



Gloucestershire Hospitals January 2020 Citizens' Jury Report

A report of a citizens' jury designed to explore what the public needs to know about the NHS's Centres of Excellence approach and potential changes to specialist hospital services in Gloucestershire

February 2020

Commissioned by:



Designed and delivered by:



Table of Contents

MANAGEMENT SUMMARY	2
REPORT OF THE JURY	3
WHY THE CITIZENS' JURIES WERE RUN	3
PLANNING AND DESIGNING THE CITIZENS' JURY.....	4
JURY RECRUITMENT	5
THE JURY PROCESS AND JURORS' REPORT	6
JURY QUESTIONS AND ANSWERS	6
END OF JURY QUESTIONNAIRE RESULTS	8
APPENDIX 1: FURTHER INFORMATION ABOUT THE JURIES	10
THE CITIZENS' JURY METHOD	10
EXPERT WITNESSES	10
THE OVERSIGHT PANEL	11
CITIZENS' JURY PROJECT TEAM AND COMMISSIONERS	12
APPENDIX 2: THE JURY QUESTIONS	13
APPENDIX 3: BIBLIOGRAPHY.....	15

Management Summary

The NHS in Gloucestershire has adopted a “Centres of Excellence” approach which could mean that certain services currently provided by both Gloucestershire Royal and Cheltenham General Hospitals will be re-organised and may be provided from a single centre in future. The three services which are being considered for change are: General Surgery, Accident and Emergency Medicine, and Image-Guided Interventional Surgery.

A citizens’ jury was held from 20-24 January 2020 in Brockworth in Gloucestershire to find out what members of the public wanted to know about potential changes to hospital services ahead of a public consultation later in 2020. This report describes the jury and its findings.

When considering what the public should know about the three specialist services, a number of themes emerged from the jury including:

- Demand for NHS services is growing;
- Staffing shortages are a major challenge both in Gloucestershire and nationally, and this is likely to grow;
- Whilst there are national staffing constraints, the NHS in Gloucestershire should make clear what it will do to improve staffing levels of the three specialist services that may change;
- The public should know how changes made under the Centres of Excellence approach are likely to affect access to services, including hospital admissions, planned surgery, and waiting times; and
- There was a tremendous appreciation from jury members of the skills deployed and important roles played by hospital staff.

16 adults from across Gloucestershire completed the five-day jury process. They were recruited through advertising and selected in order to provide a mix of people who broadly reflected the population of Gloucestershire in terms of age, gender, ethnicity, educational attainment, employment status and postcode. The jury heard from 14 expert witnesses, including both information givers and presenters making a case from a particular viewpoint. They worked extensively in small groups, developing and refining their conclusions which are captured in a separate Jurors’ Report.

The citizens’ jury was designed and carried out by Citizens’ Juries c.i.c. in partnership with the Jefferson Center (the founders of the citizens’ jury method). A Jury Commissioning Group of representatives from the NHS in Gloucestershire oversaw the project and set the questions which the jury tackled but not process design. The jury design and materials were reviewed in advance for potential bias by an independent oversight panel.

Report of the jury

On 20 January 2020, 17¹ people from across Gloucestershire gathered at the Cheltenham Chase Hotel in Brockworth and began a five-day “citizens’ jury”. The task for these citizens was to tackle a set of [jury questions](#) (sometimes referred to as the “jury charge”) about [One Gloucestershire’s Centres of Excellence](#) approach and to identify what is important for the public to know about how three specialist hospital services could change in future under this approach, namely:

- general surgery,
- image-guided interventional surgery and
- emergency and acute medicine services.

These three services are currently provided by both Cheltenham General Hospital and Gloucestershire Royal Hospital. The jury were asked to consider what the public should know if services were proposed to change in future (e.g. were a service to be provided primarily out of one of the hospitals and not the other).

Over five days, the citizens heard from, and asked questions of, [expert witnesses](#), and carried out group exercises to explore the jury questions. They deliberated and reached conclusions together about the three specialist hospital services, and were polled on their individual views about the Centres of Excellence approach. The jury participants were drawn from across Gloucestershire. Chosen from over 180 applicants, jury members were selected to broadly represent the demographic mix of Gloucestershire (according to the 2011 census) in terms of age, gender, ethnicity, educational attainment, employment status and postcode.

This report explains [why](#) the jury was held, how it was [designed](#), [how the jurors were recruited](#), [what they did](#), the [jury’s answers to the jury questions](#), and the [results of the end-of-jury questionnaires](#) completed at the end of the last day.

The report from the jurors themselves, a BBC Points West News Report, and many detailed documents about the jury can be found at <https://citizensjuries.org/371-2/>, and witness slides at: <https://www.onegloucestershire.net/yoursay/fit-for-the-future/fit-for-the-future-citizens-jury/>.

Why the citizens’ juries were run

The citizens’ jury was commissioned by NHS Gloucestershire Clinical Commissioning Group on behalf of One Gloucestershire. One Gloucestershire is an “[integrated care system](#)” which aims to provide more joined-up care for NHS patients. It comprises seven partner organisations: Gloucestershire County Council; Gloucestershire Care Services NHS Trust; Gloucestershire Health & Care NHS Foundation Trust; NHS Gloucestershire Clinical Commissioning Group;; Gloucestershire primary care providers; and South West Ambulance Service NHS Foundation Trust. One Gloucestershire has adopted a “[Centres of Excellence](#)” approach to providing specialist services from Gloucestershire’s two main hospitals (Gloucestershire Royal and Cheltenham General Hospitals). This approach aims to organise resources and services across the two hospital sites so as to enable better and more efficient patient care.

One Gloucestershire must consult the public about any significant changes to services, and is doing this as part of its “[Fit for the Future](#)” Programme. An engagement exercise was carried out through

¹ One person left due to illness after day 2 so 16 people completed the 5-day jury

autumn 2019 which included online surveys, social media, drop-in events, workshop and an engagement hearing. A full public consultation will be carried out in spring/summer 2020. The citizens' jury was carried out in order to inform the cross-section of the public on the jury about the Centres of Excellence approach, and the three specialist hospital services which could change, and ask the jury what it was important for the public to know about potential service changes. The outputs from the jury were designed to inform the choice of potential service change solutions carried into the 2020 public consultation, and the information that should be provided in that consultation. A second citizens' jury is planned for autumn 2020 to take account of the feedback from the public consultation, evaluate potential service change solutions, and recommend changes for the future.

Planning and designing the citizens' jury

The jury was planned, designed and refined over a period of approximately eight months. This was longer than normal due to two jury postponements – the second in December because the jury dates clashed with the general election. The jury questions also changed. Originally the jury was to focus on shortlisting “potential solutions” – options for changing specialist hospital services – but these questions were amended as there were too many potential solutions available at the time, and they required additional time to be refined.

The jury was designed by Citizens' Juries c.i.c. and the Jefferson Center (with the exception of the jury questions which were set by the [commissioners of the jury](#)). The main aspects of the jury design were:

- the [jury questions](#);
- the jury [demographics and recruitment](#) approach;
- the brief and selection of individuals to act as [expert witnesses](#);
- the brief and selection of individuals to act as members of the [oversight panel](#);
- the [programme of jury activities](#) across the five days; and
- the design of the [questionnaires](#) completed at the end of the jury.

The design documentation is published and available at: <https://citizensjuries.org/371-2/>

Bias, both conscious and unconscious, is a risk to consider in planning citizens' juries.[2] For example, it is very difficult to know what constitutes “impartial information” or balanced argument, and almost every design choice, even down to a bullet point on a presenter's slide, could be challenged on grounds that it might manipulate the citizens' jury towards one outcome or another.

Bias can be monitored and minimised but not eliminated. To monitor and minimise bias on this project, an [oversight panel](#) was appointed to review the jury design and materials, and report potential bias. They were chosen to be people with relevant topic knowledge, and no conflict of interest in the outcome of the jury. Members of the panel each completed a bias evaluation form after the jury, published at <https://citizensjuries.org/371-2/>.

The [end of jury questionnaire](#) also asked about bias.

Other design controls used to monitor and minimise bias included:

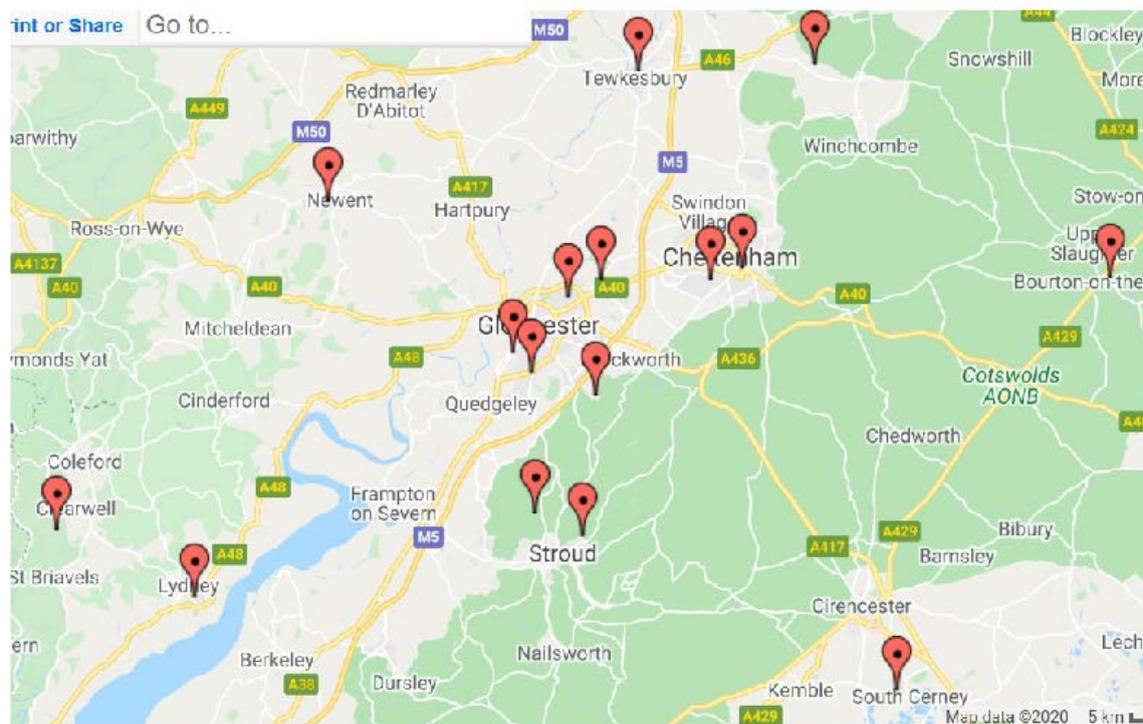
- The [commissioners of the jury](#) were involved in setting the jury questions and advising on NHS witnesses but were independent from the design of the jury process and outcomes;

- The jury worked with independent facilitators from the [Jefferson Center](#) to construct and agree their own [reports of their findings](#); and
- The detailed jury design and results documentation were [published](#).

Jury recruitment

In total, 181 people applied to be part of the jury. They applied by entering their personal details, including relevant demographics, into an on-line survey. Candidates were shortlisted based on their demographics alone using an algorithm supplied by the [Sortition Foundation](#). Shortlisted candidates had a brief telephone interview so that any ineligible candidates (e.g. NHS professionals) could be identified and excluded. Some jurors were recruited through posters in NHS premises and by email or word of mouth, but the majority came through the “Indeed” jobs website. In order to guard against any bias from using a jobs website, the sample was controlled for employment status to ensure the majority were employed or self-employed. Each juror was paid £400 for five days plus a travel allowance. Paying participants is an important way to limit self-selection bias.

One week before the jury, 18 jurors and three reserves had been recruited. The jury demographics were all within target ranges, broadly reflecting the population of Gloucestershire (in 2011 census) in terms of age, gender, ethnicity, and educational attainment, and the target mix of postcodes, employment status, and those who had spent in hospital overnight in the previous year. Unusually, one male and three female jurors pulled out the week before the jury, and then two male jurors and one male reserve, all aged 18-29, did not attend on day one of the jury. Furthermore, one juror fell ill after day two and had to withdraw from the rest of the week. Despite efforts to replace these people as much as possible with people of similar demographics, the final jury of 16 was over-represented by females (10 out of 16) and with graduates (9 out of 16). There were no jurors aged 18-29 although there were six people in their thirties. Jury membership did show a good distribution of people from across the county (in terms of geographical spread and population density):



The jury process and jurors' report

The jury ran from Monday 20th to Friday 24th January 2020 (09.30 to 17.00 each day) with:

- Two facilitators: Kyle Bozentko and Sarah Atwood of the Jefferson Center
- 14 [expert witness](#) presentations (a mix of partial and impartial witnesses);
- Group exercises and deliberation; and
- The [Jurors' Report](#) in the jurors' words, and the [End-of-jury questionnaire](#), produced on the end of day five.

The jury programme is published on the Citizens Juries c.i.c. [webpage](#) dedicated to the jury. The slides from the expert witnesses were published each day of the jury on an NHS Fit for the Future [webpage](#).

A full description of the 14 witness presentations, plus the questions posed to the jury and their conclusions, are set out within the [Jurors' Report](#). The results are expressed in their own words using the outputs of the group work through the week. The Jurors' Report was shown to, and agreed by, the jury on day five. The juries were led page-by-page through the report, which was displayed on the projector screen, to gain the jurors' acceptance that it fairly represented their views.

Jury questions and answers

The jury was charged with tackling the six questions set out in in [Appendix B](#). In order to provide reasoned answers to those questions, the jurors listened to witness presentations, asked questions of those witnesses, and deliberated together in small groups throughout the week. Their answers were developed and prioritised through group work, other than for question 6 on support for the Centres of Excellence approach which was answered individually through an online survey. The full jury results are published in the [Jurors' Report](#). The summary below aims to capture the main answers to the jury questions (but see the Jurors' Report for the full detail including the reasoning behind priorities).

Q1. What is most important for the public to know about the Centres of Excellence model for care service delivery?

- Centres of Excellence is driven by compelling clinical and business arguments, but may result in significant changes and some barriers to how people access healthcare services including Emergency & Acute care;
- It is one part of a significantly broader strategy to deliver a world class integrated care service within the county but is not designed to solve all current problems experienced by NHS hospitals;
- It can help but will not cure workforce staffing issues, and the impact of demographic changes and increasing demand;
- NHS clinical staff themselves support the Centres of Excellence approach;
- Outstanding patient care and service is at the forefront of Centres of Excellence model of health service delivery.

Q2, Q3 and Q4 on the three specialist services

	General Surgery	Image-guided Interventional Surgery	Emergency and acute medicine
What is important for the public to know about the service?	<p><u>Working well:</u></p> <ul style="list-style-type: none"> highly specialised and skilled team demand is being satisfied in county, and treating out-of-county patients 24/7 service <p><u>Challenges:</u></p> <ul style="list-style-type: none"> National staffing shortage means reliance on locums Emergency care across 2 locations with upper/lower General Surgery specialisation Demand is increasing with lifestyle changes and aging population 	<p><u>Working well:</u></p> <ul style="list-style-type: none"> highly skilled staff who care multi-disciplinary working with other departments using state-of-the-art equipment to reduce operating and recovery times <p><u>Challenges:</u></p> <ul style="list-style-type: none"> staff retention and recruitment staff and equipment split across two sites unable to offer out-of-hours emergency surgery some patients need to be treated out of county 	<p><u>Working well:</u></p> <ul style="list-style-type: none"> exceeding targets despite staff shortages having a GP in the A&E department staff training, urgent care, waiting times <p><u>Challenges:</u></p> <ul style="list-style-type: none"> staffing levels preparing for and coping with rise in demand national standards increasing pressure and staff stress dealing with patients who need not be treated in A&E
What do we still need to know?	<ul style="list-style-type: none"> How will Centres of Excellence impact on hospital admissions, planned surgery, waiting times and lists? How can we retain, recruit more surgeons? 	<ul style="list-style-type: none"> How can we ensure that staff are properly supported? Are there any other trade-offs that we are not currently aware of? What will change cost and will it lead to increased waiting times? 	<ul style="list-style-type: none"> Have other factors been considered when thinking about how to improve staff retention and recruitment? Are the trust trying to reduce/eliminate the need for patients to be treated at both sites? What will happen to the other A&E when Centres of Excellence happens?

Some further questions were raised by the jury which did not fit into just one of the three specialist services above:

- a) How can the trust develop recruitment and retention strategies that can succeed despite the national context and limitations?
- b) What are the implications, cost, etc., in making one “super” hospital (like Southmead) where it could become a hospital of excellence in all aspects?
- c) How does the Centre of Excellence Model support the integrated care approach?
- d) Will the Centres of Excellence model help “balance the books” to ensure NHS services are sustainable in the long term?
- e) How will Centres of Excellence change how NHS services (eg emergency, routine, ongoing care) are accessed?

Q5. Centres of Excellence support

a) To what extent do you support the Centres of Excellence approach for Gloucestershire?

- 7 people were “very supportive”
- 8 people were “fairly supportive”
- 1 person was “neither supportive nor unsupportive”
- 0 people were “fairly unsupportive”
- 0 people were “very unsupportive”
- 0 people were “undecided”

b) Please explain your rationale for reaching this conclusion (individuals’ rationale).

Each juror provided their own reasons for their conclusion. These individual reasons can be found in full in the [Jurors’ Report](#).

Q6. How do the draft criteria correspond to our priorities for future health services in Gloucestershire?

Draft desirable criteria for evaluating potential solutions were presented to the jury. The jury worked together to apply these criteria to what is working well, the challenges, and key questions about each of the three services. The results are included in Appendix A of the [Jurors’ Report](#).

End of jury questionnaire results

The 16 jurors completed a questionnaire at the end of the jury. The full questionnaire design and the results are available at: <https://citizensjuries.org/371-2/>. An end-of-day bias questionnaire was also completed by jury members and the results of these are available on the same webpage.

Some questions in the end-of-jury questionnaire concerned potential bias. Of the 16 jury members:

- 16 felt that the facilitators exhibited no bias; and
- 13 felt that the factual expert witness presentations were unbiased, whilst three felt there was some bias in favour of what the NHS wanted.

Asked how interesting they found the jury (on a five point scale from “very interesting” to “very dull”), all 16 jurors said they found it “very interesting”. In another question, each jury member was asked to provide three words to sum up their experience of the jury. The words of the 16 jury members are constructed in a “word cloud” below (large words were said more often).

Figure 3: “Word cloud” of jurors’ experience of the citizens’ jury



Appendix 1: further information about the juries

The Citizens' Jury Method

Like much public policy, considering how specialist hospital services should be delivered across two hospitals is complex with a lot of information and many arguments to consider. Surveys and focus groups provide useful information about what the public thinks, but they are not mechanisms to inform people. A citizens' jury can tell policymakers what members of the public think once they become more informed about a policy problem. In a citizens' jury, a broadly representative sample of citizens are selected to come together for a period of days, hear expert evidence, deliberate together, and reach conclusions about questions they have been set. The method was devised by Dr Ned Crosby in 1971. He went on to set up the Jefferson Center, which produced the Citizens' Juries Handbook[3], the method followed by Kyle Bozentko and Sarah Atwood of the Jefferson Center when designing and running the jury in Gloucestershire.

Citizens' Juries are a form of "deliberative democracy", based on the idea that individuals from different backgrounds and with no special prior knowledge or expertise can come together and tackle a public policy question. A citizens' jury is a particularly relevant method for informing public bodies making value judgements. Some organisations have used citizens' juries to *make* policy decisions, even though members of juries are not elected and cannot be made accountable for decisions. For example, [Melbourne City Council](#) appointed a citizens' jury to determine how to allocate its A\$5 billion budget, and the council is implementing virtually all of the jury's recommendations. A [Citizens' Council](#) was commissioned by the Irish government on whether to change the Irish Constitution on abortion recommended change, leading directly to the [national referendum](#) on the subject. A [Citizens' Assembly](#) (very similar to, but with more participants than, a jury) on how to reach zero carbon emissions by 2050 has been commissioned by six UK Parliamentary Committees – it met for the first time in January 2020 and will report in the spring.

Expert witnesses

Expert witnesses were chosen to provide relevant information to the members of the jury to enable them to answer the jury questions. Each witness gave a presentation and then answered questions posed by the jurors.

The expert witnesses were issued with a brief prior to preparing their presentations. It is published at: <https://citizensjuries.org/371-2/>. Their slides were reviewed in advance by the [oversight panel](#) who recommended changes to the slides which were made prior to the start of the jury. The only exception to that was the presentation from REACH who would not provide slides for review. The list of expert witnesses is provided in the table below.

Presentation Topic	Witness(es)	Role & Organisation
Day 1: 20 January		
Context for this jury	Micky Griffith	Programme Director - Fit for the Future, One Gloucestershire
Engagement Process	Becky Parish and Caroline Smith	Engagement and Inclusion, NHS Gloucestershire Clinical Commissioning Group
Gloucestershire Health Needs	Dr Becky MacLean	Consultant in Public Health, Gloucestershire County Council

Presentation Topic	Witness(es)	Role & Organisation
Presentation:		
Centres of Excellence Approach in Gloucestershire	Prof. Mark Pietroni	Director of Safety and Medical Director, One Gloucestershire
Hospital specialisation – what have people said elsewhere?	Dr. Iestyn Williams	Reader in Health Policy, University of Birmingham
Day 2: 21 January		
Community Transport	Louise Currie	Lydney Dial-a-Ride
Emergency Transport	Stephanie Bonser	Deputy County Commander, SW Ambulance Service NHS Foundation Trust
Travel Times	Jo Underwood	Transformation Programme Director - Fit for the Future, One Gloucestershire
Community Panel	Cllr Flo Clucas	Cabinet Member for Healthy Lifestyle, Cheltenham Borough Council
Community Panel	Julius Marstrand and Chris Hickey	REACH
Day 3: 22 January		
Image-Guided Services	Dr Guy Hickson & Dr Rafe Chamberlain-Weber	Interventional Radiologist & Interventional Cardiologist, One Gloucestershire
Day 4: 23 January		
Emergency & Acute Medicine	Dr Elinor Beattie	Emergency Medicine Consultant, One Gloucestershire
General Surgery	Mr Simon Dwerryhouse	Specialty Director for GI (General Surgery), One Gloucestershire
Day 5: 24 January		
Draft criteria for evaluating potential solutions	Micky Griffith	Programme Director - Fit for the Future, One Gloucestershire

The oversight panel

The oversight panel was appointed to help monitor and minimise bias. The panel reviewed the citizens' jury design, and much of the detailed jury documentation, including the end-of-jury questionnaire, and the slides from the presentations by the expert witnesses, including the videos produced by the NHS alongside the slides for the presentations about the three specialist services. Issues identified by the panel were fed back to presenters resulting in changes to these materials where appropriate. The oversight panel members, chosen for their lack of conflict of interest in any particular jury outcome, were:

- Hilary Brown, Senior Fellow, Health Services Management Centre, University of Birmingham;
- Nigel Burton, Trustee, Age UK Gloucestershire;
- Jem Sweet, Projects Officer (Health and Wellbeing), Gloucestershire VCS Alliance.

The brief for the oversight panel is available at: <https://citizensjuries.org/371-2/>. Each member of the panel completed a questionnaire about bias, published at the same webpage.

Every panel member was “fully satisfied” that the two juries were designed with the *aim* of minimising bias, though two of the three panel members were only “partially satisfied” that this aim was achieved. This was because the oversight panel was not given the opportunity to review certain materials, most notably changes to the jury questions and jury process (because these were made late when potential solutions were taken out of the jury scope), and slides from one presenter (REACH) were not reviewed because these were not provided in advance of the jury.

Citizens’ jury project team and commissioners

The project manager was Malcolm Oswald, Director of Citizens Juries c.i.c. and an Honorary Research Fellow in Law at The University of Manchester. He worked closely with the jury commissioners, the jury facilitators, [oversight panel](#), and [expert witnesses](#). Kyle Bozentko, Executive Director of the [Jefferson Center](#) and his colleague Sarah Atwood facilitated the juries. They also led the design of the jury process. Chris Barnes and Amanda Stevens recruited and supported the jurors, and jury process. The juries were commissioned and paid for by NHS Gloucestershire Clinical Commissioning Group. A Jury Commissioning Group comprising Micky Griffith, Becky Parish, Ellen Rule, Caroline Smith, and Jo Underwood oversaw the project and particularly the setting of the jury questions. Malcolm Oswald provided fortnightly highlight reports to the Jury Commissioning Group, and had weekly liaison meetings by telephone with Becky Parish and Caroline Smith through the project.

Appendix 2: The Jury Questions

The jury was tasked with responding to a number of questions set out below. The jury was designed to prepare, inform and otherwise enable the jurors to provide reasoned answers to these questions (the latter being set out in full in the [Jurors' Report](#)).

Jury name	NHS Gloucestershire Centres of Excellence, 20 – 24 January 2020
Jury questions (i.e. the questions the jury must answer)	<p>1. What is most important for the public to know about the Centres of Excellence model for care service delivery?</p> <p>2. General Surgery Services in Gloucestershire:</p> <p>2a. What is important for the public to know about General Surgery Services in Gloucestershire?</p> <p>2b. What are our priorities for future General Surgery Services in Gloucestershire?</p> <p>2c. What do we still need to know in order to more fully evaluate the future landscape of General Surgery Services in Gloucestershire?</p> <p>3. Image-Guided Interventional Surgery services in Gloucestershire:</p> <p>3a. What is important for the public to know about Image-Guided Interventional Surgery Services in Gloucestershire?</p> <p>-</p> <p>3b. What are our priorities for future Image-Guided Interventional Surgery Services in Gloucestershire?</p> <p>3c. What do we still need to know in order to more fully evaluate the future landscape of Image-Guided Interventional Surgery Services in Gloucestershire?</p> <p>4. Emergency and Acute Medicine Services in Gloucestershire:</p> <p>4a. What is important for the public to know about Emergency and Acute Medicine Services in Gloucestershire?</p> <p>4b. What are our priorities for future Emergency and Acute Medicine Services in Gloucestershire?</p> <p>4c. What do we still need to know in order to more fully evaluate the future landscape of Emergency and Acute Medicine Services in Gloucestershire?</p> <p>5. Centres of Excellence support</p> <p>c) To what extent do you support the Centres of Excellence approach for</p>

Gloucestershire?

- Very supportive
- Fairly supportive
- Neither supportive nor unsupportive
- Fairly unsupportive
- Very unsupportive
- Undecided

d) Please explain your rationale for reaching this conclusion (individuals' rationale).

6. How do the draft criteria correspond to our priorities for future health services in Gloucestershire?

Appendix 3: Bibliography

1. Shortliffe, E.H. and M.J. Sepúlveda, *Clinical decision support in the era of artificial intelligence*. *Jama*, 2018. **320**(21): p. 2199-2200.
2. Armour, A., *The citizens' jury model of public participation: a critical evaluation*, in *Fairness and competence in citizen participation*. 1995, Springer. p. 175-187.
3. Jefferson Center. *The Citizens' Jury Handbook*. 2004 [cited 09 Feb 2016]; Available from: http://www.epfound.ge/files/citizens_jury_handbook.pdf.