulatory care services as set out in the consultation proposals, noting that these have been broadly supported in the consultation. Where possible, ongoing development of proposals should seek to maximise the potential for all residents in the district to be able to access outpatient and diagnostic care as close to home as possible.
- **Travel and Access:** Although this was not a specific question in the consultation it is clear that issues relating to travel and access remain central to respondents views on the services proposed. A strong geographical partiality was observed in every area of the consultation, with responses becoming more negative the further respondent's homes were located from the site of the proposed new community hospital. Ongoing work to support transport and travel in the district, and work to consider opportunities further developments of out of hospital care (such as virtual outpatients) are therefore key to how we need to work to support ongoing service improvement for local residents in the Forest of Dean.
- **Next steps:** To confirm our commissioning intentions as set out in these recommendations, if agreed, to GHC to enable their work to proceed on the capital business case. The timeline agreed is that GHC will aim to complete the Full Business Case (FBC) by the end of March 2021.

Annex 1: Output of consultation Report

1. Executive Summary

The *A new hospital for the Forest of Dean* Output of Consultation Report is intended to be used as a practical resource for NHS Gloucestershire Clinical Commissioning Group (CCG) and Gloucestershire Health and Care NHS Foundation Trust (GHC); to provide them with information about how the public, community partners and staff feel about the range of services proposed for the new hospital, in order to inform their decision making in 2021.

The new hospital in the Forest of Dean is part of the wider ambitions of One Gloucestershire; a partnership between the county's NHS and care organisations to help keep people healthy, support active communities and ensure high quality, joined up care when needed. The NHS partners of One Gloucestershire are:

- NHS Gloucestershire Clinical Commissioning Group (CCG)
- Primary care (GP) providers
- Gloucestershire Health and Care NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- South Western Ambulance Services NHS Foundation Trust

This Report will be shared widely across the local health and care community and is available to all on the Forest of Dean health website www.fodhealth.nhs.uk and on the new online participation platform Get Involved in Gloucestershire <https://getinvolved.glos.nhs.net>

We would like to thank everyone who has taken the time to share their views and ideas.

***'Consultation:** The dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views and, with the objective of influencing decisions, policies or programmes of action'.*

The Consultation Institute (2004)¹

The Governing Body of **NHS Glos CCG** and Board of **GHC** are invited to consider the feedback from the Consultation and indicate how it has influenced their decision making. Full details of the next steps for the development of the new hospital can be found in Section 2.3.

This Report has been prepared by the One Gloucestershire Communications and Engagement Group. This report is produced in both print and on-line (searchable PDF) formats. For details of how to obtain copies in other formats please turn to the back cover of this Report.

¹ The Consultation Institute: <https://www.consultationinstitute.org/beware-wholly-inadequate-definition-consultation/#:~:text=Since%202004%2C%20the%20Institute%20has,policies%20or%20programmes%20of%20action>

1.2 Consultation key facts

- 3,400 Consultation booklets distributed, 495 requests for information following door-to-door leaflet distribution.
- 20 consultation events.
- More than 250 socially distanced contacts with members of the public & community partners and over 100 with staff.
- 10 Facebook posts with a reach of over 56,000 and 200 'engagements'.
- 8 tweets generated over 7,000 impressions and 100 'engagements'.
- 554 consultation surveys completed, plus additional written responses.

1.3 Summary of feedback

The summary of feedback uses the following sources of consultation feedback:

- Analysis of 554 completed surveys
- Themes from other forms of responses including: correspondence (including formal responses), events, social media and responses to an alternative survey developed by a local campaign organisation
- Themes from face-to-face Information Bus Tour visits
- Themes from targeted consultation activities, taking account of groups identified through the Equality Impact Assessment
- Detailed feedback from all of these consultation activities can be found in Section 5.2

Based on quantitative analysis the feedback to the consultation is less supportive of the proposals for inpatient care and urgent care and more supportive of the proposals for diagnostic and outpatient services. The strength of support across all services is dependent upon the individual respondent's or groups of respondents' geographical partiality. Respondents from the south of the district are less supportive of the proposed services for the new hospital than those in the central and northern parts of the Forest of Dean.

Qualitative feedback notes the benefit of providing services from an improved facility in the Forest of Dean, rather than having to travel to Gloucester or Cheltenham. Concern is voiced about access to the new hospital from Lydney and the south of the Forest, and the ability to provide services from a single site, whilst the population in the Forest of Dean is continuing to increase. Many of the comments made focussed on issues outside of the Consultation;

- the decision to provide one new hospital which would result in the closure of the existing hospitals; and
- the agreed location for the new hospital.

In terms of the reach of the consultation, demographic information is known about those survey respondents who chose to provide 'About You' information in their survey responses; approximately 27% of respondents did not complete the 'About You' information.

Targeted activities aimed to extend the reach of the Consultation and collect data on all protected groups, as recommended in earlier Equality Impact Assessments. Analysis of the survey responses shows there is a broad representation of most groups. Further analysis of responses by various demographics, e.g. age, gender, health and care professionals, does not show any significant variation when compared with the overall themes.

During the consultation participants also took the opportunity to access information, ask questions and comment on the national and local response to the coronavirus pandemic. Many people expressed their gratitude to NHS and care staff and recognised Gloucestershire's diverse communities' mutual acts of support for colleagues, friends, families and neighbours.

A detailed summary of feedback received can be found in Section 5.2. All feedback received can be found in the Appendices to this Report.

1.4 Making the best use the information provided in this Report

There are elements of feedback which will be relevant and of interest to all readers; these can be easily found in the main body of the report. The theming of the qualitative feedback presented in this report has been undertaken by members of the One Gloucestershire Communications and Engagement Group.

All feedback relating to the specific services can be found in a series of online Appendices. These Appendices include all comments collected including copies of individual submissions received in addition to the FFTF survey responses.

Some respondents may have answered the formal consultation survey as well as giving feedback in other ways, such as sending a letter, participating in a discussion event. All feedback received has been read and summarised and had been coded into themes such as: 'access', 'capacity' and 'quality'. Please note that individuals comments may cover more than one theme.

We acknowledge that such an exercise includes a subjective element and we recognise that others may have chosen to place items of feedback under alternative themes. To provide assurance, all qualitative written feedback from both survey respondents, comments and individual correspondence received and collated by representatives of **One Gloucestershire** partners during the consultation period is included within this report and/or the online Appendices.

1.5 Appendices

All appendices are available at: www.fodhealth.nhs.uk

Appendix 1: Survey analysis

- i) Full survey
- ii) Easy Read
- iii) Responses by geography: Central, North, South
- iv) Response by other demographics: age, gender, disability, staff, members of the public & community partners, carer

Appendix 2: Other feedback/correspondence:

- i) public responses;
- ii) responses from elected representatives and political parties
- iii) Primary Care Network
- iv) Forest of Dean District Council

Appendix 3: Equality and Engagement Impact Assessment

2. Introduction

2.1 A new hospital for the Forest of Dean

Following a period of Consultation in 2017, the Board of Gloucestershire Care Services NHS Trust (now Gloucestershire Health and Care NHS Foundation Trust; GHC) and the Governing Body of NHS Gloucestershire Clinical Commissioning Group (CCG) approved the option to build a new community hospital in the Forest of Dean. This new hospital will replace The Dilke Memorial Hospital and Lydney and District Hospital.

A Citizens' Jury, made up of local people, met over four days in August 2018. Having reviewed extensive information, they recommended that the new hospital should be located in Cinderford. This recommendation was formally approved by the CCG and GHC.

Further engagement with local people and staff during 2019 has informed the services for the new hospital as proposed through this Consultation. The site for the new hospital was announced in December 2019 as the Collingwood Skatepark and Lower High Street Playing Field in Steam Mills Road, Cinderford.

2.2 Public and staff consultation programme

What the Consultation is about

The public and staff consultation programme started on 22 October 2020 and ran until 17 December 2020. The purpose of the consultation is to seek views on the range of services provided at the new hospital for the Forest of Dean:

- Inpatient care
- Urgent care
- Diagnostic services
- Outpatient services

All feedback received is collated into this comprehensive Output of Consultation Report and online appendices and will be used to inform the decisions about the future of local NHS services.

During the last phase of engagement, concerns were raised around the availability of urgent care in the southern areas of the Forest and the challenge for residents in terms of distance and accessibility to the new hospital in Cinderford. Alongside this Consultation, there is a public commitment to explore if it might be possible to develop other options for the provision of additional urgent care services in the Lydney area. Comments regarding this are also included in the Output of Consultation Report.

What the Consultation is not about

This Consultation is not about the decision to move to a single community hospital for the Forest of Dean. Nor is it a consultation on the location of the new hospital, which was approved following a recommendation by a Citizens' Jury in August 2018. However, people completing the survey have taken the opportunity to comment on both of these decisions and this is noted in the Sections 5.2 and 5.3 of this Report

Consultation process

There have been a number of innovative ways the NHS has involved local people and staff over the past few months from online events, to a 'socially distanced' Information Bus Tour to a door-to-door mail-drop to all households in Gloucestershire. Full details of the consultation process can be found in Section 3.

This Consultation is the latest element of the review of health and care services in the Forest of Dean², which began in September 2015.

2.3 Next Steps: What happens next?

Consultation review period

There will be a consultation review period, where NHS Gloucestershire CCG and GHC will carefully consider all of the feedback received at their Governing Body and Board meetings in January and March 2021 respectively.

Decision

The feedback will be used to inform the CCG in commissioning future hospital services in the Forest of Dean, as set out in this Consultation. If the proposals are supported by the CCG Governing Body i.e. the services that will be provided will be confirmed within a commissioning specification, GHC will finalise a formal business case setting out the benefits, the design specification and financial plan for the building and ongoing operation of the new hospital.

The final business case will need approval from the Board of GHC. It is anticipated that this approval will be considered at the Trust's board meeting in March 2021.

Process of implementation

Following approval of the business case, GHC will need to seek full planning permission before construction can begin. Services will remain at The Dilke Memorial Hospital and Lydney and District Hospital until the new hospital is opened.

² **Previous engagement:** <https://www.fodhealth.nhs.uk/consultation/>

Providing feedback to you on the consultation and decisions

The feedback from the consultation and the final decisions made by the CCG Governing Body and Board of GHC will be published at: <https://www.fodhealth.nhs.uk/consultation/> and shared on the online participation platform Get Involved in Gloucestershire <https://getinvolved.glos.nhs.uk>

3. Our approach to communications and consultation

3.1 Working with others

Planning and delivery of the consultation has been supported by many external groups:

- Forest of Dean Locality Reference Group: helped refine our plans for Consultation and raise awareness of the Consultation with their local networks.
- The Consultation Institute: The Consultation Institute provides advice and guidance in relation to all aspects of consultation planning and activity.
- Gloucestershire Health and Care NHS Foundation Trust (GHC) : Assisted with the development of Easy Read materials.
- Healthwatch Gloucestershire (HWG): HWG Readers Panel reviewed an early draft of the full consultation booklet and made suggestions for changes, which were incorporated into the final version.
- Community Connectors³: This forum allowed us to share information at their online meeting during November to promote the Consultation.
- District/Town Council and Retail partners: Supported the ‘socially distanced’ visits of the Information Bus (outside of Lockdown 2) to locations with maximum footfall across the Forest of Dean.
- Others: Many other groups and individuals have helped to raise awareness of the consultation.

Thank you to everyone who has supported this consultation.

3.2 Covid 19: Socially distanced consultation

In order to maximise opportunities to raise awareness of the consultation and opportunities to get involved the following methods were used:

Door to Door mailer

The NHS commissioned the Royal Mail to deliver a mailer to all households in Gloucestershire. The mailer gave brief information about the Forest of Dean Community Hospital consultation and the Fit For the Future consultation, which has been running concurrently. The mailer included a freepost reply slip to request information in a range of formats, or ask for a telephone call.

- 833 mailers were returned in total (before the Consultation closed)
- 1,743 requests for information (1,286 items posted)

³ Community Connectors: Facilitated by Forest Voluntary Action Forum, this group of community partners was established as a response to the current pandemic.

- FoD CH (495)
- Full booklet 308 (239 sent by post)
- Easy Read 187 (145 sent by post)
- FFTF (1248)
- Long 226 (162 sent by post)
- Short 587 (415 sent by post)
- Easy Read 256 (193 sent by post)
- Pre-Consultation Business Case 180 (132 sent by post)
- 116 requests for telephone call backs
- FOD CH (33)
- FFTF (83)

In addition, households in Springfield Drive, Cinderford, (which neighbours the site for the new hospital) received a letter from Gloucestershire Health and Care NHS Foundation Trust, updating them on the consultation.

3.3 Developing understanding and supporting the consultation

This section describes the wide ranging approach taken to promote the Consultation and the range of involvement opportunities. In summary:

Media releases and stakeholder briefings

This included:

- launch materials – media release and stakeholder briefing
- media statements reinforcing key messages and involvement opportunities
- materials sent by post to 334 GHC Foundation Trust Members living in the Forest of Dean and emailed to all 6095 Members across the county.

Hardcopy engagement booklets

3,400 booklets were widely distributed to a range of public places including community pharmacies, GP surgeries, hospitals and libraries. The booklets included the survey and information detailing the ways people could get involved.

‘Consultation’ area on the FODhealth website and Get Involved in Gloucestershire online participation platform

All consultation materials can be found at: <https://www.fodhealth.nhs.uk/>

Get Involved in Gloucestershire is an online participation space where anyone can share views, experiences and ideas about local health and care services. Information about the consultation including activities can be found at <https://getinvolved.glos.nhs.uk/fit-for-the-future11>

Social media

Social media was used to support the consultation and planned activity covered topics such as promotion of how people could get involved, Information Bus Tour and Cuppa and Chat events and promotion of the booklet and survey.

Facebook

During the engagement there were 7 Facebook posts (non-paid for activity), with a total reach of 30,077. There were 177 'engagements' with these posts (i.e. actions such as comments, likes or shares) of which 72 were shares. There were also three paid-for adverts that linked to the Consultation section on the FOD health website. They achieved a reach of 26,280 with 23 shares.

Twitter

During the Consultation period there were 8 tweets, with a total of 7,198 impressions. There were 109 'engagements' with these tweets (i.e. actions such as link clicks, retweets, likes, or comments) of which 17 were retweets and 55 were clicks through to the FOD health website.

3.4 Staff communication and engagement

Gloucestershire Health and Care NHS Foundation Trust

Information regarding the Consultation was shared with all Trust staff. In addition, four online Teamtalk sessions were held for staff working in the Forest of Dean. These were attended by 83 members of staff in total.

Primary care (GP practices) and NHS Gloucestershire Clinical Commissioning Group (CCG)

The Forest of Dean hospital and Fit for the Future consultations have been regularly promoted to all staff working at NHS Gloucestershire Clinical Commissioning Group and in GP practices, Primary Care Networks and the Local Medical Committee via the Primary Care Bulletin. The Primary Care Network have submitted a response to the consultation, which is detailed in Section 6.

3.5 Elected Representatives

Members of Parliament

Regular MP briefings have taken place prior to and during the Consultation period.

Gloucestershire County Council (GCC)

Gloucestershire County Council Health Overview and Scrutiny Committee Members have received regular updates on the Consultation. Consultation materials have been available to elected members and staff.

Forest of Dean District Council

An online Members Seminar was held on 1st December and attended by 14 representatives. Following a presentation, members had the opportunity to participate in a Question and Answer session.

The Council has submitted a motion regarding hospital and primary care facilities in the Forest of Dean to the CCG; *This Council fundamentally believes that the entire future of Forest Hospitals and indeed Primary Care facilities needs to be revisited in light of the Covid emergency and mindful that the greater proportion of new build expansion is destined for the South Forest Area.* The full submission is included in Appendix 2

3.6 Other community stakeholders and the public

Surveys

Two surveys (standard and Easy Read) were developed by the NHS to support the Consultation. These were available as print, FREEPOST return copies in the Consultation booklets and also on line at: <https://www.fodhealth.nhs.uk/consultation/> and <https://getinvolved.glos.nhs.uk/fit-for-the-future11>

- A total of 554 completed surveys have been received; 497 full surveys and 57 Easy Read. Most of these were completed online, but 45 full surveys and 20 Easy Read surveys were received as paper versions.
- 45 individuals who responded to the survey identified themselves as health or care professionals.

Other surveys and petitions

HOLD (Hands off Lydney and Dilke hospitals)

What is HOLD?

The HOLD (Hands off Lydney and Dilke hospitals) campaign was launched during an earlier Consultation. In the 'About' section of their Facebook page, the group note they are:

"Campaigning to retain at least two community hospitals in the Forest of Dean, against the sell-off and closure of the Dilke and Lydney hospital sites and demanding investment, not a single, smaller, new hospital".

A letter to Gloucestershire Health and Care NHS Foundation Trust is available for download on the HOLD Facebook page. HOLD are asking people to sign and send the letter to the Trust.

A copy of the letter is included in Appendix 2. 20 adapted versions of the HOLD letter, have been received by the Trust.

Petitions

At the time of writing no petitions relating to the new hospital in the Forest of Dean have been received by either the CCG or GHC.

Other correspondence

Additional emails and letters have been received during the consultation.

- 3 letter responses were received.
- 10 email responses were received.

These are collated (redacted as appropriate) in full at Appendix 2.

Events

NHS Information Bus Tour

The Information Bus aims to facilitate partnership working, offering information and activities which support self-care, health and wellbeing and self-management across the communities of Gloucestershire. The Bus is also used a consultation resource to support engagement with the public to inform service planning and design.

An Information Bus Tour to raise awareness of the new hospital in the Forest of Dean and the Fit for the Future consultations commenced on 2 November 2020. Unfortunately due to new Covid-19 restrictions introduced from 5 November 2020, planned Information Bus Dates originally planned for November 2020 were cancelled. Three events had been held prior to lockdown.

Additional Information Bus Tour dates were planned for after 2 December 2020, when lockdown in England ended. The Bus recommenced its Tour on 1 December 2020 in Chepstow, Monmouthshire (where lockdown was not in place) and in Cheltenham on 3 December 2020.

See Section 3.7 for details of all Information Bus Tour dates. 92 people visited the Bus during events in the Forest of Dean.

Cuppa and Chats

When the Information Bus Tour was paused in November 2020, locality and countywide online 'Cuppa and Chats' were set up to replace the socially distanced face-to-face visits planned. These took the form of a short presentation (including showing of a promotional film) followed by a shared discussion.

The sessions were initially organised at Microsoft Teams meetings, in response to feedback from public participants, the sessions were moved to an alternative platform, Zoom, which is more frequently used by community partners.

Two Cuppa and Chats specifically relating to the new hospital Forest of Dean Consultation were hosted reaching 12 participants.

Targeted activities

In addition to the main consultation activities, the consultation sought feedback via community partners and groups identified in the Equality Impact Assessment. Further analysis of responses by various demographics, e.g. age, gender, health and care professionals, does not show any significant variation when compared with the overall themes.

3.7 Consultation events activity timeline

Week	Engagement activity	Number engaged with
15 October	Gloucestershire Health & Care NHSFT - online awareness raising session for staff based in Forest	15
22 –28 October	Health Overview and Scrutiny Committee (HOSC)	15
29 October – 4 November	Information bus – Cinderford, Co-Op (Forest of Dean)	22
5 – 11 November	Gloucestershire Health & Care NHSFT – Staff Teamtalk session	25
	PPG Network	25
	Gloucestershire Health & Care NHSFT – Staff Teamtalk session	19
12 – 18 November	Health Overview and Scrutiny Committee (HOSC)	15
	Forest of Dean Locality Reference Group	13
	Forest of Dean Community Connectors/KYP	17
19 – 25 November	Cuppa and Chat - Forest of Dean (using Zoom)	10
26 November – 2 December	Information bus - Chepstow	17
	BAME C19 Task and Finish Group	12 attendees – info circulated to full membership
	Forest of Dean District Council briefing	14
3 – 9 December	Information bus – Lydney, Newerne Street car park (Forest of Dean)	32
	Cuppa and Chat - Forest of Dean	2
	Forest of Dean Primary Care Network	19
10 - 17 December	Gloucestershire Health & Care NHSFT - online Q&A session for staff based in Forest	10
	Gloucestershire Health & Care NHSFT – Staff Teamtalk session	28
	Information bus - Coleford Clock Tower (Forest of Dean)	38
	Gloucestershire Health & Care NHSFT – Staff Teamtalk session	11

4. Equality and Engagement Impact Assessment (EEIA)

Equality, diversity, Human Rights and inclusion are at the heart of delivering personal, fair and diverse health and social care services. All commissioners and providers of health and social care services have legal obligations under equality legislation to ensure that people with one or more protected characteristics⁴ are not barred from access to services and decision making processes

The consultation has been informed by the experiencing of managing earlier extensive engagement activities. During earlier engagement relating to the location of the new hospital, an independent Equality Impact Assessment was commissioned. The plan for the consultation was informed by the feedback from these engagement activities, including feedback from NHSE/I Assurance process.

Extract from NHSE/I Assurance Process feedback in relation to communications and engagement:

- The engagement output report shows that the team have really given people every opportunity to take part in the engagement programme and the resulting output report is very extensive. Full credit for openness and transparency
- In response to COVID-19 restrictions the Strategy and Plan has been designed to support a 'socially distanced' consultation. It includes an Appendix/Briefing which summarises recent advice and guidance regarding online consultation, sets out assumptions and considerations and makes the following observations and conclusions, which will be taken into account during the consultation:
- Consideration to be paid to online deliberation and engagement are those you should pay attention to regardless of whether engagement is face to face or online. Things such as feeling safe, ensuring transparency and that participants have the facts to be able to make an informed decision would apply regardless of how you engage.
- Online consultations prove to be most successful when used in conjunction with offline methods such as telephone structured interviews/market research techniques/managed exhibitions.
- Two-way direct communication is crucial in creating meaningful dialogue – video conferencing software (Zoom, Microsoft Teams etc.) can facilitate this.
- Online forums should be moderated to keep discussion topics organised and to keep participants safe.
- Think about varying the times of online events – avoid excluding working age participants.
- Online events should be no longer than 2 hours and comfort breaks should be scheduled.
- Use creative and interactive dialogue methods for online and offline activities.
- Paper surveys should be replicated as online surveys.

⁴ It is against the law to discriminate against someone because of: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex, sexual orientation. These are called protected characteristics. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

- Some individuals or groups feel more comfortable sharing their thoughts on their own platforms, rather than official channels designed explicitly for themed discussions.
- Different marketing messages required to encourage online participation for ‘always’ (compete with other opportunities), ‘seldom’ (relevance, links to pandemic interests) and ‘never’ online (other opportunities or assistance required).

4.1 Consulting people with protected characteristics and others identified in the Equality and Engagement Impact Assessment

The consultation took two main routes to reach, gather and record views from people with protected characteristics and others identified in the EEIA:

- promoting the formal consultation routes and encouraging participation. The consultation survey asks for respondents to provide demographic information (see Section 5.1) We have extended these questions in response to the recommendations of the independent Equality Impact Assessment undertaken in 2018.
- proactive consultation with targeted groups. The consultation team contacted groups across Gloucestershire using existing well established networks, Community Connectors and Your Circle <https://www.yourcircle.org.uk/>, (an online directory to help you find your way around care and support and connect with people, places and activities in Gloucestershire).

The Consultation was open to all and consultation activities were designed to facilitate feedback from as wide a cross-section of the local community as possible. The full Equality and Engagement Impact Assessment (EEIA) of the planned consultation activities is available at <https://www.fodhealth.nhs.uk/wp-content/uploads/2020/10/Equality-and-Engagement-Impact-Assessment-FOD.pdf>

Groups potentially impacted, issues identified and actions taken

Our aim with this consultation was to reach a good representation of the local population, whilst making sure we hear from those groups who might be most affected by the proposed changes. We will seek out the views of people from the groups set out below, to gain a better understanding of the potential impact on them and to identify ways to lessen any potential negative impacts:

- Over 65s who are more likely to have long term conditions such as cardiovascular disease, obesity or diabetes and are higher users of community hospital services.
- People from BAME communities
- People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; longterm medical conditions).
- Adult Carers/Young Carers
- People living in low income areas.
- LGBTQ+ people

Issues identified and action taken (as noted in the EEIA)

Less information, less jargon and easy read

The Consultation booklet has been reviewed by the Healthwatch Gloucestershire Lay Readers Panel. An Easy Read version of the consultation booklet and survey has been produced by Gloucestershire Health and Care NHS Foundation Trust.

Further engagement to address the homogeneity of participants

Targeted opportunities for consultation with protected characteristic groups identified through the EEIA e.g. via Voluntary Sector organisations, Carers Forum, etc. Alternative formats of all consultation materials available on request. Contract in place with telephone (and face to face) interpreters, incl. BSL and for written translation. An introduction to the Consultation, with information about support to enable people to participate, was sent to the Forest of Dean Talking Newspaper.

Paper surveys should be replicated as online surveys

Surveys made available on line in regular and easy read formats. People have also been offered assistance to complete surveys over the telephone.

Different marketing messages required to encourage online participation for ‘always’ (compete with other opportunities), ‘seldom’ (relevance, links to pandemic interests) and ‘never’ online (other opportunities or assistance required).

A variety of forms of media, print, broadcast, and social media platforms were used. A ‘mailer’ has been delivered to all households in Gloucestershire telling them about the two consultations and how they can get involved.

Liaise with community leaders to encourage participation from the BAME communities, providing support for interpreters

Working through community partners, including BAME communities, we aimed to promote opportunities for participation in the consultation. Consultation materials were available in alternative languages on request.

Use creative and interactive dialogue methods

We used a range of communication and consultation methods: Online, face-to-face (socially distanced), telephone, written.

Online consultations prove to be most successful when used in conjunction with offline methods such as telephone structured interviews/market research techniques/managed exhibitions.

We hosted a range of online activities and chat forums via Zoom and our Get Involved in Gloucestershire platform. We invited people to request a booked telephone interview. Although restricted due to Covid19 lockdown measures, we were able to use our Information Bus across the county, visiting three of the market towns in the Forest of Dean.

Online forums should be moderated

The Forum function of the Get Involved in Gloucestershire online participation platform is independently moderated.

Varying the times of online events

Events were held at different times of day and different days of the week.

Events, e.g. workshops, no longer than 2 hours

All scheduled online events were no longer than 90 minutes. Online events were informal and participants encouraged to take a comfort/refreshment break as required.

Some individuals or groups feel more comfortable sharing their thoughts on their own platforms, rather than official channels designed explicitly for themed discussions.

We were able to offer a range of platforms, to ensure they worked best for the individual or group: Zoom, Face Time, Microsoft Teams, Webex. Following feedback from participants, our Cuppa and Chat sessions were switched to Zoom. We were also able to offer more traditional methods such as telephone calls: we successfully followed up 33 requests for telephone calls.

Target groups identified through the EIA

We promoted the Consultation to representatives from the groups identified through the EEIA process and in conjunction with the Fit for the Future Consultation that was being undertaken simultaneously, sought advice to encourage participation, eg. Advice from the Homeless Healthcare Team, Carers Hub, Age Uk and other community partners.

5. A new hospital for the Forest of Dean: Survey Responses

All written feedback received via the two Consultation surveys (redacted for personally identifiable information e.g. names) can be found in Appendix 1.

5.1 Respondents to the survey

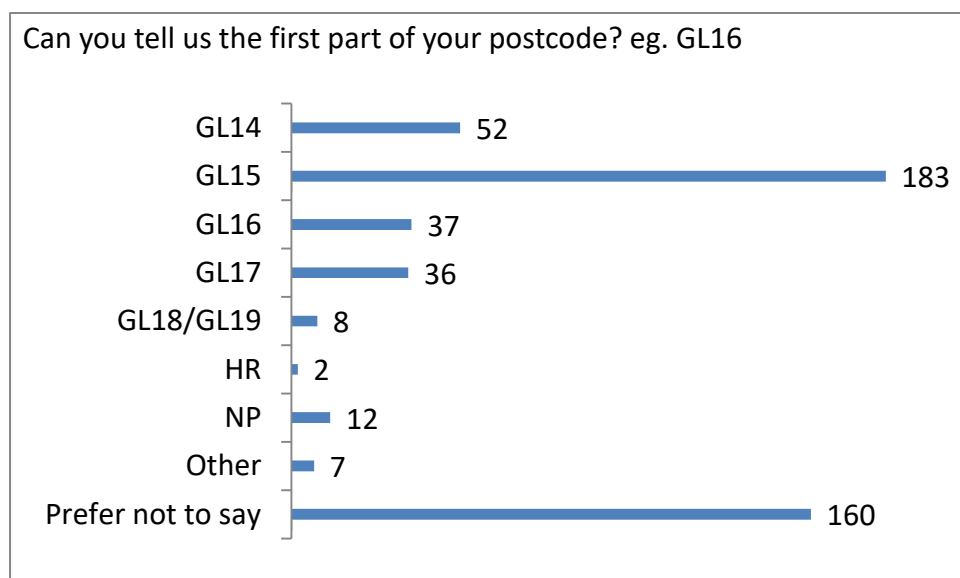
Demographic information about respondents was collected through the survey. Monitoring of equality data requires a two-stage process: data collection and analysis. Gathering good equality data supports legislative requirements in that it aids prevention of discrimination. This is why it is really important to provide an explanation that the process is worthwhile and necessary.

The survey included the following statement:

About You: Completing the “About You” section [of the survey] is optional, but the information you give helps to show that people with a wide range of experiences and circumstances have been involved. Your support with this is really appreciated.









Not everyone who responded to the survey completed any/all of the demographic questions. However, the data presented below indicates that a diverse range of respondents, including those groups identified in the Equality and Engagement Impact Assessment, have provided feedback to the consultation.

Demographics: Full survey






Where analysis has been undertaken based on respondents geographical location, the above postcodes have been grouped into Central (GL14, GL17, GL17 & HR), North (GL18 & GL19) and South (GL15, NP).









Which age group are you?

			Response Percent	Response Total
1	Under 18		0.00%	0
2	18-25		3.23%	12
3	26-35		10.24%	38
4	36-45		16.17%	60
5	46-55		15.90%	59
6	56-65		22.91%	85
7	66-75		20.49%	76
8	Over 75		10.51%	39
9	Prefer not to say		0.54%	2
			answered	371
			skipped	126

Are you:

			Response Percent	Response Total
1	A health or social care professional		12.97%	45
2	A community partner/member of the public		80.40%	279
3	Prefer not to say		6.63%	23
			answered	347
			skipped	150

Do you consider yourself to have a disability? (Tick all that apply)

			Response Percent	Response Total
1	No		67.49%	247
2	Mental health problem		7.65%	28
3	Visual Impairment		3.01%	11
4	Learning difficulties		1.09%	4
5	Hearing impairment		4.37%	16
6	Long term condition		15.57%	57
7	Physical disability		10.38%	38
8	Prefer not to say		2.19%	8

Do you consider yourself to have a disability? (Tick all that apply)

			Response Percent	Response Total
9	Other (please specify):		4.92%	18
			answered	366
			skipped	131





Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment.

			Response Percent	Response Total
1	Yes		47.27%	173
2	No		47.27%	173
3	Prefer not to say		5.46%	20
			answered	366
			skipped	131




Which best describes your ethnicity?

			Response Percent	Response Total
1	White British		93.01%	346
2	White Other		0.54%	2
3	Asian or Asian British		0.00%	0
4	Black or Black British		0.27%	1
5	Chinese		0.00%	0
6	Mixed		0.00%	0
7	Prefer not to say		4.30%	16
8	Other (please specify):		1.88%	7
			answered	372
			skipped	125




Which, if any, of the following best describes your religion or belief?

			Response Percent	Response Total
1	No religion		32.43%	119
2	Buddhist		0.00%	0
3	Christian (including Church of England, Catholic, Methodist and other denominations)		59.13%	217
4	Hindu		0.00%	0
5	Jewish		0.00%	0
6	Muslim		0.00%	0
7	Sikh		0.00%	0
8	Prefer not to say		7.90%	29
9	Other (please specify):		0.54%	2
			answered	367
			skipped	130






Are you:

			Response Percent	Response Total
1	Male		30.56%	114
2	Female		66.76%	249
3	Other		0.00%	0
4	Prefer not to say		2.68%	10
			answered	373
			skipped	124





Do you identify with your gender as registered at birth?

			Response Percent	Response Total
1	Yes		96.19%	353
2	No		0.27%	1
3	Prefer not to say		3.54%	13
			answered	367
			skipped	130

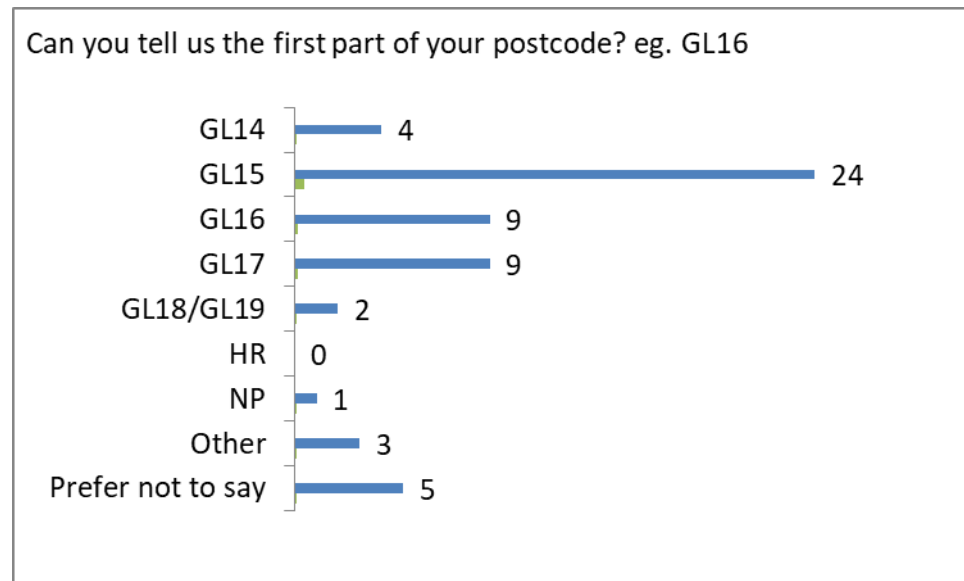
Which of the following best describes how you think of yourself?

			Response Percent	Response Total
1	Heterosexual or straight		87.05%	316
2	Gay or lesbian		0.28%	1
3	Bisexual		1.65%	6
4	Other		1.10%	4
5	Prefer not to say		9.92%	36
			answered	363
			skipped	134

Are you currently pregnant or have given birth in the last year?

			Response Percent	Response Total
1	Yes		3.81%	14
2	No		78.20%	287
3	Prefer not to say		2.18%	8
4	Not applicable		15.80%	58
			answered	367
			skipped	130



Demographics: Easy Read









Where analysis has been undertaken based on respondents geographical location, the above postcodes have been grouped into Central (GL14, GL17, GL17 & HR), North (GL18 & GL19) and South (GL15, NP).

Which age group are you:			
		Response Percent	Response Total
1	0 - 18	0.00%	0
2	18-25	0.00%	0
3	26-35	11.76%	6
4	36-45	3.92%	2
5	46-55	17.65%	9
6	56-65	19.61%	10
7	66-75	25.49%	13
8	75+	21.57%	11
9	Not saying	0.00%	0
			answered
			51
			skipped
			6




Are you:

			Response Percent	Response Total
1	Someone who works in health or social care		7.55%	4
2	A member of the public		92.45%	49
3	Not saying		0.00%	0
			answered	53
			skipped	4



Do you have a disability - tick the ones that describe you.

			Response Percent	Response Total
1	No		46.15%	24
2	Mental health problem		7.69%	4
3	Problems with your sight		9.62%	5
4	Learning difficulties		0.00%	0
5	Problems with your hearing		0.00%	0
6	A health problem you have had for a long time like asthma, diabetes, or something else		34.62%	18
7	Physical disability		13.46%	7
8	Not saying		3.85%	2
			answered	52
			skipped	5




Do you look after, or give any help and support that you don't get paid for, to other people because they are ill or older?

			Response Percent	Response Total
1	No, I don't		59.62%	31
2	Yes, I do		38.46%	20
3	Not saying		1.92%	1
			answered	52
			skipped	5

Please can you tell us which o the groups in our list best describes you? This is called ethnicity.

			Response Percent	Response Total
1	White British		96.23%	51
2	White Other		0.00%	0
3	Asian or Asian British		0.00%	0
4	Black or Black British		0.00%	0
5	Chinese		0.00%	0
6	Mixed		0.00%	0
7	Not saying		3.77%	2
			answered	53
			skipped	4

Please tick if you have any of these religions or beliefs

			Response Percent	Response Total
1	None		23.08%	12
2	Buddhist		0.00%	0
3	Christian		65.38%	34
4	Hindu		0.00%	0
5	Jewish		0.00%	0
6	Muslim		0.00%	0
7	Sikh		0.00%	0
8	Other		0.00%	0
9	Not saying		11.54%	6
			answered	52
			skipped	5

Can you say about your gender? Tick the one that describes you.





			Response Percent	Response Total
1	Male		26.42%	14
2	Female		71.70%	38
3	Transgender		0.00%	0
4	Non-binary		0.00%	0
5	Not saying		1.89%	1
			answered	53
			skipped	4

Are you the same gender you were born with?

			Response Percent	Response Total
1	Yes		98.11%	52
2	No		0.00%	0
3	Not saying		1.89%	1
			answered	53
			skipped	4

Can you say how you think of yourself?

			Response Percent	Response Total
1	Heterosexual or straight		88.46%	46
2	Gay or lesbian		1.92%	1
3	Bisexual		1.92%	1
4	Other		0.00%	0
5	Not saying		7.69%	4
			answered	52
			skipped	5

Are you pregnant or had a baby in the last year?				
			Response Percent	Response Total
1	Yes		1.89%	1
2	No		73.58%	39
3	Not saying		3.77%	2
4	This question doesn't apply to me		20.75%	11
			answered	53
			skipped	4

5.2 Survey Feedback

This section sets out the survey feedback received about each of proposed services; Inpatient care; Urgent care; Diagnostic services; and Outpatient services.

The survey included two types of questions:

- Quantitative questions, which offer a choice for the respondent e.g.

We think that the range of services proposed in this Consultation will meet the needs of local people. Please tell us whether you agree with this statement, for each of the following: Inpatient care, Urgent care, Diagnostic and Outpatient services.

- Strongly agree*
 - Agree*
 - Disagree*
 - Strongly disagree*
 - No opinion*
- and Qualitative questions which invite the respondent to write a comment

Please tell us why you think this, e.g. the information you would like us to consider:






Quantitative feedback is shown in a series of charts, whereas qualitative feedback is summarised, noting key themes. Some people did not reply to every question. A full report, including all feedback received in the survey is included in Appendix 1.

Further analysis was undertaken to identify any variation in responses across a number of demographics; age, gender, disability and geographical location. Responses from members of the public/community partners and members of the staff were also separately reviewed.

Data for each of these groups is included in Appendix 1, with any significant variations noted in the summary of feedback below. It is important to note, however, that approx. 25% of respondents did not complete the 'About you' section of the survey and are therefore not included in these demographic analyses.

Inpatient care

We think that the range of services proposed in this Consultation will meet the needs of local people. Please tell us whether you agree with this statement, for:

1. Inpatient care:			Response Percent	Response Total
1	Strongly agree		21.9%	105
2	Agree		21.9%	105
3	Disagree		19.8%	95
4	Strongly disagree		32.6%	156
5	No opinion		3.8%	18
			answered	479

The strength of support is dependent upon the individual respondent's or groups of respondents' geographical partiality. Respondents from the south of the district are less supportive of the proposed services for inpatient care, compared with those in the central and northern parts of the Forest of Dean.

	Central (123 responses)	North (7 responses)	South (190 responses)
Strongly agree	33.3%	42.9%	10.0%
Agree	24.4%	42.9 %	18.9%
Disagree	16.3%	0.0%	24.2%
Strongly disagree	21.2%	14.3%	43.7%
No opinion	4.9%	0.0%	3.2%

Analysis of other demographics, e.g. disability, age, ethnicity, health care professionals did not show any notable variation in responses between those who shared a certain characteristic and those who did not.

Qualitative feedback noted that those who agreed with the proposals for inpatient care thought the new hospital would reduce the need for travelling out of the Forest of Dean, but recognised the need to provide high quality care in the community.

A local hospital which we can get access to inpatient and outpatient services will be good and the travelling will be less than having to go out to Gloucester or Cheltenham

Keeping the number of beds to 24 in the light of a growing and aging populations will require excellent community care and home based end of life care.

The analysis undertaken seems to meet the population needs of people living in the area

As a staff nurse who currently works at the dilke the resources we are having to work with, or lack of inhibits our ability to care for our inpatients to the standard at which everyone should expect from a modern NHS.

Feedback from those who disagreed with the proposals asked for consideration of an increase in the local population and questioned whether the 24 beds provided sufficient capacity to support the needs of people in the Forest of Dean. There were comments about a lack of capacity across the county and the need for end of life care to be provided.

The number of beds proposed is inadequate. Although based on the current number of inpatients at both Lydney and The Dilke, it fails to account for an aging population and an increase in population in the area.

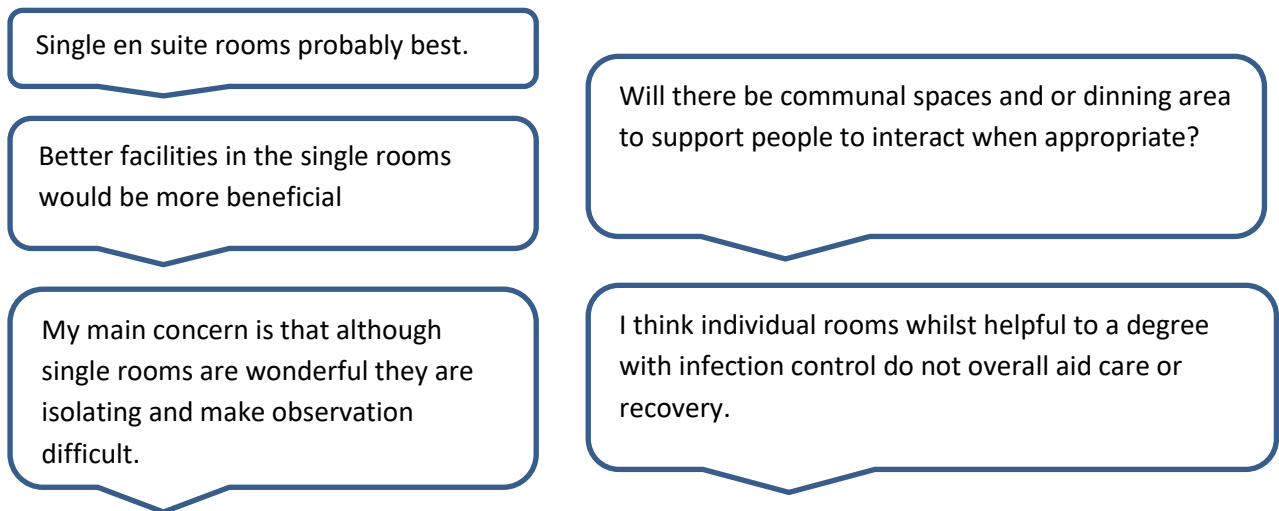
There are numerous patients from the forest area in hospitals outside the area atm, with all these new houses being built throughout the forest there is no way 24 beds will cover the 'locals' needs.

Need to be able to provide end of life care in a hospital - not all patients wish to die at home and no hospice inpatient facility in forest Concerned about reduction in beds. Beds currently occupied by many Glos and Chelt patients as they do not have a community hospital. This will not change.

I feel that consideration should be given to reviewing the bed provision, if there is insufficient capacity achieved elsewhere in the county forest residents could find the reduced number of beds unavailable to them if otherwise occupied.

Single rooms

There was a mixed response to the proposals for the provision of single ensuite rooms, with some concerns that patients may feel isolated.



Urgent care

We think that the range of services proposed in this Consultation will meet the needs of local people. Please tell us whether you agree with this statement, for:

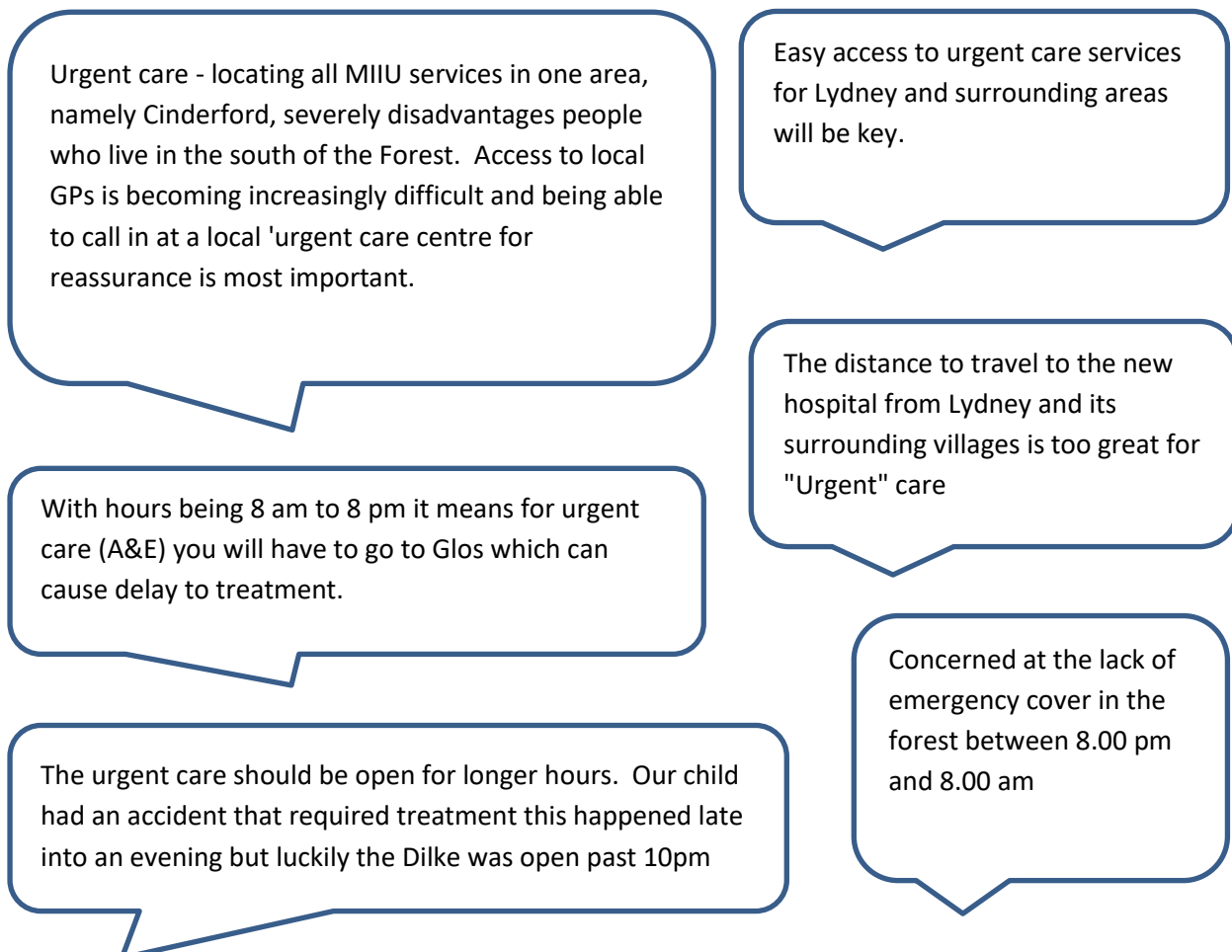
2. Urgent care:			Response Percent	Response Total
1	Strongly agree		23.4%	112
2	Agree		19.2%	92
3	Disagree		20.3%	97
4	Strongly disagree		34.3%	164
5	No opinion		2.7%	13
			answered	478

The strength of support is dependent upon the individual respondent's or groups of respondents' geographical partiality. Respondents from the south of the district are much less supportive of the proposed services for urgent care, compared with those in the central and northern parts of the Forest of Dean.

	Central (122 responses)	North (7 responses)	South (191 responses)
Strongly agree	35.2%	28.6%	11.5%
Agree	27.0%	57.1 %	14.7%
Disagree	18.0%	0.0%	20.9%
Strongly disagree	18.0%	14.3%	50.8%
No opinion	1.6%	0.0%	2.1%

Analysis of other demographics, e.g. disability, age, ethnicity, health care professionals did not show any notable variation in responses between those who shared a certain characteristic and those who did not.

Main concerns that people asked us to consider related to poor access and the proposed opening hours for urgent care in the Forest.








Urgent care support for the south of the Forest of Dean

During earlier engagement about the new hospital, concerns were raised about people accessing a single urgent care facility located in Cinderford. A commitment to undertake a further review of urgent care services in the south of the Forest has therefore been made and, through this Consultation, people were offered the opportunity to be involved in this work. Almost 100 people have expressed an interest in participating in further discussions.

People's suggestions for how urgent care could be made more accessible for those living in the south of the Forest included an additional facility; working with local GP services; and improved transport links. Feedback received will be used to inform the planned review.

Diagnostic services

We think that the range of services proposed in this Consultation will meet the needs of local people. Please tell us whether you agree with this statement, for:

3. Diagnostic services:			Response Percent	Response Total
1	Strongly agree		24.1%	115
2	Agree		31.4%	150
3	Disagree		15.1%	72
4	Strongly disagree		24.5%	117
5	No opinion		4.8%	23
			answered	477

The strength of support is dependent upon the individual respondent's or groups of respondents' geographical partiality. Respondents from the south of the district are less supportive of the proposed diagnostic services, compared with those in the central and northern parts of the Forest of Dean.

	Central (123 responses)	North (7 responses)	South (190 responses)
Strongly agree	39.0%	42.9%	11.1%
Agree	36.6%	42.9 %	28.9%
Disagree	8.1%	0.0%	19.5%
Strongly disagree	13.8%	14.3%	35.3%
No opinion	2.4%	0.0%	5.3%

Analysis of other demographics, e.g. disability, age, ethnicity, health care professionals did not show any notable variation in responses between those who shared a certain characteristic and those who did not.

Qualitative feedback noted support for the proposals which would result in a reduced need to travel outside the Forest of Dean, but also reflected on the overall difficulty in accessing services for those living in the south of the Forest.

Good that diagnostic services will be there, so that people in the forest don't have to travel to Gloucester or Bristol.

More diagnostics and minor surgical procedures would be welcome to save the trips to Gloucester or Cheltenham.

I welcome the additional diagnostic services over the weekend, but you need to ensure that staff are sufficiently competent to provide the right level of care






I like the sound of more diagnostic and outpatient services

Diagnostic services in one place should not preclude x ray in Lydney which needs ready access and already has a state of the art facility funded by local people.

Lydney hospital is super important for people like me, I can't drive and I have 4 children. The buses to anywhere are practically impossible and I can't afford a taxi to Cinderford or Gloucester for a hospital visit. It would be detrimental to the health of myself and my children.

Outpatient services

We think that the range of services proposed in this Consultation will meet the needs of local people. Please tell us whether you agree with this statement, for:

4. Outpatient services:			Response Percent	Response Total
1	Strongly agree		25.9%	124
2	Agree		28.5%	136
3	Disagree		15.1%	72
4	Strongly disagree		26.4%	126
5	No opinion		4.2%	20
			answered	478

The strength of support is dependent upon the individual respondent's or groups of respondents' geographical partiality. Respondents from the south of the district are much less supportive of the proposed outpatient services, compared with those in the central and northern parts of the Forest of Dean.

	Central (123 responses)	North (7 responses)	South (190 responses)
Strongly agree	38.2%	42.9%	12.6%
Agree	35.8%	42.9 %	24.7%
Disagree	9.8%	0.0%	20.0%
Strongly disagree	13.0%	14.3%	39.5%
No opinion	3.3%	0.0%	3.2%

Analysis of other demographics, e.g. disability, age, ethnicity, health care professionals did not show any notable variation in responses between those who shared a certain characteristic and those who did not.

Qualitative feedback noted support for the proposals which would result in a reduced need to travel outside the Forest of Dean, but also reflected on the overall difficulty in accessing services for those living in the south of the Forest.

I think it would be great to also consider outpatient services with the availability to connect with consultants digitally/ remotely rather than driving to Gloucester /Cheltenham.

Ortho and Neuro and Respiratory O/P appointments would be REALLY useful if the hospital was to have an effective REHAB role.

We need as many outpatient clinics as possible because getting to Gloucester/Cheltenham by car is bad enough, (time, traffic, parking) but without a car can mean several buses and a whole day taken. I question the statement on page 21 about the range of outpatient clinics provided by Gloucester hospital. Recently I have had to visit orthopaedics several times for follow up consultations. I was told neither of these clinics were available at the Dilke or

Lydney.

This once in a life time opportunity to get it right – don't combine services assuming they will work it out. Space is a necessity when providing rehabilitation for complex people with multiple disabilities. Having all community services within the hospital space will enhance the holistic management of patients and the patients journey. That is why investing in multidisciplinary teams is the gold standard approach.

Other comments

Many of the comments made in the initial section of the survey focussed on issues outside of the Consultation; the decision to provide one new hospital in the Forest of Dean, which would result in the closure of the existing hospitals; and the agreed location for the new hospital. These issues also provided the main theme for the following questions on potential impact of the proposals and suggestions on how we could limit any negative impacts.

Please tell us about any impact, either positive or negative, that you think any of our proposals could have on you and/or your family?

The positive impact of receiving care in new modern facilities was noted, as was the opportunity to access services more locally within the Forest of Dean.

Having access to better, more up-to-date services has to be a good thing.

I think having single rooms will be nicer for people, I think people want to die at home and not in hospital if they can so I agree with this.

I think this is a wonderful opportunity to innovate and transform services for the Forest of Dean. thing.

I think that having a new hospital with more facilities would be more beneficial for myself and my parents as it would reduce the amount of time it would take to get to the local hospital rather than have the stress of having to get to Gloucester or Cheltenham.

Positive impact on our family, but only if you can deliver a real choice of the local hospital for outpatient services. In my experience you only get an appointment at one of the current hospitals if you ask for it - the default is always Gloucester.

The themes in relation to negative impact of the proposals focussed on a loss of services in Lydney and the south of the Forest and the difficulty of travelling to Cinderford for care. There was also concern about the proposed reduction in hours for urgent care.

We feel our needs in the south of the Forest are being ignored and that proposals to base all services in Cinderford will make them inaccessible to us as we get older.

We will be deprived of having services locally and MIU will be hugely missed. I would go to Gloucester rather than Cinderford not knowing if it was open or not or being referred on to there anyway.

I am worried about getting emergency care when I need it and quickly, as well as reassurance or advice eg head bump. I am worried we wouldn't be able to get help over night. There are no positives. The location, reduced hours and beds will be catastrophic.

Urgent care only being available between 8am-8pm means outside of these times a long journey to an already over pressured service in Gloucester. Considering the size of the county of Gloucestershire, 1 A&E is always going to be under pressure and in escalation for the majority of the time - causing long delays and waits for potentially very poorly patients and worrying times for family.

I believe it would have a negative impact on my family and the general populace due to lack of access to care. Cinderford is closer to Gloucester and should not have investment where as Lydney is more accessible and further to any other hospital.

The journey to Cinderford even by car is harder than just driving straight to Gloucester A&E which is what many from the south of the Forest will do or they will drive direct to Southmead.

If you think any of our proposals could have a negative impact on you and/or your family, how should we limit this?

Responses to this question may be drawn into three main themes:

- Improvements in public transport and infrastructure;
- Retention of existing facilities, or the provision of a new facility in the south of the Forest;
- Extension of the services proposed, i.e. additional inpatient care, extended hours for urgent care

Need to work with people on transport links, as bus may not be suitable and limited taxi services in the forest.

With regard to transport you should negotiate and ensure through the appropriate bodies a more frequent and reliable bus service to serve the southern area, otherwise it will prove a real problem.

I believe we still need two hospitals so the forest area is covered properly and Lydney is not disadvantaged. The provision should be growing not shrinking. It will have a massive impact on the local community and lives will be lost. . .

By leaving our existing hospitals to continue their great work and provide this new one as an extra to accommodate the increase in population..simple..

Try to introduce longer opening hours for MIU

By providing a new centre in Lydney for Urgent care and community services.

I am very much in favour of a new hospital but worry about no end of life care for people to die in hospital. A lot of people who cannot have this at home would hate to go into a care home to die.

At least the equivalent number of inpatient beds as Lydney & Dilke combined for the status quo, .. if you actually want to improve the existing service increase beds by at least 25%

5.3 Easy Read survey

The Easy Read version of the survey asked three questions:

- What is good about our plans?
- What is bad about our plans?
- What else would you like to tell us?

Themes from the qualitative feedback

The themes from the Easy Read survey reflect those in the full survey with people reporting the opportunity to receive care in new modern facilities and the reduction in travel outside the Forest of Dean as “good”. The closure of facilities in Lydney and difficulties for people travelling to Cinderford from the south of the Forest is noted. Concern is also expressed about the reduction in the number of beds available for inpatient care.

What is good about our plans?

Really welcome the plan for new hospital in cinderford - makes financial sense to have services and access to them in once centralised place - up to date services, accessibility to all in forest of dean, less stress for patients and families having to travel to gloucester etc

A new hospital with appropriate equipment and layout, which is conducive to staff and patients alike is needed, and this plan meets the criteria.

Providing services where they are needed without long journeys for treatment. Better for environment as well as convenience for patients and staff. Also good for patients' visitors

Keeping significant services within the Forest area. Travelling to GRH can be a nightmare.

Good that diagnostic services will be there, so that people in the Forest don't have to travel to Gloucester or Bristol

What is bad about our plans?

Inpatients Plans: How is reducing the beds available from 47 to 24? It means a significant reduction of nearly 50% (half of what we have now!)

Urgent Care: How is closing the current 2 existing hospitals Lydney and the Cinderford going to help urgent Care.

The plans for a new hospital in Cinderford with reduced bed capacity does not appear practical as the population has and is increasing, especially in Lydney which has been hit the hardest.

With more and more houses being developed in and around the Lydney hospital we will all have further to go when our hospital is needed!

If people do not drive they don't have the local hospital
The population is growing and I don't feel one hospital could cope with the demand.

6. Other feedback received

The survey is not the only mechanism for receiving feedback. The following section summarises other feedback received during the Consultation. All written feedback, redacted to maintain individual's confidentiality, i.e. names and contact information removed, are included in Appendix 2.

Members of the public

In total, 28 emails and letters were received from members of the public. This included 20 adapted versions of the HOLD letter that were sent to GHC.

Responses reflect comments made in the survey responses:

- Increased travel to the new hospital for residents in the south of the Forest and lack of public transport in the district.
- The new hospital will not have sufficient capacity to meet the needs of the Forest of Dean residents, in particular given the increase in population.
- The number of beds proposed does not take account of the increase in population.

The HOLD letter notes the environmental impact of additional travel for some in accessing one new site and calls for the decision to close the two existing hospitals to be reversed.

Elected representatives

In addition to the motion from the Forest of Dean District Council, correspondence was received from four town/parish councils, and the Green Party.

Responses raised similar concerns to the survey responses:

- Increased travel to the new hospital for residents in the south of the Forest and lack of public transport in the district.
- The new hospital will not have sufficient capacity to meet the needs of the Forest of Dean residents, in particular given the increase in population.

Additional suggestions relating to the hospital design and scope of specific services were also included.

Primary Care Network

The Forest of Dean Primary Care Network (PCN), which has membership of GP practices from across the district, submitted a response to the Consultation. The PCN welcomes a new community hospital in the Forest of Dean, but is not supportive of all of the proposals set out in the Consultation. The full response is included in Appendix 2.

7. Questions and Answers

Throughout the consultation a range of questions have been received from a variety of sources e.g. online discussion groups, Information Bus Tour, survey free text responses. The following questions (and responses) are representative of frequently asked questions.

Question	Response
Why won't there be a maternity unit?	<p>Guidance by the National Institute for Health and Care Excellence (NICE) on the care of healthy women and their babies during childbirth, recommends that women thought to have a low risk of pregnancy complications would be better served by giving birth at home or at a midwife-led unit. Recognising the unique attributes of the Forest of Dean, careful consideration has therefore been given to the inclusion of a midwife-led birthing unit at the new hospital.</p> <p>Having reviewed the clinical guidance, the average number of births per annum in the Forest of Dean district and the rights of women to choose the place in which they give birth, the option of a midwife-led unit has been discounted on the basis that a clinically safe and sustainable service could not be provided. We will however, continue to promote home births for women where it is clinically safe and appropriate to do so.</p>
Why are you proposing all single ensuite rooms?	<p>Our older hospitals have a number of challenges in terms of providing modern health care services and are particularly difficult around infection prevention and control, privacy and dignity, impact of mixed sex accommodation and noise and disturbance at night for those in multiple bedded areas.</p> <p>Gloucestershire Health and Care Services are considering providing all of the inpatient beds in single rooms with ensuite facilities:</p> <ul style="list-style-type: none"> • Learning from Covid-19 has clearly demonstrated that single rooms are a much safer option from an infection prevention and control perspective.

	<ul style="list-style-type: none"> • Increased privacy and dignity for people if they have their own room with their own en-suite bathroom. • People often feel more confident to move around their own room and use the bathroom rather than a commode by the bedside which helps them to keep mobile. • There is now a greater use of digital technology which enables patients to keep in touch with their loved ones via virtual means outside of normal visiting hours which they can do without disturbing others. • The new hospital will have good social space on the ward where patients will be able to gather including a dining room and activity/therapy room to reduce risk of isolation or loneliness.
Given the rising population in the Forest of Dean, how can 24 beds be enough?	<p>Based on our evolving approach to care:</p> <ul style="list-style-type: none"> • inpatient rehabilitation provided 7 days a week, • care focused on the needs of people who live in the district; and • only keeping people in a hospital bed when they will benefit from a continued hospital stay; <p>we are confident that our proposal to provide 24 beds in the new hospital will provide appropriate capacity now and in the foreseeable future.</p> <p>Our analysis shows that compared with five years ago, the number of residents of the Forest of Dean who have needed a community hospital bed has reduced, due to the introduction of more community services. Where Forest residents have needed hospital care they have been admitted to a bed in one of the Forest hospitals 92% - 97% of the time.</p> <p>Our bed data also shows that at any given time, almost half of the beds in the Forest of Dean are occupied by people from other localities, most typically Gloucester.</p>

	<p>Our continued emphasis on community-based services, and introduction of:</p> <ul style="list-style-type: none"> • a specialist stroke rehabilitation in a countywide unit; • alternative provision of End of Life care (in line with countywide strategy); and • additional bed capacity in Gloucester and Cheltenham <p>will ensure the 24 beds proposed for the new hospital in the Forest of Dean will be sufficient.</p>
<p>Please can I ask 1 straight forward question when the 1 new hospital is built and the other 2 have closed, when we have the next pandemic where are the people what have not got the illness going to go too for treatment.</p> <p>I think you will realise that this time we where very fortunate to have 1 hospital that could treat people with the virus and 1 where the other people with injuries and illnesses could attend.</p>	<p>Throughout the current pandemic the two hospitals in the Forest of Dean have taken a mix of both COVID positive and negative patients. This has been in line with the way we have utilised all seven of our community hospitals and we have implemented a programme of internal zoning to ensure segregation of patients to prevent cross infection. We have also had to take a number of the inpatient beds out of action to ensure a COVID secure environment. The current environment has a number of the beds within bays rather than single rooms and thus it is harder to prevent cross infection so it has been necessary to take the additional measures of reducing capacity. We have also kept the Minor Injuries Unit at the Dilke closed as we could not ensure a safe COVID environment due to the size of the facility and access and exit routes.</p> <p>In planning the new single hospital, our aspiration is that we will incorporate 100% single rooms that will enable us to ensure safe infection control practices which means that we do not have to zone by hospital site but will continue as we have done currently, to manage patients within their own safe zone of their individual bedroom. In this way, we can safely respond to a future pandemic without the need to reduce hospital capacity at the time of greatest need.</p>

	<p>This is different to the way in which services within our acute hospitals in Gloucester and Cheltenham have been managed throughout the pandemic in that they have zoned by site as far as they can – this reflects the more different and more complex range of services that they provide and the greater levels of activity and therefore movement that they need to deal with. The majority of people who are admitted to our community hospitals do so after an episode of care at one of our acute hospitals, as such anybody who needs to be discharged into one of our community hospital sites are swabbed before admission so that we are aware of whether they are COVID positive or not and can therefore place them into an appropriate zoned location.</p>
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8. Evaluation and next steps

Considerations and learning points for future engagement and communication activities

Our approach to evaluating the effectiveness of our consultation activities locally is to apply a well-known quality improvement methodology, using an iterative process: Plan, Do, Study, Act (PDSA cycle) <https://improvement.nhs.uk/documents/2142/plan-do-study-act.pdf>

We have applied the following evaluation framework.

Engagement (and Consultation), Experience and Inclusion Evaluation Framework developed by The Science and Technologies Facilities Council has developed a useful engagement evaluation framework, https://stfc.ukri.org/files/corporate-publications/public-engagement-evaluation-framework/ We have adapted this to support the STUDY element in our Engagement, Experience and Inclusion PDSA Cycle		
Dimension	Definition	Response
Inputs	Engagement (and Consultation), experience and inclusion inputs include the time, skills and money that are invested into delivering engagement activities.	A comprehensive communications and consultation plan was developed to support the consultation activity. This plan, assured by NHS England/Improvement, set out the approach to communications and consultation. In response to pandemic restrictions, the plan was developed to support a socially distanced consultation. This included the development of more online methods such as the new Get Involved in Gloucestershire online participation platform; The plan was evaluated using an Engagement and Equality Impact Assessment https://www.fodhealth.nhs.uk/wp-content/uploads/2020/10/Equality-and-Engagement-Impact-Assessment-FOD.pdf
Outputs	Engagement (and consultation), experience and inclusion outputs are the activities we undertake and the resources that we create.	A number of events were held on line. The Information Bus Tour provided three socially distanced face to face events. 3,400 information booklets were distributed in local communities. A door to door leaflet drop delivered information about both the new hospital in the Forest of Dean and the Fit for the Future consultations to 297,000 households in Gloucestershire. This resulted in over 1,700 requests for information; 495 of which related to the Forest of Dean consultation. Feedback received included comments on the communications and consultation process itself. Feedback received was a mixture of positive and negative comments.

Reach	<p>Reach has two main elements: The number of people engaged, this includes attendance at events, completion of surveys, social media interaction etc.</p> <p>The types or diversity of people engaged.</p>	<p>Total face-to-face (online and bus tour) contacts was more than 200 (public/community partners) and more than 80 staff. 554 surveys were completed. There were 10 Facebook posts with a reach of over 56,000. 8 tweets generated over 7,000 impressions and over 100 engagements.</p> <p>We do not routinely collect demographic information about individuals participating in events/drop-ins etc.</p> <p>Demographic information was collected through our survey, but these questions were optional and consequently were not always completed. However, demography is considered during consultation planning and events/meetings targeted to reach a wide range of communities of interest and those groups identified through the Equality and Engagement Impact Assessment.</p>
Processes	<p>Processes are the way we work to plan, develop and deliver our engagement, experience and inclusion activities. They include our approaches to quality assurance and following good practice.</p>	<p>A comprehensive communications and consultation plan was developed to support the consultation activity. This plan is assured by NHS England/Improvement.</p> <p>Gloucestershire Health and Care NHS Foundation Trust: developed Easy Read materials.</p> <p>Gloucestershire County Council's Digital Innovation Fund Forum: Informed early planning for online activities and assisted with awareness raising of the consultation to potentially digitally excluded groups.</p> <p>Forest of Dean Locality Reference Group: Supported awareness raising and survey completion within their communities.</p> <p>Healthwatch Gloucestershire (HWG): HWG Readers Panel reviewed a draft of the consultation booklet.</p> <p>Community Connectors (KYP Coordinators): allowed us space on agendas to share information at online meetings during November 2020 to promote the consultation.</p> <p>District/Town Councils and Retail partners: Supported the 'socially distanced' visits of the Information Bus (outside of Lockdown 2) to locations with maximum footfall across the district. The Forest of Dean District Council also hosted a</p>

		<p>members' seminars to discuss the consultations.</p> <p>Others: Many other groups and individuals have helped to raise awareness of the consultation such as Trust members, staff representatives and community and voluntary sector organisations.</p>
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Act (following earlier engagement)

The following actions were undertaken following feedback received during earlier engagement:

- Less information, less jargon and easy read copies of all information.
- Mailer produced to promote the Consultation and ways to request information and contribute to the Consultation via telephone, survey, letter.

Act (during and following Consultation)

The following actions have been/will be undertaken following feedback received during the Consultation to support future communications and engagement:

- Information regarding the Consultation was sent to the Forest of Dean Talking Newspaper. Future consultations will endeavour to reach more people with Visual Impairment by:
 - Placing adverts in Talking newspapers
 - Using BBC local radio
 - Focussing on promotion of telephone line and ability to order large print copies of the booklet
 - Focussing on voice based/telephone based contact as most of people with visual impairment don't use desktops/laptops and rely on mobile phones.
- The consultation used more **online participation methods** than ever before. These proved to be very popular with groups who may not have engaged with consultations before and facilitated easier access to more people who may not have previously been willing or able to attend face to face events. The One Gloucestershire Communications and Engagement Sub Group will review the current online methods available and consider opportunities for maximising their use for future engagement and consultation activities.

9. Copies of this report

This report is available on the FODhealth website at: www.fodhealth.nhs.uk and on the online participation platform Get Involved in Gloucestershire <https://getinvolved.glos.nhs.uk> . Print copies of the report can be obtained from the

Engagement and Experience Team by calling Freephone 0800 0151 548 or email:
GLCCG.participation@nhs.net For information in alternative formats please see back cover.