Responses from those age 36 – 65 (373 in this group - 224 gave comments)

Please use the space below to make any further comments about our plan, tell us what is important to you or share your own ideas for transforming health and care services in Gloucestershire

All of the choices in the 'choose one' questions should exist - you should not be choosing close OR expert OR short waits
Although the most important thing is having the right (and experienced) Doctor or Consultant looking after you, it is important to people to be able to access help 24/7/365 and locally. Not everyone is able to travel (even what is seen to be a short distance - between GRH and CGH) as this costs and adds pressure to what could already be a pressure issue if you are unwell.
I think the plan of empowering the public is great however this is a massive culture change that is being embarked upon and there are plenty of people who just don't look after themselves and therefore health promotion would fail .. in essence a good proportion of our healthcare issue comes from poor education and poor legislation over food products. Therefore awareness and health promotion need to be target accordingly to deal with the future Schools, academies, university and colleges as well as in other areas to try to improve outcomes. Obesity being an example, school PE home economics, people need to understand why they need to look after themselves. Community based services are great where they work but they have to be staffed resourced accordingly, having worked for the hospitals trust for 16 years and seen our service escalate to the level it is now without being able to secure additional funding and staffing my concern would be those services would become overwhelmed. There needs to be an expectation of growth and money set aside to support growth of the services. Hospital service should be provided primarily on one site (unpopular I know) but essentially the 2 main sites are not that far apart and it would certainly allow for patients to benefit from the same continuity of care but would also substantially improving the working lives of staff within my service.
Explain common sense confidentiality to staff (too many staff still believe they can share absolutely nothing with anyone, unless there's a risk of harm); this would enable simpler joining up of services.
I suggest seeing the most experienced and a specialist around the presenting complaint will save further unnecessary costs. Waiting to see a GP who knows very little about your problem and then tries various solutions before a generic referral is a waste of many resources and leads to a general deterioration for the patient. Lots of resources are wasted or used inappropriately by people who have mental health issues or social problems -greater support for them will help address this eg adult support centers for these issues
all the things written in the report are important, but may by some could be joined up together
Definitely more trained nurses and other clinical staff. Less agency staff.
It is important to help people take responsibility for their own health and well being. Provide more support in our local GP practices, use more technology and make sure all services can access all the information they need. It is vital that health and social care are seen as part of the same system which people progress through and not seen as passing people from one service to another.
I would like to see more investment in primary care, particularly developing GP Surgeries that can perform minor operations, the so called poly clinics that were muted some years ago. There should be a stronger interface between primary and acute care, particularly in regards to the follow-up of patients. This could apply to main areas of community care.
Delayed discharge of medically fit patients is almost invariably caused by the lack of community hospital places. Such provision in alternative placements such as nursing homes needs to be addressed if "bed blocking" is to improve.
Social care services should be joined up with health- possibly even form part of the NHS so that services, information and expertise are all in one place and accessible for the public and the professionals working to support them. A more even distribution of finances could be achieved and the budgets more easily managed.

More emphasis on rehabilitation. For people to be able to self care they need a bridge from acute to that point and rehabilitation is the key.
The choices you are asking us to make are showing that the current system has been run into the ground. With this government's austerity, whilst they assured us the cuts wouldn't affect front line services, they obviously have!
Issues such as diabetes should have a higher priority as tackling this will save a lot of money and improve health outcomes.
I moved to Gloucestershire a few years ago and was surprised to find two general hospitals only a few miles apart (Cheltenham and Gloucester) - surely one main hospital would be better and more cost effective.
Comment: 1. I can't seem to respond to q.2 - it doesn't allow tick to be entered permanently; 2. If people aren't to die from cancer or cardio vascular disease, what should they die from?
I think that promoting self care and wellness in the community is very important and something that can only be done by joining up health and social care with medical care. I have watched the CCG go down this route for a few years now and I am very pleased to see that the STP is building on the good work done already in the community with things like the Frailty Service in the South Cotswolds and not just chopping and changing and starting new for the sake of it. I have confidence that Glos CCG can actually pull this off to become one of the top STPs in the country.
Duplicating services, for example A&e, on more than one site is wasteful and dilutes expertise
We cannot afford to have two hospital emergency departments in Gloucestershire and we cannot find the doctors to staff them . The ED department and ACU in Gloucester Royal need to be increased markedly in size and the ones in Cheltenham need to close.
Hoping that the impact on Social Care funding isn't even more polarised by this. People are in hospital in my area of work that are constantly DTOC because of funding/placement/capacity issues. The impact goes on not just for them and their families but for other service users that NEED to be utilising the services and that can't access them.
Question 3 very disingenuous. I note the use of the confusing "not". The reason the problems mentioned exist is a lack of hospital beds in general and a paucity of proper care in the community, especially the elderly. Of course people who don't need a hospital bed should not be in hospital. The reason they are there is the endless cuts to other services especially council services. The whole business is now well oiled. Secret plans made behind closed doors, a phoney consultation including the usual on line survey and then the litany of "unavoidable" cuts rationalised as realignment, coordination, centres of excellence, blah, blah, blah. The fact is we need a massive injection of resources and a return to the principles the NHS was set up with. Anything else is rearranging the deckchairs on the Titanic. We've all had enough of "visions". I await the list of services to close or be privatised.
Centralise emergency services on the GRH site. Create a centre of excellence for specialist surgery on the CGH site after investment in estates and infrastructure.
Am hugely concerned about the survey - as it does not provide an opportunity to provide proper feedback and the preloaded questions do not provide appropriate ability to answer - for example the section asking about whether acute hospitals should be responsible for people who could be looked after elsewhere, in the community, or if their family wont. Clearly they shouldn't but there should be support for them in the community and it is the responsibility of the state to look after and care for those who cannot. If more money is needed from the government, from taxation to pay for the aging population, then that should happen! Most of the answers to the above are common sense answers that are so vague they can be aligned to any change or plan to the system - it does not mean that the people who have responded have signed up to the plans you haven't yet shared with them. Streamlining care and bringing together organisations that have previously been broken up and competing against each other for funding makes sense, but

You use the word promoting healthcare, but the word education would be better. Right now, we get a diagnosis, and that's it. We need the knowledge that the NHS has, and the expertise - and they aren't sharing. Whether it be red tape, or 'big pharma', we, the public do not get the information or support we need to make our own way. When I am told I have a disease, all I receive is a pile of letters in the shape of a word. I need to know what to do. I do not need to be left to the mercy of charlatans emptying my purse because of my ignorance. Good management is about using resources. That isn't happening. Educate and support the public, advertising and marketing have had their day. The expert patient program needs more input, the pain management program does as well, but at least it is a good and successful model.

Communication has to be the most important aspect of any care. All teams need to talk to each other and treat the patient as a whole. We often hear of GP's saying 'the hospital will sort your aftercare'. Forward planning is a priority specifically in elective surgery. Why we need the wait and see protocol when some patients will definitely struggle at home post surgery surely things need to be put in place before. And of course the big one is care in the community isn't happening.

Most people support paying more tax to provide a better NHS - this could avoid at least some of these difficult decisions about priorities - funding is the real issue! NHS services should not be contracted out - there are very real issues in terms of clinical governance and joint working when non-NHS providers are part of the care pathway.

1) I am very concerned at the apparent downgrading of services at Cheltenham and transferring key services to Gloucester. I can see the benefit in small volume services being focussed in one or other (but not all in Glioucester) but large volume services (like A and E) should be in both locations. 2) Why do we have to travel to hospital for services like having blood taken. Surely these could be done in a cheaper more local location

Living in a rural part of Gloucestershire I would like to see more use of the community hospitals, so that I don't have to travel to seek medical help. It can be a 45min to 1 hour journey to Gloucester, then waiting times to see your doctor in the clinic can exceed and hour, so it could be 3-4 hours out of my day for a 10 min consultation. Waiting for an ambula

I would like to see NHS staff well supported and less stressed than currently. Some thought needs to be given to the split between rural residents and those who are town/city based and how best to serve both categories. The use of technology to support home based provision is attractive but may become very expensive and could discriminate against those who do not have access to IT.

the integration of health with social care is a falsehood if you are not planning on harmonising staff pay if this is the case, then you are clearly planning on undermining staff terms with NHS workers the cheapest way to integrate the 2 is to bring social care back in to council and stop contracting out having looked at the ST plans, it seems you are intent on contracting for services that used to be done by established NHS services if you insist on this line, one can only assume it is in order to narrow down the business version/professional remit of staff as much as possible so services can be tendered/contracted over and over this is a complete waste of money you have already spent more money on the layers of tendering the NEPTs than the savings you made and the service is still dire

I welcome the proposals to co=operate/co-ordinate NHS and social care services. I would like to see full A and E services restored to Cheltenham. I would like to see parity of service for mental and physical health. I do not welcome the underlying assumption of this questionnaire that resources must be reduced. Clearly, more resources are required. so ;et us explore ways of increasing resources. e.g. increase in taxes, hypothecated if necessary.

I think many of the questions are too simplistic. The plan is complex and having read it through I struggle to remember the key points. I fail to see how answers to the questions will provide sufficient insight into what people in Gloucestershire understand the options to be and to make informed choices about the way forward. Closing hospital beds can't be achieved until beds/care in the community is sufficiently in place. Moving patients out who are eg isolated and feeling depressed can't be achieved satisfactorily unless there is care and support available. We may have to experience high set up costs to get the right beds/ the right care/ the right services in the right place before costs can be reduced by removing what is no longer needed.

Improve and invest in community care. Rationalise hospital services to best meet needs of patients and allow clinicians to provided excellent services into the future

At last, a sensible proposal as to the way forward! I strongly feel that Emergency Care (i.e. Emergency departments etc) should be strictly that - you only go there in an emergency! Communication of the different services is the vital key with reducing overwhelming patient influx in our two county wide Emergency Departments, inappropriate admissions by the public and inappropriate GP and SWAST admissions add to the pressure and causes breaches and additional pressure on an already overburdened x 2 acute Hospitals. There are MIUs etc around the county but often the general public are unaware of the services they provide so default to the "safe" environment of the Emergency Departments, which then conversely renders them "unsafe" due to the high number of patients there!! MIIUs need looking at also, regards the services they provide - if we want to reduce the burden on the EDs as a county, we have to look at other models of urgent care services available to the population and to then advertise this well. OOH services need also to be consistent in their criteria and staffed consistently 7 days a week to again, reduce the burden and release flow in the EDs. Discharge needs to be tightened up across the county, it doesn't feel joined up at all and again, the blocks in the system render patients staying in hospital far longer than they need to / should do, this can be compounded by lack of understanding of social services referral, transport issues and lack of understanding by the public that (particularly) the two acute district general hospitals are for acutely ill patients..... We strive for an all systems approach but we are yet to achieve this in reality as services still fail to fully engage with each other, and don't fully understand the others perspective. There are a lot of services (non clinical) which could be more joined up - education and development is one of them. There are multiple departments in each Trust all doing the same thing really, and whilst it is acknowledged that each healthcare provider has unique needs regards the education and development of their staff (as an example), a lot of time and energy is wasted doing "a bit of the same, but different". If we are truly striving for a "One Gloucestershire", this needs to also be extended to the collaborative potential for other non clinical services across the county. There is a lot of repetition and strengthening a more joined up way of working would provide insight and greater understanding, free up time, resources and people to focus on what is truly appropriate - which would ultimately benefit our patients.

The NHS, in Gloucestershire and throughout Britain, requires two things: more money and less patients. I suggest below how this may be achieved. Some possibilities lie within Gloucestershire's control, others do not; however, I include them here because I believe we need to approach STP at a national not just local level. FUNDING All food scientifically proven to be unhealthy, such as high-fat, high-sugar, high-salt items, processed meats and red meats, should be subject to VAT. The rate of VAT should correspond to the unhealthiness of the product; for example, the higher the fat content the higher the rate of VAT. This form of taxation would discourage unhealthy eating while producing a revenue stream for the NHS. Given the 2016 and 2021 UK spends on groceries as estimated by the Institute of Grocery Distribution, this revenue would be quite considerable: 'IGD expects the UK grocery market to be worth £179.1bn in 2016, an increase of 0.6% on 2015. We forecast that the UK grocery market value will be worth £196.9bn in 2021, a 9.9% increase on 2016' (http://www.igd.com/Research/Retail/UK-grocery-retailing/). VAT on food, of course, already exists. I am merely suggesting that the taxation should be based on the principle of healthiness rather than luxury. Tobacco smokers and alcohol consumers already contribute to the Treasury. Shouldn't those who choose to eat unhealthily also contribute? And if the imposition of VAT on unhealthy foodstuffs does lead to healthier eating, thus reducing NHS expenditure, then the policy is a so-called 'win-win'. While I am, personally, not a proponent of cannabis use, I accept the reality that very many people in the UK, against all advice and clinical evidence, insist on using cannabis. Therefore, a government-owned, government-regulated provision of cannabis would make cannabis use safer, would remove the criminal element from the trade, thus husbanding police resources (an estimated £361 million is currently spent every year on policing and treating users of illegally traded and consumed cannabis), and, being state-owned, would constitute a considerable revenue source for the government. It is estimate that the UK cannabis economy is worth approximately £6.8 billion a year, just under half the size of the UK's tobacco industry (http://www.vice.com/en_uk/read/this-is-how-much-the-uk-would-actually-make-if-it-taxed-cannabis). This policy could also be extended to other misused, currently illegal, drugs on the same basis: provide safer usage; eliminate criminality; create a revenue stream. It may be objected that drug use is dangerous, leading in some cases to death. However, the same may be said of sky-diving, snorkeling and mountain biking. If an individual insists on using drugs and does no harm to others, then why shouldn't the practice be legalised, regulated and run by the state? It is estimate that the annual cost to the NHS of foreign-visitor use is £1.8 billion (https://fullfact.org/health/health-tourists-how-much-do-they-cost-and-who-pays/). Rather than antagonise legitimate NHS-users with self-identification (as currently proposed) or waste money chasing recovery from individuals, the NHS should simply recover its costs from the Overseas Aid Budget (currently £12.2 billion). According to Full Fact, the £1.8 billion 'includes the cost of treating [foreign visitors] in A&E, though visitors aren't currently charged for this, and the cost of treating some foreigners resident in England who currently don't incur charges. Only around £500 million per year is estimated to be recoverable or chargeable according to the Department for Health. In reality only £100 million was recovered in 2013/14.' I believe the whole £1.8 billion should be recovered via the OAB. I would argue that treating foreigner visitors is a form of foreign aid. HEALTHIER BRITAIN As the STP indicates, the best way to reduce pressure on the NHS is to make Britain healthier. I would add that a healthier Britain is also a wealthier Britain: healthy people work more efficiently, take less days off through sickness, and have happier lives (including greater mental well-being). In addition to the programmes foregrounded in the STP (e.g. tackling obesity) I would like to see a national campaign for a Healthy Britain, with the government investing in better diets and more exercise for all age groups. For its own programmes Gloucestershire CC should mobilise funding immediately by introducing the Workplace Parking Levy (WPL), a scheme which is already in place for local authorities to implement. Improvements to public transport under WPL should aim at encouraging greater exercise through walking and cycling, especially during the morning/evening commute to and from work and school. Since a healthy adulthood starts with a healthy childhood, I believe GCC should prioritise improving the diet and physical fitness of all children up to the age of 18. Since almost every child in the county attends school, the means and opportunity to achieve this aim clearly exist. I hope these suggestions are helpful, or at least thought-provoking.

People with Parkinson's Disease need quicker access to see a Parkinson's nurse, neurologist, physio, movement disorder specialist, exercise provision, and psychological care.

There is a tension between health services being provided locally (e.g at Cheltenham General) and the rationalisation of specialist medical expertise in one place in the county (e.g at Gloucestershire Royal). There is not a simple answer

Invest more heavily in GP practices, not more and more inefficient community services

I think drugs like statins and Ramopril and Metformin should be given out less routinely. I don't believe they are really the answer to common deteriorating conditions and they are costing the tax payer a fortune! It is quite obvious that the NHS is relying on research provided by the drug companies who want to pedal the drugs - this cant be right way to assess the best treatment!

it is important to consider how the workforce are going to be educated about the developments especially sessional GPs- who represent more of the workforce

Preventative medicine has a huge role to play in planning health care needs for a population. Providing information and educating the people about what is a healthy lifestyle, how to achieve it and the choices to make as well as how the NHS works and how to access it effectively with respect and responsibility is key to the future of Healthcare provision. Such an education programme should start with young children and continue through schooling, college, university and adulthood to enable it to become part of our culture. This will encourage the public to feel more engaged with Healthcare, the NHS and Health care professionals as well as empowering them to be actively involved in their own health and the impact it can have on their quality of life.

I note that there is nothing about services for children in this document. Any initiatives need to be evidence based rather than just well-intentioned and over-optimistic, especially with regards to the achievability of changing people's behaviour and attitude towards accessing services. The "elephant in the room" of reducing demand by introducing an element of cost is not discussed at all - see how small 5p charge on plastic bags in supermarkets has worked wonders on reducing demand!

There needs to be far greater emphasis on health promotion and prevention of preventable illnesses. There also needs to be better involvement from food and drink manufacturers, who promote unhealthy products to young people and those less well off.

I do think it's wise to look at locating the most specialist and non-urgent services in one place but there are a few services - most obviously A&E and maternity but also children's inpatient services - where distance travelled is really critical. Shifting such services permanently away from a major population centre like Cheltenham is obviously hugely unpopular and that in itself would undermine support for the many worthwhile objectives and strategies contained in the STP. But it also increases risk in cases such as A&E admission for acute appendicitis, perforated ulcers and even acute asthma attacks where every minute counts, and refuces access to services for low income populations without access to private transport in particular, increasing health inequalities (see Nicholl, West et al, EMJ 2007). A medium-term goal if the STP should be to restore 24 hour consultant cover at Cheltenham A&E alongside the important demand resuction strategies outlined in the STP.

It is essential that health services engage with agencies and activities in social care, the voluntary sector - anywhere that have an impact on peoples health, so that a wider view can be taken of individuals and their health and well being. This must be pro-active as well, not simply responding to approaches, but finding out about patients lives, who is involved and how to engage with them in a co-ordinated strategy for each person.

It is ridiculous that in this day and age, health and care information is not easily accessible/updateable electronically in the same place, in the same format to all health care professionals and care givers. The time wasted is costly and inefficient, not to mention the stress caused to patients and their relatives through having to constantly re-tell their story. To have a multitude of systems that do not 'talk' to each other, even within departments, is beyond belief!

Agree that it is very important to promote healthy workplaces and schools and to develop a programme to tackle obesity. Where I live there are quite a few different exercising apparatus in a couple of the parks which is great. I think we have too many fast food restaurants today which are relatively cheap so easy for people to eat there regularly - not sure what we can do about that though. Education and awareness around healthy eating and physical activity is essential.

Essential that services work better together, particularly NHS and care services.

Bring back the full 24 hour A&E service at Cheltenham General ! p.s. well done for closing down Delancey, no wonder you've got beds blocked by people who need a re-cooperation hospital.

Communication within health services and in hospital. There seems very very little joined up thinking and communicatiuon. First hand experience of being passed on here there and everywhere and eachtime have to explain the same things!!!!

Unified health and social care budget More investment in community services and general practice

It is aspirational and light on detail. We will have to see how it works out. The priorities for me are not outlined on the questions.

The NHS is failing on a massive scale by not getting across to people that they have a responsibility to look after their own health. The majority of hospital beds are occupied by people who have become ill through lifestyle choices such as the following - Smoking Drinking to excess Drugs Obesity Lack of Exercise Type 2 Diabetes and its effects such as amputations Eating too much red meat despite warnings that it is unhealthy It has never been easier to keep fit and the correct weight than it is today. The shops are full of healthy foods and there are keep-fit clubs. Children should be encouraged to take part in sports activities and not to play computer games all day With regard to the Gloucestershire Hospitals, residents of the county should be encouraged to see that having two General Hospitals so close together and both providing exactly the same services in not necessary. If we do need Hospitals in Cheltenham and Gloucester then the services they provide should not be duplicated. Parts of Cheltenham Hospital are very old and in a poor state of repair and as many services as possible should be located elsewhere. Standards of cleanliness and hygiene fall well below those you would find in your own homes as the buildings are so old. I am not in favour of restoring 24-hour emergency care to Cheltenham as this would be a waste of money and in fact I query whether we need emergency care at all in Cheltenham if it can be provided better elsewhere The model I would prefer in the long term would be one where there is just one General Hospital for the whole County. It is unproductive having two so close together. I have seen modern hospitals such as the QE in Birmingham and Great Western in Swindon and these are the way forward. Cheltenham General was built in the 19th Century and it is not fit for purpose for 21st Century care and its future should be kept under review The medical model in the UK today is failing from top to bottom. Huge amounts of money are being spent on bureaucracy and the cost of top management, who are being paid more than their equivalents in other sectors of the economy. The standard of care in areas such as cancer falls well below the level of other European countries and mental health provsion is a national disgrace. More money is going in all the time but outcomes are worse than ever MPs are only concerned with having a hospital in their constituency even if the greater good would be served by combining resources with a neighbouring town and consolidating health care

A tricky selection of options to choose from, with some questions needing further clarification. I only learned of this survey through a link from a reply from my MP after emailing them to support a 38Degrees campaign - how can you promote it more widely so that more people can have a say?

I think that we need to have a combined Health And Social care service so we can work as one system to both keep people out of hospital And get them out of hospital faster when their treatment is completed. Many people wouldn't go to hospitals when they are ill if they could have medical care at home and social care at home(including night care if required) until they have recovered from their illness. We need to change the culture of people coming into hospital with the expectation from themselves and their families that the hospital will put care in place for them when they leave or that they can stay in hospital until it is convenient for them to return home. Also that the hospital will pay for an ambulance home if family are unable to collect them. There should be more Walk in drop-in clinics in the county that people with minor in injuries or conditions can access 24/7 instead of going to A&E. also GPs could use their staff and GPs to cover a 7 day a week service - but have less staff on each day - just like the hospitals have to do.

I have had to answer 'Don't know' to some of the questions, not because I 'don't know', but because NONE of the answers reflect my thoughts. I am generally in favour of investing in helping people to live more healthily and look after themselves and their families and friends more effectively. IF this results in less demand for some services, then I have no objection to those services being reduced. However, if people live healthier lives and live longer, they are likely to develop more serious and more complex conditions as they get older, so the need for acute services may not be reduced by helping people to live longer.

Patients in hospital should have access to at least one physio session/day - despite needing to employ a sufficient number of Physios/Physio helpers, this would save vast amounts of money by sending people out as mobile (or better) than when admitted. I have just had experience of an aged person who had to be admitted to GRH because a UTI took him off legs. When admitted he only used a stick @ home & was self-caring but as he didn't have ANY physio at all (after several days in bed with I/V running) he has eventually returned home on a walking frame & needing 2 helper visits/day

Support cheltenham A&E in a 24 hour service or give it, its own funding and, not use it to support Gloucester at the expense of Cheltenham

Feel the size of Cheltenham justifies the need for emergency services in the town. A good compromise would be a single hospital site for Cheltenham and Gloucester on the Golden Valley

some of the onerous data collection that staff have to do gets in the way of them providing care

It is important that the NHS is properly funded, not fragmented and private health providers are not allowed to cherry pick the services they offer. If there is private provision the contracts need to be carefully written and scutinised to ensure that they deliver all the services promised. The number of hospital beds need to be maintained so that routine operations are not cancelled at the last minute creating yet more problems and delays.

Several points - I feel your survey could be better. I feel it is worded in such a way that you will get the responses you're wanting and then when people complain you will say 'this is what you said you wanted'. It could be improved by giving space for free text after each question. Having read the summary: I note in my area there are walking groups - which is great but they are mainly in the working week and daytime. As I work I need weekend and evening groups. Tackling obesity: all GPs should offer slimming clubs and exercise groups/ gym sessions on prescription and at a reduced rate. They don't currently - I am obese and have asked. GPs- I rarely need to see my GP fortunately but when I wanted to recently I could not get through on the phone and was prompted to get an appointment online. I tried to do this but needed to go to the surgery before I could register. Then I had to wait for them to contact me, 3 weeks, so that I could use the online service which then didn't work! I visited the surgery to make an appointment- got one with my 3rd choice of GP- the website was out of date and my first 2 choices had left the practice. I saw a very kind and compassionate GP who left the practice the next week. I went for my blood results and was told all was ok and was sent on my way. I had not resolved any of the issues I went with. My feeling - a very poor service. GPs should work in conjunction with complimentary/ alternative practitioners to offer a wider range of treatments. Last year I had an over 50's annual check that was so basic it wasn't worth it. I am a health professional. The health check was done by a HCA and I don't have an issue with HCAs but surely time and efficiency would be improved if a person's details were checked prior to the invite and the service tailored to the patient. I was referred to podiatry service at Rikenel. Lovely practitioner but humiliating to have to walk barefoot through a, not that clean, communal area as part of the assessment. Given questionable advise, inaccurate information about being able to obtain supplies through the local chemist and follow up delayed because of an inefficient admin system. I was given 'Blue Peter' type orthotics but was rationed to 1 pair - I'd have happily paid to have another pair but that option was not available. Again - my feeling- a poor service. Hospital beds are necessary. Acute and Community. However, Community Hospitals deal with far more complexity these days and the services are not there to back this up. For instance- poor dietician input, poor pain management access, virtually no health psychology. This poor provision sets the hospital up to fail. IT - one system should be used across all GPs, hospital trusts, social care. It's crazy that they all have different systems that don't link with each other. Joined up services: you need someone to coordinate a patient's care if they are being seen by several specialists. Treating people's issues in isolation doesn't work. Dementia: sight is affected. There should be improved links with specialist opticians. Workforce: make pre retirement courses mandatory and see if people who are considering retirement can be recruited to work more flexibly post retirement. This will give more time to up-skill the younger, less experienced workforce.

Whilst I completely understand that funding is tight, I'm not sure I agree that a reduction in hospital beds is the way to fund additional community services. With an increasing population and an ability to treat ever more complicated conditions, we need all the beds we can get. Watching "Hospital" on BBC1 last night highlighted in the most stark fashion what happens when beds are in short supply. The key is to get people out of hospital who don't need to be in there. If that eventually (once the system is right) means that beds can be reduced, great, but I can't see that happening within the life of the STP. As an aside, I nearly didn't go into the Information Bus yesterday - I couldn't immediately see it was a consultation on NHS service provision. Indeed, on first glance, I thought it said Transportation rather than Transformation! Is the programme's identity strong enough?

I find this difficult to complete due to lack of knowledge and facts.

Had to have a flexible sigmoidoscopy two weeks ago. An absolute debacle and a total waste of everyone's time and resources. I had to give my own enema (GI and not agreement) Waited a while, washed and dressed and caught the bus to Cheltenham. Found clininc by 2.15. Waited for my 3.00pm appointment. Went in NG 5.25. Home by 7.00. The procedure didn't work because the toast that I had at 7.30am had worked it's way through my system. I have to rely on public transport to get anywhere - I don't have a car and can't afford taxis. There is no acknowledgment of this. This is not the only time that my appointments have been very late. Thank God I didn't have to go to London or Oxford.

Prompt assessment for critical illnesses is very important as waiting adds to people's stress. It would also be helpful and more cost effective if people could be treated as a whole entity and dealt with more effectively Rather than having separate appointments on different days to deal with illnesses. E.g. Cancer clinics and having chemotherapy treatment.

I think it is vitally important that the staff of a NHS are not being taken into consideration re motivation; health care(?) etc. My contacts within the NHS alerts me to the fact that it is not being addressed.

Although self care is important more money should be invested in A&E to provide a service required by the visitors. We have spent a lot on prevention but people are still attending A&E. Redirect funds to address the reality of the fact that people will go to A&E instead of seeking help elsewhere.

I feel that NHS should take over Adult Social Care for over 65 years then they would able to stop bed blocking as they will control the process in care. It is important that the elderly is done well and needs met

Considering the projected increase in patient over 65, what is the point of wasting money on new technology that these older patients can not or will not access. Money should be spent on providing care in hospital and more beds for patients who need medical treatment. (Incidentally, if your projected figures are based on extra population, that is little more than guesswork and can be affected by any number of variables such as obesity, disease etc.

The plan is very good, it should be widely publicised. Keeping "out of hours" centres open in the outer lying areas not just the cities.

The NHS clearly has a current finance problem. But it faces an even greater challenge because people are not incentivised to look after their own long term health. Significant investments now are needed in tackling obesity and thus reducing future diabetes type 2, arthritis and other costly to treat consequences of our sugar rich diet. The result would add to the productivity of business as well as quality of life. This needs to be addressed by the whole health community seriously - not just the three trusts but also the county and district councils.

Drug costs are escalating and the NHS organisations need to ensure they are able to access their drugs at the correct prices for all their patients

Reconfiguration of hospital services essential to maintain and improve quality. Current provision on two main hospital sites is not working.

Physio care not provided on wards - patients who were self-caring needing to go - care home on discharge.

I need the registered qualified interpreter to attend all my appointments (British sign language) during my stay in hospital/consult with Doctor/during operation/treatment

Part 3 of your survey only works if there is MUCH MORE funding and implementation of social care - sadly social work has been cut severely in the last 6 years - this needs to be reversed!!
To invest in supporting people to help themselves, through community resources, offering communities opportunities to manage their own needs and work closer together so people know where to go for help and understand their own pathway.
Better organisation. In my personal experience a lot of money is being wasted through lack of information leading to unnecessary prescriptions and wasted appointments.
idea is very good but end of the day is idea and never have action .so the best is come to hospital and talk with patient and staff so u will sum up the idea or come work with us as a worker like some tv show hide you self and become one of us so your will know what idea you need
Health care is an emotive subject, perhaps the most as it relates directly to death! I do not agree in funding going towards eg. drugs designed to prolong life. We cannot afford this approach. We all have a shelf life, some shorter than others. Would however invest in an analgesic with limited side effects that could improve quality of life. Quality NOT quantity. If you take a statin to avoid a heart attack you are just going to die later of something else eg. dementia. Common sense MUST prevail over emotion.
One trust organisation on one computer system which enables clinicians/staff to make good, safe decisions at every junction.
The CCG and clinicians need to engage more with secondary care clinicians so that they feel engaged and part of the solution, rather than "done to"
Close GRH and CGH. Build new hospital on site between Glos and Chelt (Golden Valley bypass). Streamline rapid response/choice+/OOHGP to same service provider. Charge ALL patients £10 per contact/visit - that is reclaimable via state insurance policy.
Patient education - more resources and joined up info needed for changes
Continue with "joined up" working between partner agencies. Promote health prevention to reduce the impact of treating people with avoidable conditions upon resources Treat people with potentially chronic conditions early on to avoid the costs of treating them whilst they wait for surgery or paying for carers to look after them as their independence and health declines whilst they wait to have surgery/treatment
More money needs to be invested quickly to save many practices who are finding sustainability a big problem (acutely)
More funding into primary care, more staff, may then (& only then) enable us to take on further work.
Not sure cannot see purchaser/provider split continuing
My ideas are: 1). Quality Cheching in GP surgeries, hospital, management in hospital, HR and health professional done by local charity Inclusion Gloucestershire. 2). More nurses in GP surgeries and for the community for elderly and people with health problems. 3). Obesity epidemic advertising on television on the health damage to people health. 4). Explore healthy food in coffee shops and restaurants. This need to be promoted by the government.
to me it's important to have a local hospital which can provide minor operations and outpatient appointments
To have a hospital in cheltenham
Plugging the holes in two outdated hospital buildings in the FOD (Lydney and Dilke) economically for the future of health provision surely one purpose built hospital would be more beneficial for all.
Probably the most contrived survey I have ever seen - it is guaranteed to give you the result you have already decided upon. How about asking about "wasted" staff such as bed managers who simply hassle A&E doctors to discharge patients when there is no where to discharge them to (daughters experience as a Junior Doctor). Or vastly overpaid managers who could not manage their way out of a paper bag and have only got the position because they have been "promoted" to get them out of the way (personal experience).

Mental Health services are under resources and grossly inadequate and should be prioritised for improvement. Mental Health is not mentioned once in this survey of principles!

I recently attended a GNHSFT members meeting about the STP. I am particularly interested in the development of "hubs" being an ex carer. I recognise the challenge, but also the potential for much needed change for the NHS and welcome the opportunity to help design the service. as outlined in the meeting. However this form is very limiting and is making people feel channelled along pre arranged paths. I am concerned about how many members of the public you are reaching and at how early a stage.

From the document I struggle to understand the first part of the plan. I have Parkinsons and the PD nurses have provided a very good service. They are more knowledgeable and accessible than GPs. Please retain this service.

Good to have central services - Consider rural folk. Public transport poor. Local services need to be constant and reliable. Use technology e.g Telemedicine. NHS and Social Care should have a combined budget to give better value for money, aid collaboration and improve communications.

1. Onward facilities like the Delancey should not have gone, hence the older, frail patients who are clinically well are bed blocking and have no where to go. 2. More access to emergency GP appointments 3. NHS England being trained better in Triage, instead of sending patients to A&E because they are frightened of comebacks 4. Better home care services 5. More co-ordination between GPs and social care

High quality health Care Seeing the right person at the right time in the right place. Continuity of care

Social care should have better working relationships with medical care

Health promotion should not be funded at the expense of cutting hospital beds. We don't have enough hospital beds so until the health of the nation is greatly improved don't cut hospital beds., stop advertising high fat / sugar at time (on TV) such as 5pm to 9pm

A realistic approach to care of elderly in nursing homes and end of life care. The greatest percentage of the budget should be spent on the young and improving mental health. Mental health care is so very important. It enables us to take care of own physical health.

More money spent on services to help elderly people stay in their own homes longer at an affordable price.

Although I have answered your questions overleaf and prioritised, I actually believe most of them require a balanced approach between all of the options given other than question 3. For example, in question 4 and 5, the distance travelled would also play an important part except for some really unusual procedure.

Communications between OP clinics -1 day doctor appointments - less ambulance required

The NHS is in need of a national IT system for clinical records not a back end join up of data from different systems. Joining up health care is fine, it would have been better if it had not been allowed to be so fragmented in the first place but will not make much difference long term if we cannot get social care to match the needs of our community.

Utilise the existing staff you have - upskill HCA's to do some work that nurses currently do, upskill nurses to do some work that doctors currently do... Value and train the staff you have to retain them - otherwise they will leave to work with the private sector

Get rid of duplication - why two hospitals in the FoD? Join up GHFT and GCS and 2G as One Gloucestershire organisation.

Without additional funding to support social care the NHS is in danger of breaking under the strain of local government funding decisions. Age is not an illness, but people, young and old often need support at home or in their community to stop them from becoming ill.

Excellent intentions, even if you have trouble implementing it! It all costs MORE money in the short term, not less.

Drop in clinics for dementia for patients and their carers to be able to talk and exchange ideas.

I would like to see more joined up care and assisting people in their own homes. There is nothing worse that elderly patients being left to die in hospital as there is nowhere else for them to go or no-one to take care of them at home.

More support for adolescents with mental health issues

The things that are important to me and my family are Improving self management for those with complex health needs. Improving health promotion to prevent ill health. Services you can access locally, see someone with expertise and limited number of appointments. Improving awareness in schools for children to educate them about how they can stay healthy: physically, mentally and socially. They are the generation that are moving forward & we have a great opportunity about educating them to live healthily and keep well. Joint health and social care assessments. IT systems between health and social that are joined up & accessible detailing information about those with complex health needs to enable prompt decision making about the best way to manage their health and social care needs.

It is very important to have specialist care, people who know about your injury or illness so I think specialist centres are a good idea. Following on from that if work could be done about services outside of hospital to ensure people can be treated and taken care of at home that would help keep them out of hospital. We should all take some responsibility for our own health and more education to do that may help our over- burdened NHS.

More clinics/services available in community hospitals to save having to go to Cheltenham/Gloucester would be good.

Local services for those unable to travel must be a priority. It is also very stressful to be far away from friends and family when you are unwell or need support.

Get consultants to have to come to community hospitals for their clinics rather than being sent to hospitals further away when a particular consultant leaves because other consultants don't want to leave their comfort area. Living in Berkeley and being an OAP on my own it makes it difficult to get to Gloucester or even Stroud for routine consultant's appointments, whereas the Vale in Dursley is easy. Have three community care homes in Glos. in different areas to release beds in hospital when people convalescing. Use old NHS properties - Berkeley Hospital would have been ideal - 20 beds - but too late now. Surely central government would initially fund it.

A greater number of ambulances need to be provided as the current levels are insufficient to meet the communities needs. The majority of the public only call ambulances at times of emergency and to have to wait in excess of 20 minutes for an ambulance to arrive when someone is experiencing breathing difficulties is unacceptable

Nothing addresses the appalling appointment/booking system in secondary care where you are expected to attend at a time and date that doesn't suit you, in a location that may not suit you, to wait for hours on end to see a consultant who then may not even be available.

We need to give all of the clinicians we see the access to all applicable information about the services, what they can offer and how they can be accessed, and to patient records that makes their job and our lives easier. Joined up care across the board!

Shorter waits between assessment and diagnosis More focus on mental health and the impact isolation has on this

Please consider long term conditions like Duchenne Muscular Dystrophy and provide more local, ongoing support such as trained neuromuscular physiotherapists who visit bi-monthly or more regularly, this would reduce hospital visits long term and other occupational therapy codts.

Answering the previous 2 questions is difficult e.g. it is no good being seen quickly if the person you see is not adequately competent. Prevention is better than cure. More investment, especially in 2ndry and tertiary prevention is likely to be cost effective in the long term. Treating people effectively at the earliest opportunity reduces representations and readmissions. This MUST include consideration of their psychological and emotional needs e.g. the need for repetition of advice if they were still reeling from a diagnosis or upsetting event.

We need to discharge people who have been treated and are well enough to go home, we are denying treatment to people who are in FAR greater need than those who are well. The dishargee's? were well enough before treatment, to much consideration given to family needs!

Prevention of diseases are critical and we need to invest more in these areas.

Cutting beds does not help improve anything when it comes to health & people. We are an aging population, we are living longer because we understand how to "control" medical issues which a century ago we would have died from. Once the baby boom of the 60's has gone there are going to be massive gaps in age groups to deal with the then smaller but longer living population. Bringing back nurse training to wards, Matrons who are scary, & many of the "old fashioned" (30 years ago) ways of management will help reduce the lack of beds, or closed wards due to insufficient staff. Nursing is a vocation & needs to be done on wards before getting a qualification that is not going to be used. Cottage Hospitals should be put back into the care of the GP's of that area. Finances should be given on an equal footing - if you have 4,000 patients 3,000 of whom have long term health issues then you need more funding than a practice that has 5,000 patients with 1,000 of them having long term health issues. Ways of keeping our highly trained staff in medicine needs to be looked at - from assistance with housing to wages that are in line with the current cost of living.

Don't agree with the social care, independent living. Having had experience over past 5 years the current leaning to home care has resulted in more hospital emergency admissions and in carers developing chronic health conditions so has resulted in negative impact on health service provision and finance. Don't agree with reducing residential care beds contradicts statement of social isolation, loneliness adding to worse health outcomes adding mental health dimension. People with dementia are more distressed when alone. Agree with more fully involve individuals with their own care by making shared decision making. There is no mention of Advance Care Statements, this should be a high priority in helping assess future care plans, not just for people with long term conditions but those who also want to prepare. Mental health is an important basis for all health and its positive benefits should be part of infancy 'conditioning and learning' carried through all educational years and part of the curriculum with sport and healthy living. It has to start in infancy so it is learned rather than fixed! At the moment carers records are not shared with social care providers therefore social care are failing to see whole picture of need of care, they also ignore GP recommendations! Need to work much more closely with GP . Need for more day centres and far more palliative, end of life centres, community hospitals, hospices. Current provision of orthopaedic care waiting for knee replacements - first advised over 30 years ago, still need to be 60 to have the operation. In that time quality of life lost. From an active lifestyle to obesity, depression, high blood pressure, has the delay really saved the nhs money?! Plus the impact on other family members health. Would have preferred prosthetic which would at least have enabled to continue higher level of activity and positivity or at least a programme of exercise and preparation for surgery.

The questions are loaded so that the responses look as though we support the cuts in the NHS when clearly that isn't the case.

Funding needs to find its way down to local district & community level to develop Preventative approaches and Healthy Lifestyles programmes ..... takes time, sustained effort and dedicated capacity that increasingly organisations do not have - so need to fund posts that give capacity to work with communities to develop local activities and solutions We could be a key player in developing community based support programmes at Cheltenham, Tewkesbury, County level - but need to work collaboratively with Health Commissioning to see what it needed and what works best

There are not enough GP appointments available, resulting in long waits. The appointments are only for 10 minutes, meaning multiple appointments need to be made otherwise there's not enough time to deal with anything other than the most simple, basic health issue. I had to wait 5 months for a consultant appt. then on arrival at hospital I was informed that the consultant was 'off sick'. This happened TWICE in a row. It now seems impossible to make another appt. despite my leaving phone messages on the answering machine at the central appt. booking call centre place. Very disorganised.

You will still need hospital beds no matter how much resources you put into community care. Spending loads of money on self help is ok but is it cost effective and will you get better outcomes. I'm not convinced. I also believe that trying to tell people how they should live is not working. Diabetes rates are still going up. Also having worked with people with dementia, the amount of people I have seen who have had home care but have lost loads of weight, had falls is astounding. We should utilise care home beds that are free to to patients in hospital who are not complex cases and the staff at the home with some training can look after. We need less home care providers in the county. Concentrate a select few who have have good cqc reports and you know give good outcomes for the patients. Invest in them they will attract good carers and you will save time and money checking on checking on loads of additional companies who some quite frankly are not good enough . When employing staff for health promotion forget healthcare professionals, I find it better to hear from someone who has got)had the condition who can tell you first hand. By all means mentor them using an health care professional and train them up

Focusing on what people really need...not thinking that care in the community automatically works as it doesn't always. Making sure that if you are sent home from hospital that the follow up care is sorted and it is enough to keep the patient safe and well.

Sseervviiceesaare. Very. Selectti e. Ii was ddiaaggnoosed with ffouur. Cconndditions thteen left tto ggeet on. With throngs...nnoo hheelpp ggiven!!!

Existing mental health services to be improved and promoted. Social prescribing, singing yourself better, painting yourself better and other watered down therapies are in my opinion going to prove to be dangerous. Drop the emphasis on drug therapies. The NHS has been ripped off for years by the pharmaceutical giants. I personally am still seething over the yellow card scheme for doctors. Most drugs are ineffective, especially in mental health. Where is the mention of talking therapies, and I am not just thinking CBT. What about psychology. The plan is too Bio-medical and follows a medical model. Obviously written by doctors.

Would like to see easier access to specialist services without GP referrals. Ideally would like to see GPs phased out and the funding directed to home nursing care for the elderly and direct access to more specilaised care through regional centres.

Having a permanent long term disability I would like to work with all the health specialists and my own GP to help me to help myself maintain a satisfactory standard of health.

I do think that a lot of money in NHS is spent on staff who do not actually provide care but are checking on others performance and some fairly poor quality commissioning. Some money could be diverted from performance checkers and people from both commissioning and providers and diverted into frontline services. We also need to work on avoiding people being brought into hospital and then stuck there, so some input in the community to deal with emergencies and health care conditions that can be managed in homes with some extra resource. Mental health also needs more money and particularly liaison psychiatry

Beds in hospital used for emergency caring. Clear out recovering patients to other more suitable caring locations Stop health tourism

Resources should be targeted at those most in need. Services such as IVF should be given low priority because it is not really a health condition more a life choice. Adoption should be top of the list. I know this requires a culture change and maybe it is only a small percentage of the budget BUT if the choice is between saving a life or helping someone create a new life then there is no choice. No doubt there are other services which should be given a much lower priority and I think this needs some consideration.

Consider the population making a contribution to their care / doctor's visits.

Cheltenham General Hospital should have it's A&E service restored to 24 hours a day rather than the current cut off time. This just puts more pressure on Gloucestershire Royal. Also, as someone who has mental health problems and have been receiving excellent support from the 2Gether service. I feel the service should be given the resources it needs to help people.

I definitely agree hospital beds should be for those who need medical treatment but the funding has to be in place with Social Care to prevent the blocking of beds by those who are on their own - it's not acceptable to just decide this without sorting out the whole package and the Government need to take notice of the chaos being caused by reducing funding

I found the questions to be very leading and the very act of having to choose one answer in a section when other answers could be equally important, makes the results pointless. It is obvious the questions are leading people to answer in a certain wayto show the results you are aiming for. Ie putting extra emphasis on carers loooking after their ill, elderly family members at home, even to the detriment of their own lives as long as it keeps them out of hospitals, while hinting that more local services could be avaiable to care for them. This would free up hospitalsto care for ill younger people whose health deemed more important. If you had made better use of the lical hospitals in rural areas rather than closing them down or restricting theirse we would not have the current overcrowding and overuse of the few large city hospitals that are left.

Stop wasting money on sending people out of area who have complex mental health needs because it does not work and makes people worse

Make better use of resources; free up hospital beds by providing facilities where people who no longer have medical issues can stay while appropriate care provision is arranged.

The basis of many of these questions seems to be adapting services so that they conform to current budgets - that means that the responce options you have given in the survey are already biased. I don't think local services can really meet health needs unless there is action at a governmental level about communicating the need for greater health taxation to the general public and implementing it.

Need to focus on stopping people getting too ill that hospital is the only place for them. Why let Chest infections get bad enough that they need IV's etc? Is this because patients cannot get a timely GP appt and so wait until v poorly? Why is there no advertising or encouragement from GP receptionists to access the out of hours provision being made if their appts are not for a further 2 weeks etc. Patients in Gloucester do not know about the late or weekend appts they can access. Primary / secondary care interface is poor - neither really know how the other works. Needs to be more joined up. Patients are also not bringing meds into hospital which is making getting things right for them hard - paramedics etc telling them to keep them at home. Some patients get medication through various means - finding tout he whole story is almost impossible and relies upon intuition and detective work - why can't details of some sort be added to SCR's?

There urgently needs to be community hospitals or respite centres that can take elderly vulnerable people who are being left in main stream large hospital and thus blocking beds

Strongly agree with workforce plan and better joined up-ness between organisations and staff. We could be so much more efficient if this was achieved.More mobility for clinical staff and recognising things like transferable skills would also be good.I am old enough to remember that working for an organisation that spans services and gave people opportunities to work appropriately between services was attractive and good for professional development and recruitment too.

There's an over reliance on private residential care facilities perhaps we should be investing in some community homes and to reduce GP visits and conditions brought about by loneliness how about some more day facilities for older people or the housebound. Some of the newly retired members of our community have time on their hands and would be willing to be volunteer drivers etc if something were in place.

more funding and central information

We need joined up health and social care - not a system where there are internal markets preventing or encouraging disputes over the responsibility for costs. We need a properly funded system paid for by tax. We should not be using private companies who will cut costs/services in or make profits and not act in the best interests of the health social care system.

I AGREE THAT PEOPLE SHOULD BE TREATED IN THE COMMUNITY OR AT HOME WHENEVER PRACTICAL. HOWEVER I FEEL THAT THE NHS ARE CONCENTRATING TOO MUCH ON TOO FEW PEOPLE. THE MAJORITY OF PEOPLE NEED PROMPT ASSESSMENT AND TREATMENT TO PREVENT CONDITIONS BECOMING WORSE AND IMPROVING THE SURVIVAL RATES AND PERCENTAGE OF PEOPLE WHO CAN GET BACK TO THEIR PREVIOUS STATE OF HEALTH AND ACTIVITY. ONE SPECIFIC AREA THAT SHOULD BE ADDRESSED TO THAT AIM AND TO REDUCE THE DEMAND FOR HOSPITAL BEDS IS CASE OWNERSHIP - I HEAR OF TOO MANY PEOPLE WHO GO INTO HOSPITAL AND THEN GET PASSED AROUND FROM WARD TO WARD AND DOCTOR TO DOCTOR BEFORE THEY EVEN GET A DIAGNOSIS LET ALONE TREATMENT. AS SOON AS SOMEONE ENTERS HOSPITAL 1 PERSON SHOULD BE RESPONSIBLE FOR THEIR CARE AND TREATMENT UNTIL THEY LEAVE HOSPITAL WHEN CARE SHOULD PASS BACK TO THEIR GP.

More carers /reablement support so people aren't staying in hospital longer than needed waiting for a care package. Physiotherapists seen none existent! Joint working with the housing sector, tenants services especially in sheltered schemes are often in people's homes & can see how there tenants are struggling with activities of daily living & mobility, & put in referral requests to social services, they are trying to be preventative but wait such a long time for OT assessments, mobility assessments & for social worker assessments.

Employ more specialist nurses. Do not cut A&E services. Invest in building convalescent homes. No discharging of patients who are a danger to themselves or others.

I want to see Cheltenham General hospital kept as a centre of excellence and not to lose services which can be combined in out centre or "super hospital" miles from anywhere, where patients have to travel long distances (ie. having moved the stroke unit to Gloucester Royal!! Cut the corporate jargon so that people fully understand such survey questions!

Cut the waist! My father went into hospital and come home with duplicated drugs. We also had to take back medical aids, medicines (in sealed packet) never opened - not accepted - and were not welcomed because of sterilisation difficulties. Also had 4 months worth of incontinence pads which were also not acceptable. Multiply this all the older folk - the cost is staggering! I recently spent 7 hrs in A&E. Everyone I spoke to would willingly pay another 1-2p on their income tax as an NHS tax only. The government are going to build houses. How about building dedicated community hospitals in local towns (like the one we used to have at Fairford) for older people at the end of life surrounded by housing units especially for their spouses. Include a few necessary shopping units and a warden service. This would take the strain off the hospital wards, the spouses that are left behind, the nurses and doctors who would be dedicated geriatric experts and help the older ones who are still able to easily do all their shopping without cars to maintain their independence. It would be far more acceptable to an expanding town like ours if people could see a real benefit to more housing in their area helping to cut out 'Nimbyism'. They may see that they may need the facilities one day.

It is important that people from Forest of Dean have access to emergency ambulances. Having waited 5 hours for a 100 year old lady to get an ambulance for what turned out to be a life threatening illness, I have become very aware of the lack of ambulances available in the area and the response time. she has now recovered but the outcome could have been so different even for someone younger.

we need to ensure that an expectation is not put onto Gps to take on secondary care work. GP number are reducing and they struggle to cope with their current workload and patient demand. if community services are required they should be staffed by secondary care not primary care and funded likewise.

With a joined up service people could be visited at home and maybe volunteers could meet their reds for shopping / preparing g food or just company

People taking responsibility for their own health and the whole economy choosing wisely.

Joined up thinking,would be a good start. The use of resources better, better value for money. Getting beds freed up quicker, stop bed blocking, preventing others from being treated.

Public health interventions surely provide a long term solution to many current issues so must be properly funded within the NHS and not parked inside a Local Authority. We need to organise our 2 big hospitals for efficiency and quality rather than duplicate services to save another 10 mile drive. Social care and NHS funding should be joint and managed together. It cannot be placed in the local authority's hands as history shows it will not be protected. Significantly more investment is needed in mental health services so that this big slice of citizens are well cared for and so that the issues of mental health don't swamp other health services. That being said, all health services and pathways should be designed to support the quarter of our population with a mental illness to get good care for their eyes or their bones or their heart. Rum

The voice of the public should be taken into consideration and not just commissioners who try to save money but in the long term cost the NHS more money and adverse publicity. Common sense should prevail.

Helping people to remain well and care for themselves as long as possible

People should not remain in hospital when treatment is completed and enable our emergency services to be used for the correct people. Alcohol or drug injuries need to be addressed by payment especially at weekends.

The best way for the NHS to save money is if people don't get sick in the first place. Its been estimated that if we were to adopt the level of cycling that they have in Denmark it would save the NHS £17 Billion. http://www.cyclingweekly.co.uk/news/latest-news/cycling-save-nhs-17bn-says-british-cycling-report-140109 Then there is diet, fast food , fizzy pop, smoking, etc all of which impact health. The present government seem reluctant to act on this for fear of any negative impact on the free market economy or being accused of nanny statism. Only if the cause of ill health is dealt with will health care become sustainable, savings will then just happen. Cutting beds, medication, staff etc will not make people better.

I believe that every person (user) should have a written "Notional" cost / illustration of the cost of treatment so that individuals can appreciate / value the true cost of "free treatment" and recover costs for all missed appointments.

That central govt is held to account for allowing tax cuts for the rich and services cuts for everyone else.

Appointment need to be quicker and waiting times shorter

I think the closure & downgrading of small community hospitals has been a disaster for rural outlying areas. I'm in Tetbury & had to wait for 8 hours for an ambulance with an elderly neighbour who collapsed because we are in a "dead" zone now. With the decimation of social services & community care the hospitals are full of "bed blockers" More specialist elderly support needed specifically.

Most important to me it that we have a joined up, easily accessible service which is properly staffed by experts and investment is made in preventative care, for example taxing the food industry properly re sugar, so foods which are bad for you are not available.

The integration of Acute, Urgent and Primary healthcare response so that people in rural areas get the support they need within the time they clinically need and might reasonably expect.

The importance of people taking responsibility for their health, but this does require health promotion. Joined up services and joined up budgets and sufficient staff to do the job. Good access to good services close to where one lives Increased residential / nursing care homes for people who no longer are able to stay in their own home.

Whilst I agree that a lot of care is more beneficial at home, if this is moved to the ' social care' umbrella as it is in the community, then who would pay for this. Current social care would be financially assessed and its very difficult to get continuing healthcare (or the assessment). My concern is that care thay should be health and therefore funded would end up being creeping privatization. None of your stp documents seem to answer this.

No forcing care responsibilities on families, who often are ill equipped or unable to provide the appropriate care. So much money is wasted on readmissions due to inappropriate social/ medical care in the community. We also need to review when it is kinder to let people die with dignity, just because you can save someone with medically invasive techniques doesn't mean you should.

Make it easier to see a GP in good time. Greater efficiently in administration areas centring funds

on front line services

I don't think reducing the number of hospital beds is a good idea, although I would support the idea of additional community services, not at the expense of hospital beds. Not sure what you mean by supporting people to take more control of their own health, if it is weight loss through sports that would be good

The plan talks a good story but is not real. Everyone is different and in particular health needs. I have M.S which is progressing to a bad place. I am lucky because I have an excellent husband, my carer also doctor and consultant but sometimes I still feel I am struggling for answers but everyone is different and requirements also vary

Gp surgeries to be more accessible.fed up with telephone calls to see if we need a call to make an appointment.../ closed for lunch / closed for training / closed in evening / closed at weekends ! Illness is 24/7 ...gps need to work in a more modern responsive way to support patients locally and ensure that only appropriate patients arrive at A&E rather than it becoming a first port of call .time to work smarter GP's please.

Need more investment in mental health-clinicians currently on the front line are overwhelmed and service users expectations are not comparative with current resources-Amount of time inputting technical date and performance management by measurement using KPI has affected the therapeutic relationship between staff and patients and led to demoralisation of the workforce and a worrying negative culture of care and compassion

I would like the plan to be realistic and not hope for unrealistic financial and efficiency gains. It is unlikely the number of hospital beds can be reduced. The recent National Audit Office report demonstrated efficiency goals were not realised.

I don't think it is so easy to state beds only for people that need them, what if the person in the bed has no where to go, what if the depressed person in the bed would then be in danger of self harm. In an ideal world it is easy to make these big statements. Close hospital beds - but what about the emergency needs, on my ward 90% are emergency admittances. If we still had some of the village hospitals we could redirect patients from the beds needed in main hospitals.

Ensuring that we work closely with social care services so that patients can be discharged back home or into the community with adequate support as this tends to be a massive problem that patients don't have anywhere to go or support therefore it causes issue within the NHS as theses patients block beds when they are well and others are waiting for long periods in A&E and ACUA etc Also more money needs to be plugged into Mental Health as I feel their is not enough support or access to theses services.

longer appointment times at initial doctors appointments more beds available in hospitals easier to get care at home, enabling peope to get out of hospital beds

As a person with parkinsons I strongly feel that funding should be cotinued for parkinsons nurses, whose expertise I have found extremely valuable in the past .

There should be more for mental health in the whole of the county. ie groups and social events in the county to get rid of the stigma

'The devil is in the detail' and the STP is very high level, lacking sufficient detail and information to make informed choices. It would appear that the focus of the STP is in relation to finance and activity and very little reference to quality and patient safety, therefore presents an imbalance. Any new services should be clinically effective and evidence based, and reduce variation and harm. There is currently a focus on achievement of targets rather than on measuring patient outcomes and quality improvement. The CCG need to adopt a robust performance management system with accurate, timely data to ensure whatever new services are finally agreed, they are of a high quality, safe , effective and value for money given the very tight financial position within the NHS.

Better access to mental health services for children

NOt enough about the transfer of money into the community /GP care from the acute hospitals. Not enough about informing the people of their responsibilites to themselves and their families

It is obvious that hospital based care is expensive and that more activity needs to be moved into primary and community settings so that care can be provided more cost-effectively. HOWEVER this can only take place once there has been a sustained period of investment in primary and community services, so that they have developed the capacity to absorb some of the pressures currently on the acute sector. 90% of today's NHS patient contacts will take place in primary care, yet it only receives 8% of the budget - this has to be increased to 11%. There is some mention in the Gloucestershire STP documentation of investing in primary care but this is not at a level that is going to provide truly sustainable transformation in our health system, and more is desperately needed.

We need better diagnosis as my friend has had about 20 visits to A& E and no-one knows what is wrong with her.She is still waiting on a cardiology appointment to see if it is a heart oroblem

Important not to transfer certain services to one site only. Eg keep a fully functioning 24hr A&E at Cheltenham as well as Gloucester. 24hr Children's wards are now only available at Gloucester thereby making it there more difficult to access services quickly in an emergency/out of hours if you live the other side of Cheltenham etc.

Local hospital should be sued for local patients but I have concern about the residents of Gloucester who have no local community hospital 7 day diagnostics needs to be available in the Forest of Dean especially X-ray

The key issue about health and care services in Gloucestershire is to ensure that the approach recognises the rural communities outside of the large urban community hubs. Our rural communities have poor or no public transport, little or underfunded medical infrastructure yet represent a large percentage of the Gloucestershire community. The 'People and Place' community model would not necessarily support rural communities unless there was an adequate network of facilities closer to these communities. Investment in existing facilities in rural communities should be reviewed to look at opportunities for bringing care closer to home and/or relieving pressure on hospital beds. For example Fairford Hospital Outpatient Clinic could extend its provision that would meet these objectives. Priority funding of drugs for the population does not sound like an approach that will necessarily meet an individual care need but a cost based one that could easily lead to a post code lottery with regards to whether a person is successful in getting the treatment they need or not.

More services such as x ray, physio etc available at GP surgeries

More resources need to be put in to Mental Health Services. At present the provision for those suffering from ill mental health is appalling. Far too many instances of Acute Care Team intervention taking more than 24 hours or not even bothering to turn up.

I think the NHS is a wonderful organisation and people should respect it. I do feel that at the moment there are too many 'bosses' who are not health professionals. Consultants, Doctors and Nurses should have more input in the way their hospital is run. They have experience of front line working. On a personal basis, I feel that most people would prefer to be treated at home if at all possible by health professional.

Merge doctor surgeries who use same building to reduce back office costs and also facilitate additional emergency cover at weekends as more doctors would be available to rota at a combined surgery

Close to home treatment.

You are asking questions based on the principle of the current budget. That is simply insufficient. We need to spend as the continent does. More per person. Anything else is tinkering around the edges. We need an hypothecated NHS tax

Less money spent on management tiers. Saved resources from above transferred to clinical areas to ensure a safe and skilled service provision. Clarity within all care needs and roles to maintain joint working and clear communication for all aspects of an individuals needs. Honesty regarding mistakes easily accessible to the public domain. Stricter scrutiny and accountability for use of budgets and spending.

the forest needs a new community hub/ health centre with a few beds for certain treatments and maternity, this hub should replace lydney and the dilke which could become nursing or restbite homes. ideally in the coleford area with nhs dental and optical experts alongsideGPs and visiting specialists there might even be a minor injury unit.

Stop making leisure centres profits over health encourage higher takes on healthy food and make healthy food more affordable

I do think on the whole that NHS in Gloucestershire is good but needs more money to spend in some areas that are lacking. Educate people before they get ill The medical profession should be informing people of the side effects of drugs. Is it best to keep the elderly people alive on drugs, but they have a poor quality of life? Let them choose?

I support the plan but am concerned that it will not be as effective as it should be due to inadequate resources

More money for care of people who wish to remain in their own home

I am concerned about the framing of some of these questions - they are not neutral - there is little scope for scaling preferences and some of the choices appear designed to deliver answers which support an already agreed agenda. There is also no scope for tailoring choices. For example I might be most concerned about the expertise of a consultant if I have a particularly complex or potentially life changing condition but may not be so concerned about this if my condition requires relatively routine treatment and the potential impact on my life is likely to be relatively minor. In those circumstances I might well prioritise one of the other options. So in conclusion I believe this survey is flawed and that the inferences that can be drawn from the results, contestable.

Ability to see an expert Access to my health records Organised services so I can be seen as efficiently as possible, including diagnostics

Services should be more joined up. It seems that too many times one clinical team do not communicate with each other. We need a system where the patient feels in control of their treatment plans, that they are able to have a dedicated person or hub where they can get advice and where they are not signposted to one service then another. It needs to be more patient focused so they know what when and more importantly why and what their care plan is.

I think more should be made of the benefits of getting outdoors and being active. Here at the Cotswold Conservation Board we offer volunteer opportunities to more than 350 volunteers, who help us look after the Cotswold Way and the wider landscape. We are also working with doctors in Dursley to create prescription walks to encourage people to take small steps to being more active. Is it possible to divert some funding to support more social prescribing? There are a range of environmental organisations who offer health walks, volunteering and skills development courses to get people outdoors and active. The benefits of being out in the fresh air enjoying the environment are well documented for mental and physical well being.

it is vital that arrangements for people with mental ill-health are improved. Young people particularly can fall through the gap if they spend part of their year at home and then the rest away at university. It is difficult to get continuity of care. young people are our future and we need them to be resilient with strong mental health.

All sections of the community including children are included. Specialist resources are available for all to access. Reduce DNAby telling people how much of the NHS budget they waste Building a new purpose built hospital in the Forest of Dean including facilities for social services, mental health care, and allied HCP, making it a truly integrated health and social care hub Stop wasting money on endless reviews and meetings and get on with it!

I believe that the questions in this survey have been written in a way to promote answers that promote early intervention and move away from local services. While this may seem logical with limited resources, such a model fails to ackowledge the crucial preventative/early intervention roles that local services play. A few weeks ago, I helped a confused and distressed older person with dementia who was lost to Stroud hospital. This vital service was able to qickly and efficiently check out her health needs and return her to safety without any hospital admission. Without this facility, she would have experienced more distress and may have fallen or worse. Closed local facilities mean that help isn't available when it is needed. Finance and geography become barriers to health care. Larger/Super hospitals with greater facilities and expertise sound great and efficient in theory but distance creates barriers. People who are too busy (eg with caring responsibilities or with unkind employers) or too poor to afford transport or are in too much pain or discomfort to face a long journey will miss key opportunities for early help and will end up requiring emergency care. This is happening in other areas. Please stop transforming and start safeguarding and supporting the sickest and most vulnerable members of our communities - the ones who need sevices most and face the greatest barriers.

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Specialist care should be prioritised for patients that have urgent and emergency need. Patients attending appointments and ED unnecessarily should be charged and also charged for DNAs (to avoid wasting clinicians time). More care centres that patients can just 'walk in' to.

Social prescribing needs to be more rigourously investigated and if shown to be beneficial more widely available.

We need proper funding, training of staff and no moves on o privatisation or cost cutting

Some of the questions in this survey are leading questions creating the impression that the survey is just to illicit support for the plans, this does not give me faith that this is anything but a tick box exercise. Having seen other STP plans, there are similar themes which makes me cynical about the political agenda behind this work. I agree that the NHS is beyond capacity but there appears to be little if any discussion about the work that local government could and should be doing to make significant changes to the prevention agenda. By placing the onus on individuals to make changes there needs to be the policy structures in place to make it Easy, Attractive and Sociable for people to change. For decades, emphasising personal responsibility has been the approach to improving health without offering the central government policy approaches to support this very much needed behaviour change. I can guarantee that most STPs will fail because there is not the bravery centrally to take appropriate action (regardless of political leaning). To address the lifestyle issues there needs to be, for example: education in schools that considers the whole child and the pressure taken of academia and more focus on happy and healthy as the route to learning; far more stringent regulation of the food and alcohol industries (tobacco pricing is one of the successes at influencing behaviour change but this has taken decades); A massive step change in our approach to travel making walking and cycling the preferred norm and financially beneficial option. Most of these cannot be achieved by Gloucestershire alone, so the lifestyle changes needed are likely to be unattainable. The most likely successful initiatives are work on the whole systems obesity approach (although there was little reference to local government, planning for health, housing within this), the daily mile (if implemented carefully and not resulting in some children being turned off physical activity for life) and reducing smoking in pregnancy. Good luck.

I don't think polyclinics are necessary. I do think that local services with local gp who knows their patients are a priority. Having computerised shareable notes are one thing, having time to read them is another. The NHS is Struggling with day to day running due to the demand on a service that was built some time ago for less people. It can't keep up. Care costs need to be looked at by local councils as between them and the NHS are responsible for the bed blocking delays. Due to an increase in life expectancy there are more older people. Due to an influx of migrants and an increasing population there is a bigger demand for all services. I think it's time for more services to look at sharing the cost and responsibilities of resources.

The elephant in the room is the assumption that "resources are limited" In one of the richest countries in the world? I have designed a few surveys / questionnaires in my time and this one is particularly poor and will yield poor results.

Provides the opportunity to make some bold and difficult decisions that will ensure services are sustainable into the future. Some of these will be clearly unpopular with some members of the public, but if you are transparent in your approach and take the time to communicate the reasons behind your decisions, most people will understand. Health promotion and education is more of a challenge, with results being more long term - however, investment in this now is essential if we are going to achieve anything like the "culture change" that is required. I completely agree with developing community services as an approach, but in my experience this requires some substantial shift in the mind-set of "staff on the ground". Many will continue to work in the same way as they always have - resulting in the same outcome. The NHS needs to be less risk adverse and innovative in its solutions to problems - I feel it is often constrained by history and local politics. It needs to be less tied to existing buildings and ways of working if you are truly going to achieve the change that is required. With regard to reducing waste, you also need to look at your own practice. I have a number of family members and friends who have tried to return unused items (even ones they didn't ask for!), or items that could be recycled, to be told that they can't be returned and they should throw them away. This doesn't encourage people to "help" as you suggest in your information. It's not all about medicine.