

HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Health Overview & Scrutiny Committee held on Monday 22 March 2021

Present

Cllr Stephen Hirst (Chair)	Cllr Robert Vines
Cllr Paul Hodgkinson (Vice-Chair)	Suzanne Williams
Andrew Gravells MBE	Cllr Collette Finnegan
Terry Hale	Cllr Martin Horwood
Cllr Brian Oosthuysen	Cllr Steve Lydon
Cllr Nigel Robbins OBE	Cllr Jill Smith
Pam Tracey MBE	

Officers: **NHS Gloucestershire Clinical Commissioning Group (CCG)/ One Gloucestershire Integrated Care System (ICS)**

Mary Hutton – Accountable Officer and ICS Lead
Dr Andy Seymour – Clinical Chair
Ellen Rule – Director of Transformation and Service Redesign
Becky Parish – Associate Director Engagement and Experience

Gloucestershire Hospitals NHS Foundation Trust

Deborah Lee – Chief Executive
Prof Mark Pietroni – Director for Safety and Medical Director
Simon Lanceley - Director of Transformation
James Brown - Director of Engagement, Involvement and Communications

Gloucestershire Health and Care NHS Foundation Trust

Angela Potter, Director of Strategy and Partnerships

Gloucestershire Healthwatch - Gill Bridgland

1. APOLOGIES

Apologies were received from Cllr Helen Molyneux, (Forest of Dean District representative) and from Cllr Dilys Neill, (Cotswold District representative). Cllr Stephen Andrews substituted for Cllr Neill at the meeting.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

3. PUBLIC REPRESENTATIONS

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At the Health Overview and Scrutiny Committee (HOSC) meeting on 2 March 2021, members supported the request for an additional meeting to consider the outcomes of the CCG Governing Body decision on 18 March 2021 regarding proposals based on the Fit for the Future Consultation: Developing Specialist Hospital Services in Gloucestershire and Decision Making Business Case.

Julius Marstrand from REACH, (Restore Emergency At Cheltenham General Hospital), was invited to speak at the meeting, following a late request to make representation. Committee Chair, Cllr Stephen Hirst, confirmed that a dispensation would be granted for the representation to be made, (to allow members to consider the views of the REACH Campaign on proposed changes to specialist hospital services in the county)

Launched by the Cheltenham Chamber of Commerce, and supported by local businesses and stakeholders, the aim of the REACH Campaign is to achieve the following objective: -

“To reinstate a fully functioning, fully staffed A&E Department operating 24/7 at Cheltenham General Hospital, serving a population of at least 200,000 in Cheltenham, Tewkesbury Borough and the North Cotswolds, at the earliest possible opportunity.”

In response to the continuing reduction in Covid-19 community transmission and falling hospital admissions, a media statement, (24 February 2021), was released by the One Gloucestershire Integrated Care System (ICS) confirming the intention to reinstate Cheltenham A&E to pre-Covid arrangements no later than 1 July 2021, (24/7 A&E – nurse led 8pm-8am). The statement is attached to the minutes of the meeting.

Representation made by Julius Marstrand (on behalf of REACH)

Public Consultation Process

REACH believes the ‘Fit for the Future’ consultation was deeply flawed because it only presented the public with a very one-sided view of the argument. It did not provide adequate opportunities for alternative or opposing views to be presented to the public. If One Gloucestershire and the Hospital Trust had been so confident of the logic of their proposals they would not have provided such a one-sided public consultation in which legitimate opposition was effectively excluded from the main public consultation.

REACH did an excellent job of informing the public of some of the negative consequences of some of the proposed changes, on an absolutely minimal budget compared to the huge spending on the public consultation by One Gloucestershire and the Hospital Trust. This was not entirely due to the pandemic, but it was certainly one of the major issues of attempting to hold a major public consultation in the middle of a pandemic.

Preparing Gloucestershire Hospitals for Future Pandemics

The other and far more important issue (raised by the pandemic) is that it is now very obvious the NHS was ill-prepared for a pandemic on this scale, with insufficient bed capacity and insufficient Intensive Care Capacity.

The proposed changes were determined in 2018/19 before the pandemic. The proposals took no account of what has been learnt from the pandemic and include no provisions for pandemic-proofing Gloucestershire Hospitals. The ability to separate the 'Green' (Covid-free) and Emergency 'Red/Blue' (Emergency & Covid) hospitals was one of the advantages Gloucestershire Hospitals had, but this was only possible because Cheltenham was still a fully functioning District General Hospital (not a 'Specialist Hospital'), with all the Intensive Care and Acute Medical facilities necessary. It had not been downgraded to a 'day-case', (minor) elective surgery hospital only and still had its own major specialisms and inpatient capacity (for Oncology/Cancer, Urology and Cardiovascular surgery).

The Citizens' Jury assessment of the public consultation process

For a public consultation to be considered satisfactory, one would expect an overwhelming proportion of those appointed to objectively assess the effectiveness of the process should have overall confidence in the process, whatever they think of the outcome.

In this instance, only 38.89% of the Citizens' Jurors were 'fairly', or 'very confident' in the process. Exactly the same proportion were 'Not that confident', or 'Not at all confident' and 22.22% were 'neutral', or undecided. This is hardly a ringing endorsement of the process, regardless of the outcome.

Furthermore, while ten of the Jurors were 'confident in the information provided in the consultation' that was only 55.56% of the Citizen's Jury. One was 'not at all confident' and five were 'neutral' or undecided. Again, this is not a ringing endorsement of the quality or comprehensiveness of the information provided, regardless of the outcome.

Julius Marstrand (REACH Campaign)

4. FIT FOR THE FUTURE

At the HOSC meeting on 2 March 2021, the committee agreed to a request from Cllr Martin Horwood that an additional meeting be arranged to enable the committee to consider the decisions of the CCG Governing Body meeting on 18 March 2021 regarding the outcomes of the Fit for the Future: Developing Specialist Hospital Services in Gloucestershire Consultation and Decision Making Business Case.

At the 2 March 2021 committee meeting, members reflected on the Fit for the Future update provided at the committee meeting on 12 January 2021 and expressed their disappointment at not being given an opportunity to discuss the outcomes of the consultation due to the proximity of the 12 January HOSC meeting

and the end of the consultation period and the preparation of the Output of Consultation Report and Presentation, (shared shortly before the January HOSC meeting less than one week prior), and at not being able to scrutinise the details of the decision making business case, due for consideration by the CCG Governing Body at a meeting on 18 March 2021.

Expressing concern about possible inaccuracies in the reporting of the bed assurance test, Cllr Martin Horwood requested that the additional meeting be arranged to consider 'serious unanswered questions' relating to the proposed service changes, including questions relating to vascular surgery and centres of excellence.

Supporting the request for an additional meeting, members were reminded that, at the committee meeting on 12 January 2021, the committee had been asked to comment on the outputs and recommendations from the consultation and to submit any questions prior to consideration at the 2 March 2021 meeting. No comments had been received from members.

Having set the context of the meeting, Cllr Stephen Hirst, as Chairman, explained that the purpose of the meeting on 22 March 2021 was to provide the committee with a further opportunity to consider the outcomes of the consultation, in addition to commenting on the resolutions agreed by the CCG Governing Body on 18 March 2021, regarding the medium and long term future of specialist hospital services in Gloucestershire

The decisions at the Governing Body meeting were informed by the Fit for the Future Decision Making Business Case (DMBC), based on proposals relating to:-

- Acute Medicine (specifically acute medical take)
- Emergency General Surgery
- Gastroenterology inpatient services
- Image Guided Interventional Surgery (IGIS) including Vascular Surgery
- Trauma and Orthopaedic (T&O) inpatient services

The DMBC also included a proposal relating to Planned General Surgery, with a proposal that further work be undertaken to define a new option for the delivery of :

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- Planned high risk Upper Gastrointestinal (GI) and Lower Gastrointestinal (Colorectal) surgery at Gloucestershire Royal Hospital;
- Planned complex and routine inpatient and day case surgery in both Upper and Lower GI (Colorectal) at Cheltenham General Hospital.

This proposal gave HOSC, the public and NHS staff a further opportunity to comment on and inform the definition of the new option.

The Governing Body meeting papers, (comprising DMBC, Output of Consultation Report; Citizens' Jury reports and representations from members of the public, staff and stakeholders), can be viewed [here](#)

Committee Discussion: 22 March 2021

Ellen Rule, Director of Transformation and Service Redesign, representing NHS CCG, (on behalf of One Gloucestershire Integrated Care System), gave a full and detailed presentation on the development and progress of the Fit for the Future Consultation, including post consultation activity and outcomes of the decisions at the Governing Board meeting on 18 March 2021. The full presentation can be viewed [here](#).

An NHS CCG stakeholder briefing/media announcement released on 18 March 2021 confirmed all proposals had been resolved by the CCG Governing Body. The document is attached to the minutes.

Outlining the remit and powers of the committee, it was clarified that, under the terms of reference of the committee, (and in accordance with the Local Authority Public Health, Health and Wellbeing Boards and Health Scrutiny Regulations 2013), the role of the committee was to exercise the County Council's responsibility of reviewing and scrutinising matters relating to the planning, provision and operation of health services for Gloucestershire. It was explained that, to comment on or to make recommendations on proposals relating to a substantial development or variation in services to the Secretary of State, remained within the powers of the County Council and was not in the powers of the committee.

Members were advised that, should the outcome of today's meeting be to make a recommendation to the Secretary of State, the proposal would need to be referred/seek agreement from full council at the next ordinary meeting of Gloucestershire County Council on 30 June 2021.

For clarification, it was confirmed that referral to the Secretary of State may only be considered when a health scrutiny body, (the committee), is consulted with by a relevant NHS body on a proposed substantial development or variation, and where the health scrutiny body: -

- Is not satisfied with the adequacy of content of the consultation;
- Is not satisfied that sufficient time has been allowed for consultation;
- Consider that the proposal is not in the interests of the health service for the area;
- Has not been consulted with, and is not satisfied that the reasons given for not carrying out consultation are adequate.

The purpose of this meeting was therefore to note the resolutions agreed at the CCG Governing Board meeting on 18 March 2021 and for the committee to confirm whether it was either: -

- a) Satisfied with the outcomes of the Fit for the Future Decision Making Business Case/resolutions from the CCG Governing Body meeting on 18 March 2021; or

Minutes subject to their acceptance as a correct record at the next meeting

- b) Not satisfied with the outcomes of the Fit for the Future Decision Making Business Case/resolutions made by the CCG Governing Body, (stating clear reasons why), and, based on the majority decision of the committee, to confirm what actions it wished to take, including whether to refer the committees' dissatisfaction to the Secretary of State, (stating clear reasons why and subject to agreement by full council).

Following a full and detailed presentation, including outline of some of the key milestones from the consultation and overview of the feedback from the public and citizens jury, the committee asked a range of in-depth and challenging questions.

Throughout the extensive discussion, several points of concern were made, including the strength and reliability of data collated during the pandemic; concerns about the accuracy of the bed capacity assurance test and concerns about feedback and statistical evidence from the citizens jury.

Member questions about the reliability of the bed capacity assurance test/bed capacity at Gloucestershire Royal Hospital (GRH) were met with assurances and positive statements that the criteria had been met, (provisionally during the summer and more recently, as formal confirmation from NHS England). NHS CCG representatives assured members they were confident bed capacity at GRH would not be an issue, and that this and other themes from the consultation would be addressed/monitored going forward.

It was explained that the resolutions were 'in principle' decisions and subject to further stress testing. Implementation would not commence on 1 April 2021, as suggested at the previous meeting), but would be implemented using a phased approach, over the next 2 to 3 years. Fit for the Future provided the road map of the future, long-term health care of Gloucestershire, for which there would be many opportunities for the committee to scrutinise service variations, proposals and decisions.

Addressing concerns about planned surgery in relation to the excellent facilities at Cheltenham General Hospital, members were advised that decisions relating to planned surgery continue to be made in the best interests of the patient. This remains the primary focus. Whilst specialist surgeons have the flexibility to undertake work at both sites, care must be taken to ensure the surgery is as risk free as possible. For this reason, treatment is individualised and therefore reliant on the specific facilities and support services necessary to meet each patient's needs.

Prior to the meeting, Cllr Stephen Andrews expressed a view that, going forward, consideration of the configuration of the two hospitals, (neither of which he felt were ideally placed), would benefit from consideration of a single site replacement hospital. On previous occasions, (where the matter had been raised informally), this proposal had met with some hesitancy, based on the principle of being too expensive.

Cllr Andrews reiterated his comments, where it was agreed, (by members and NHS CCG), that the creation of a One Hospital for One Gloucestershire, whilst

expensive, would be an option worth further exploration. Members were advised that NHS colleagues would remain alert to any future national allocations of substantial capital funding the One Gloucestershire system could bid for. The committee endorsed Cllr Andrew's suggestion that it would be useful for the committee to receive a detailed appraisal of the costs/benefits and risks involved in continuing with the current split site arrangement. CCG officers acknowledged the merits of creating a 'super hospital' and accepted that some of the current buildings would be difficult to adapt to the role of a modern hospital centre of excellence, particularly when making comparisons against the option of a One Hospital for One Gloucestershire. The comments were noted.

Reiterating his earlier concerns, (circulated via email before the start of the meeting), Cllr Martin Horwood proposed that the committee consider 'calling-in' the decisions made at the CCG Governing Body meeting on 18 March 2021, based on the following issues: -

- i. Inadequate opportunity to scrutinise the decision-making business case;
- ii. Leading nature of some of the consultation questions;
- iii. Timing of the consultation (during the pandemic);
- iv. Concerns raised by REACH and by the SW clinical senate, most notably around bed capacity at Gloucestershire Royal Hospital and the long-term viability of the Emergency Department at Cheltenham, should the changes go ahead
- v. Emergency bed capacity and performance at Gloucestershire Royal Hospital, (failing to reach national targets and continuing to deteriorate, even during the lowest phase of the pandemic in the summer, and as such, highlighting the importance of maintaining and Emergency Department in Cheltenham);
- vi. Introduction of a new model for split General Surgery; .
- vii. Negative travel impact on patients and careers;
- viii. Dismissal of the alternative long-term option for the development of new super-hospital, at a time when record low interest rates for borrowing and the Chancellor's stated support in the Budget for large infrastructure spending to drive forward economic growth (plus likely receipts from the two existing sites), would facilitate such development.

Referencing these, plus any other concerns raised at the meeting, Cllr Horwood proposed the committee submit a report for consideration at the Gloucestershire County Council meeting on 30 June 2021, with a request that the County Council make a referral to the Secretary of State for a review/call in of the decisions made at the CCG Governing Board meeting on 18 March 2021.

Cllr Stephen Lydon supported the proposal and reaffirmed ongoing concerns that the timing of the consultation, (during a pandemic), had not been an appropriate time to consult on changes to hospital services. Cllr Lydon stressed the importance of not rushing into making changes.

Members were advised that that the committee would need to give clear reasons for proposing that the County Council write to the Secretary of State for a call-in of

the outcomes of the Fit for the Future consultation regarding proposed service changes. Members noted that, should the committee agree to make a recommendation to full council, it would need to demonstrate it had worked with the organisational body, (NHS CCG), to resolve any disagreements before making a referral to the Secretary of State.

To seek consensus on the committee viewpoint, members were asked to confirm their support for Cllr Horwood's proposal with a show of hands via a verbal roll call.

The outcome of the roll call, on the proposal to request a call in of the resolutions made at the Governing Body meeting on 18 March 2021, (as proposed by Cllr Martin Horwood, seconded by Cllr Lydon), concluded with 3 expressions of support, (for), 4 rejections of the proposal, (against) and 3 abstentions. The proposal was not accepted.

Cllr Andrew Gravells subsequently proposed that the committee list the concerns raised at this and at other HOSC meetings and incorporate into a report for the CCG to respond to and for the new committee to discuss/take forward post the May 2021 local elections.

This proposal received the unanimous support of those members present at the meeting, (10 members). Cllr Gravells believed this was the most sensible approach and urged the committee to allow the NHS CCG to progress this outcome without further interruption of their work. Other members stressed the importance of the new committee being informed of the decisions made by i) the organisational body, (NHS CCG) and ii) the concerns raised by the scrutiny body, (HOSC).

Cllr Terry Hale expressed confidence in the proposed changes, (based on his understanding that nothing would change until the necessary infrastructure was in place to support the changes). Cllr Hale said he was confident the changes would be implemented and that the changes would be successful.

Cllr Stephen Hirst, (as Chair), clarified that a report on the Fit for the Future Consultation, (including the issues raised at this and at previous meetings), would be presented to the new committee post the council elections In May 2021.

5. RECOMMENDATIONS TO THE NEW COMMITTEE

It was agreed a report, listing the issues raised at this and at previous meetings, in relation to Fit for the Future specialist service changes at Gloucestershire hospitals, would be considered by the new committee post the council elections in May 2021.

Action: A report on the Fit for the Future decision making process/resolutions from the NHS CCG Governing Body meeting on 18 March 2021 and concerns raised at the Health Overview and Scrutiny Committee meeting on 22 March 2021 to be presented for consideration by the members and representatives of the new committee and NHS CCG post the council election in May 2021. **Action by: NHS CCG**

Minutes subject to their acceptance as a correct record at the next meeting

CHAIRPERSON

Meeting concluded at 12.00

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Media Release

From: Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust and NHS Gloucestershire Clinical Commissioning Group

24.2.2021

NHS in Gloucestershire present plans as part of the continued response to COVID-19

Gloucestershire Hospitals have confirmed their intention to reopen Cheltenham A&E no later than 1 July in response to the continued reduction in community transmission and falling hospital admissions. This will include the restoration of the Minor Injury and Illness service there from 8pm to 8am, which is currently closed.

Support will be sought from the County's Health Overview and Scrutiny Committee for a three month extension to a range of temporary service changes introduced in response to the pandemic, when it meets on Tuesday 2 March 2021, as part of continued planning to ensure the safety of patients and staff.

Additionally, in response to the continued reduction in COVID hospital admissions, the Aveta Birth Centre at Cheltenham General Hospital will re-open on 8 March. The centre was converted to a temporary surgical ward during the peak of the third wave to enable urgent cancer surgery to be continued.

Tewkesbury Minor Injury and Illness Unit (MIIU) will also reopen from April.

Clinical Chair of NHS Gloucestershire Clinical Commissioning Group, Dr Andy Seymour said:

“The COVID-19 pandemic has presented huge challenges to the NHS and local hospitals and these temporary emergency changes have played a crucial part in supporting provision of vital health services during these unprecedented times and keeping patients as safe as possible.

Despite the success of the on-going vaccination programme in Gloucestershire and the start of what we hope is a pattern of reduced COVID-19 related hospital admissions, we are not out of the woods by any means and the NHS still faces significant pressure.

We believe that this three month extension to a number of the temporary service changes is a pragmatic and proportionate step.”

Professor Mark Pietroni, Director of Safety and Medical Director at Gloucestershire Hospitals NHS Foundation Trust said:

“We know how well regarded the A&E service in Cheltenham is in the east of the county so this announcement will come as welcomed news.

Whilst we all hope that we have seen the back of the worst of the pandemic, we have to remain cautious particularly over the coming months.

In line with the Government's own approach, plans will be guided by the evidence that changes are safe based on the rates of transmission (including any new variants of concern), hospital admissions rates and the continued success of the vaccination programme.

We know that the service changes which we implemented during the pandemic have reduced transmission among staff and patients as well as enabling us to provide planned care and cancer diagnosis and treatment, especially to those patients who are most vulnerable.

This has been demonstrated in our recent 62-day cancer performance standards where we have been one of the best performers in the country in seeing patients referred to us by their GP. Importantly these measures have also helped maintain public confidence in our hospitals."

Dr Amjad Uppal, Medical Director at Gloucestershire Health and Care NHS Foundation Trust, said:

"As a county we have responded remarkably to the COVID-19 pandemic, both across the NHS and alongside partner organisations as a One Gloucestershire community.

We are now beginning to see real progress being made, but we cannot risk going backwards and increasing the rate of infection. These changes have worked so far and we think another few months will support us as health services look to recover from the pandemic. A cautious and well planned recovery is what I'm sure we all want to see."

Under the temporary service changes, the following service provisions will be extended:

- An extension of a further three months of the reconfiguration of Emergency General Surgery to Gloucestershire Royal Hospital (GRH) from Cheltenham General Hospital (CGH).

Under the plans, there will also be a further three month extension to a series of temporary service changes across the GRH and CGH sites:

- CGH Emergency Department operating as a Minor Injury and Illness Unit, 7-days a week, 8am-8pm
- All 999 and undifferentiated (uncertain diagnosis) GP referrals centralised at GRH, including centralisation of the Acute Medical Take (a consequence of which, given the clinical nature of COVID-19, has resulted in more acute respiratory care moving to GRH since June). It should be noted that a significant number of patients whose hospital care starts with assessment or admission at GRH then transfer to inpatient beds at CGH
- Acute Stroke Unit (ASU) moved to CGH (Hyper Acute Stroke Unit – (HASU) remains at GRH). This change is complemented by the reallocation of beds at the Vale hospital, Dursley to support additional capacity in stroke rehabilitation care
- Emergency and elective (planned) Vascular move to GRH (although as part of our winter plan more elective vascular activity will be delivered from CGH)
- Emergency Urology pathway to GRH, planned pathways remain at CGH.

The countywide plans also include the following measures at community sites:

- A further three month extension to the temporary reallocation of 6 general rehabilitation beds at the Vale hospital to provide additional capacity for stroke rehabilitation in the county
- The continued temporary closure of the Dilke Memorial Hospital Minor Injury and Illness Unit, which was closed in March 2020 and will remain closed until the end of June 2021
- The continued temporary closure of the Vale Community Hospital Minor Injury and Illness Unit, which was closed in December 2020 and will remain closed until the end of June 2021
- The reopening of Tewkesbury Minor Injury and Illness Unit from 1 April 2021, with its usual opening hours of 8am to 8pm daily
- The retention of the current opening hours at Lydney, Cirencester, Stroud and North Cotswolds Minor Injury and Illness Units (8am until 8pm). To assist with social distancing, telephone triage is becoming more common in MIIUs with bookable appointments available via the 111 phone service. Walk in treatment is still available, but demand has decreased during the COVID-19 pandemic and will be continually monitored.

The Fit for the Future programme remains the mechanism for agreeing any permanent, substantive changes to specialist hospital services. The temporary COVID-19 emergency service changes are not the same and are designed to support the delivery of healthcare in the context of the operational challenges presented by the COVID-19 pandemic.

The NHS has publicly committed to retention of the Cheltenham General Hospital Emergency Department (A&E) as part of the Fit for the Future consultation.

ENDS

Media enquiries:

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Notes to editors

- The three month extensions will take effect from the end of March 2021.

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Stakeholder briefing

18.3.2021

Fit for the Future – CCG Governing Body approve Fit for the Future service change resolutions

I am writing to inform you that the CCG's Governing Body has today approved a number of resolutions relating to the medium and long term future of some specialist hospital services across the Cheltenham General and Gloucestershire Royal hospital sites.

Members gave conscientious consideration to all of the information they were presented with, including the *Fit for the Future* Decision Making Business Case (DMBC).

The resolutions:

- **Acute Medicine (specifically Acute Medical Take):**

Centralise the Acute Medical Take at Gloucestershire Royal Hospital

- **Emergency General Surgery:**

Centralise Emergency General Surgery at Gloucestershire Royal Hospital

- **Gastroenterology inpatient services:**

Formalise (make permanent) the 'pilot' configuration (arrangements) for Gastroenterology inpatient services at Cheltenham General Hospital

- **Image Guided Interventional Surgery (IGIS):**

Create an Image Guided Interventional Surgery 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital

- **Centralise Vascular Surgery at Gloucestershire Royal Hospital**

- **Trauma and Orthopaedic (T&O) inpatient services:**

Formalise (make permanent) the 'pilot' configuration (arrangements) for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital

- **Planned General Surgery:**

Governing Body members also approved a resolution that recommends that further work is done to define a new option to deliver Planned General Surgery across the Cheltenham General and Gloucestershire Royal Hospital sites. Local people and staff will be given the opportunity to be involved in this work.

The Governing Body meeting and consideration of the DMBC followed the consultation review period, where both Gloucestershire Hospitals NHS Foundation Trust and the CCG

Stakeholder briefing

looked in detail at the output of public and staff consultation, the Citizens' Jury reports and public, staff and stakeholder comments following publication of additional information.

The staff and public consultation was quality assured and has been assessed as 'good practice' by The Consultation Institute.

We know the development of specialist hospital services in the county are of significant importance to patients and we believe the changes and the 'Centres of Excellence' approach to care will bring benefits to local residents.

We share the desire to see two thriving, vibrant hospital sites with strong identities and both providing world class treatment.

We would like to thank everyone who has participated in the *Fit for the Future* programme over the course of the last few years, in particular community partners, members of the public and staff who have played such an active role in feeding in their perspectives and views through both the engagement and consultation process and have helped shape local services for the future.

The implementation of the recommendations will be completed in stages over the next two to three years.

Please do contact me if you require any further information. The Governing Body papers, including the DMBC are available at: www.gloucestershireccg.nhs.uk/category/board-meetings

Best wishes

Dr Andy Seymour
Clinical Chair
NHS Gloucestershire Clinical Commissioning Group