Responses from those age over 65 (190 in this group - 139 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
Employ more frontline staff Reduce the number of managers Cut the bureaucracy
You should also look at the efficiency of current services to make savings especially the effective use of GPs, 111 service(waste of time and often giving advice that causes work in areas such as A &E) and effective use of resources in acute services e.g Utopia which adds to blocking at A and E.
There are insufficient hospital beds. An increase in beds and qualified staff is needed. Dramatically reduce waiting times for Cardiology appointments please
When somebody needs urgent attention emphasis should be on speed. First responders are usually the best for a rapid response but then they should be informed and influence the speed of support services.
For what it's worth - your survey questions are necessarily unsubtle, and probably designed to reinforce decisions already made. There must be a need - and a place - for nuanced argument. Let's see if the proposed focus groups allow this to happen.
Your survey is worded such that it reaches the conclusions you want published. I am greatly concerned about a plan promoting reduction of Hospital beds when time upon time we find that we need more than is available. One of the highest priorities has got to be recruitment, training and most importantly retention of Staff. Staff are leaving because they fell undervalued forever just tick boxing targets rather than delivering care. The reason we have such a problem with regard to "bed blocking", is without doubt previous policies which saw the closure of a number of local Community Hospitals with provided good stepdown/rehabilitation/respite care. This was done purely as a cost cutting exercise despite whatever we are told not for the benefit of patients or the Community at large. Part of the new Care Services is the promotion of use as Pharmacists as a means of obtaining advice on so called minor health matters, however what I don't see mentioned anywhere is the reassurance to the general public that every Pharmacist is trained sufficiently top do this. I am aware of a number of situations where people are told to either go to their GP or phone 111. The 111, service has not been the success it was hoped to be, again what training and how much guaranteed supervision on any shift do the operators have.
It was difficult at times to make just one choice as to preferences for services - e.g. re emergency care, where 7 day a week accessibility is important, but also appropriate skills of staff etc! The link between health and care is crucial as is an emphasis on health prevention and people taking responsibility for their own health. I think the question of distance to treatment centres is problematic for many, and maintaining local services/centres where possible should be an aim (I understand about costs!) I would increase the range of health staff (e.g pharmacists, nurses, HCA's) taking on more responsibility for aspects of care, where appropriate and safe (many staff are experienced and trained beyond their 'grade'). I hate to say this (!) but maybe patients should be offered treatment dependant on their willingness to cooperate in necessary life-style changes affecting their conditions (e.g. exercise, diet etc).
It appears that people are being listened to and ideally, if it works, it will be great. I do wonder though how all of these impending changes will be communicated to the more vulnerable of our society who have no contact with technological equipment and therefore can so easily slip through the net.
There is a balance between accessibility of services and sufficient volume to ensure up to date expertise; I am concerned that the former may be lost to gain the latter. It is also very apparent that acute beds are blocked for want of rehabilitation or intermediate care facilities.

Very loaded questions here which seem to suggest centralisation of services. This would be fine IF more local care was available eg. in Fairford there is a Cottage Hospital - beds closed some years ago and these have been much missed. Was (and would still be) ideal for care of 'bed blocking' patients + providing respite care - much cheaper than keeping in a general hospital and much better for the patients. Fairford is right at the other side of the county from Gloucester and Cheltenham (why are the 2 general hospitals located so near to one another in such a large county?) so there are issues with visiting in-patients + getting there for appointments (parking is a nightmare) which really need to be addressed rather than just leaving it up to the patient to cope somehow. Am keen to see money spent up front on new (possibly genetically based) treatments as these could save money and improve treatment in the long run.

My experience of healthcare in Gloucestershire has been very good - but I haven't needed anything very unusual or urgent - so far! I do think it is a pity that we no longer use the little cottage hospitals, as they were once so good for people needing to convalesce for a bit before going home.

Recruitment, retention and on-going training of nursing and care staff

age related issues, are important

There needs to be more money in the NHS. Its not acceptable to identify a huge shortfall, yet try to plan for addressing one that means the NHS being in even less receipt of the average European health service funding. Be brave Health Officials, and tell the political and senior civil servants that the cuts planned represent the biggest threat to the security of the nation. To fail to address that is litle short of acquiescing to the political folly- I would have hoped for better from Gloucestershire.

The Health Service should have 2 strands 1 Hospitals - where acute and specialist care is needed, eg for operations and when treatment completed patient returned to community care. Do not have patients in wards for longer than necessary. Expensive equipment used to full advantage so 7 days a week but not just doctors but ancillary services as well. 2 Community Hubs To include current doctors surgeries and community care and social services (part of NHS and not LA's) People often have the need of social services as well as medical attention so all should be provided as one joined up service. The hub would have some beds for people discharged from hospital but still needing some care before returning home and those needing respite care for short periods. The aim would be to have people in their own homes rather than in Private Nursing Homes. Specialist homes for eg dementia patients would still need to be under the control of the local Hub. Because there would be staff on duty 24 hours a day to care for the above, they would also act as a minor injury clinic day and night. the Hubs would have doctors, nurses and some routine services available. People would attend these hubs and in first place see a specialist nurse who would assess their needs. They may be able to sort the problem but if not refer them to a doctor. People would not make an appointment to see a doctor unless the doctor had asked them to do so. So many ailments etc can be dealt with by specialist nurses leaving doctors to use their specialist knowledge more efficiently. Routine checks can easily be carried out by specialist technicians or nurses. The hubs would by their nature be quite large so small doctors surgeries disappear. It may be that under existing conditions the hubs may be in a number of building but the aim would be to gradually have in one place. This will be a problem in some country areas but most people have access to a car and a relative or friend but if not, a nurse or doctor would visit them in their own home. (Doctors would have more time because they were not dealing with minor complaints) Seeing a person in their own home is a good way for medical staff to better understand a persons illness and social situation and be able to arrange what ever help was needed as local homecare services would also operate from the hub. Volunteer services would also liaise with the Hub to support the local communities. There would be coordination between social service and medical staff which would help to keep people healthy and need medical services less. For example people with psychiatric problems they should have a much more joined up approach to their treatment..

Restore cottage hospitals, build another "Delancy" to free up hospital beds and prepare patients properly to allow them to return home. Support GP satellite surgeries. For example, Prestbury residents will be required to take three bus journeys each way in order to reach the new centre near Gotherinton, difficult when timing to keep an appointment. Continue to fund our valued village pharmacies. Stop the use of contracted out services, much more economical for the NHS to employ direct. To have centres within a radius of 30 minute drive is excellent - by car yes, public transport no! Congratulations to whoever provided the hospital bus based at the park and ride, this is a much valued and appreciated service. The high cost and poor availability of hospital parking - always adding to an already very stressful situation, where does one begin?

I think the most important thing is getting the night A&E in Cheltenham restored,having had experience of GRH after 8pm it is chaotic most nights the work load is so high for nurses,doctors etc, also the patients that are waiting .They do need one person going round and sorting walking patients as to whether they really need A&E.

Reduce Waste. Charge for missed appointments. stop health tourism. Cosmetic surgery should be paid for (and IVF etc) Keep to basics

In the light of the many houses being built in the surrounds of Fairford, we find it more difficult to book to see a doctor at the surgery unless about to die! why are there no plans for a new surgery? Why did the bank close? where are all further shops going to go? Boots is now our escape route.

Ready access to hospital facilities and specialist treatment when required

They should be based in the community with a hub round GP practices

I assume that with a fixed budget these little exercises that a lot of people a lot of time which is funded from the budget that should be used for actually dealing with people rather than talking about it.

Communication with patients. Text messages and reminders letters would help reduce the number of missed appointments. This is variable at the moment. Dentists text and some doctors bit not hospitals as far as we know.

Self Reliance should be encouraged and facilitated wherever possible, so as not to allow services to be overwhelmed by the demands of the over greedy

Much more money needs to go into mental health provision. Our 8 year old grandson has anger management issues and apparently CAMHS is very over stretched and under funded

Reduce the amount of paperwork

Great concern about the number of agency nurses used.The use of health care assistants instead of trained nurses unsafe and unfair on the said hca. Get rid of hospital managers and health care managers who have no medical/nursing knowledge or experience and lets have qualified Doctors/nurses doing this very important job.

Emergency care should be at Cheltenham 24hours. If Gloucester Royal is so busy and have no available emergency beds, why not keep Cheltenham open. This will also help patients who have to travel from one hospital to the other for the same treatment. Have any of your so called experts tried to get from one hospital to the other when they are feeling not well and short of funds? (I think not). Perhaps a bit of feeling for the community on behave of the people you serve would be a great help.

The use of more staff at a lower level than GP's such as Sisters who can deal with conditions like chest infections, & give out the antibiotics. They can also call on the GP if there is need too. These Sisters would obviously become specialists in their own little field of expertise. Health needs to be available 24/7 but those on duty need the backup staff to go with it. I feel we should pay a health tax towards it. Also the ineffective secretary of state for health needs to do the maths regarding his departments failure to recognise the knock on cost of people not getting the medical care when they need it for things like mental health care, etc. When people cannot get the treatment they need quickly, it impacts on there ability to work, the family unit and therefore their overall productivity of the economy. Their employers also loose money, so that as whole the country looses out. The Health secretary needs to up his game and fully understand the effect of people not being able to work & contribute to the country & the hugh cost effect on our other public services & institutions. I have recently written the the PM on this very point.

Getting access to services 7 days a week EG GP surgeries, Pharmacy in GP practices. Shorter waiting times for outpatients appointments Being able to book for appointments without GP referrals after 1st appointment

The STP is a very complex analysis of a complicated subject, but I would have liked to see more attention given to what can be/has been done. Some practical, achievable changes to start with, otherwise it risks being overwhelming.

Strongly agree that people should be encouraged to take more care of their physical and mental health.

It is very important to retain local services in particular in the rural areas where travel is a potential problem and not to concentrate services in the major urban centres unless these are of a specialist nature. In particular, it is important to retain an urgent care facility in two locations in the Forest of Dean, north and south, with adequate diagnostic facilities i.e. x-ray and blood analysis and trained emergency staff to assess the basics needed for on-going treatment possibly elsewhere.

In the long term the current system is unsustainable. The sooner everyone stops peddling the mantra that everything is free at the point of delivery the better. It is not free now for dentistry and optician services. If everyone paid for prescriptions there would be a reduction in waste. Life threatening conditions should be treated free of charge. Other conditions should be financed in other ways. eg Insurance health care and social care will never work effectively while 2 systems operate. Most of the ideas in this survey are sensible but how do you finance improvements in local services to relieve the acute hospitals while maintaining the latter during the changes?

I was Home Help/Home Care Assistant with GCC for 30 years before retirement with gradually less time allowed for service users to get help at home. If more home care was available quicker for those waiting to be discharged from hospital it would free up beds for the needy.

GET TOUGH - Prioritise in A&E. Only treat people who have National Insurance Numbers. Seriously consider a minimum charge. Encourage the public not to expect everything for free. What you don't pay for is not properly valued.

Apply massive effort in reducing waste and making best use of resources. Total review of purchasing in all areas.

Joined-up care. Medical records available to all professionals. Practical nursing care, more staff needed. More professional help and support for M>H needs, especially with young people.

Rural areas need to be catered for by keeping local hospitals. NHS structure is top-heavy - admin wasting valuable resourses.

Accurate diagnosis and treatment

I believe we are so privileged to have the NHS and I always defend it. I have worked in the developing world and know we have a lot to be thankful for in comparison.

Here we go round again. We need to go back to ONE provider of health care - eg. Cheltenham and district health authority - 30 years ago

I would like to see a more efficient functioning in our GP practices, with courtesy from reception, and truthful communication.

To emphasize primary care - helping people to lead healthy lives; encourage people to take more responsibility regarding their health and to use GPs and A & E when absolutely necessary. I wonder whether some senior staff are over paid but I don't really know.

We must retain the local Parkinsons nurses or even expand their numbers, so that patients can stay in their homes as long as possible

Bring back convalescent homes. Train more nurses. Bring back the district nurses

I cannot see how the increasing demand for services can be met without greatly increased funding. The heroic efforts of the staff cannot deliver timely treatment close to the patients' homes. I have personally suffered deteriorating health whilst waiting for treatment. I have resorted at times to private treatment and self education to take more responsibility for my own health, which has saved the NHS some money, but it is too expensive for me to rely on for all my healthcare needs. Even the 'free at the point of use' NHS incurs costs in travelling to obtain it at the increasingly centralised hospitals. The free transport offered by Arriva is too unreliable and prone to delays. There is not enough education about the importance of diet in preventing chronic illness, and healthcare professionals are themselves not adequately trained in this. For example, many patients could avoid obesity and diabetes if their doctors were aware of the benefits of low carbohydrate diets and intermittent fasting. The official NICE guidance on diet is almost entirely the opposite of what is proven to work for me and for thousands of others.

Healthcare and social care in the community should be real ,and accessible 24/7. Previous attempts to reduce hospital beds to fund this has only been partially successful ,and has led to current under provision of beds. Please do not fund future changes by cutting more beds, even if you anticipate existing beds will be freed up by moving patients home or into residential/ nursing homes. We have had several experiences throughout 2016 of medical emergencies requiring urgent hospital admission ,waiting hours in A & E for treatment ,and then yet more hours for a bed.

This survey is not an honest or open way of collecting opinions as very few of the choices offered show realistic options from which to choose - for example opting for more resources in one area does not say which areas would lose out. If bed blocking is a major factor in providing acute care, could the NHS and the local social services make use of an external supplier such as a hotel or the community hospitals to take people who don't need hospital standards of care?

I believe it is vital that we keep the Parkinson's Disease Nurse Specialist service in Gloucestershire as since its inception it has provided vital support to people with Parkinson's with help and advice as regards the management of the condition, including medication, often saving consultants' time. Their referrals to Occupational therapists and physiotherapists can keep people fitter, active and better able to cope with the condition, giving a better quality of life and avoiding the need for the services of GP's or hospital admissions.

AT THIS POINT NO COMMENT

1. Not in the plan - but the Government need to restore the %age of GNP devoted to Health & Social Care to what it was say a decade or two ago, and more on a par with other W European and N.A.countries. 2. "Bed-blocking" must be ATTACKED HEAD-ON! - Upstream consequences (for the patient occupying the bed) - a) not receiving the most appropriate management of his/her condition languishing "well" in a hospital bed - b) at risk of hosp-acquired infection - c) cost of hospital bed greater than what would be spent in a community / social care environment. - Downstream consequences - a) over-run A&E depts. -b) 12h trolley waits in A&E - c) no beds in full hospitals, so longer waiting times for all admissions(medical/elective surgery/even Ca patients) - d) cancelled admissions for elective surgery - e) crises in primary care with patients not being admitted at optimal time with GP's over-stressed / overwhelmed - declines in appeal of primary care for new doctors.......etc... etc... So please devote a large proportion of the STP to attacking bed-blocking!! 3. I strongly support Social Prescribing. A great way especially to keep the older patient, the frailer patient, the lonely and those with less severe mental problems in their community environment. I have seen it work really well for a number of patients I know.

Separate submission given

Speaking for our own GP surgery, we receive excellent treatment. We are able to see a doctor the same day especially if mobile and able to be at the surgery when it opens at 8am. We hear stories of people unable to get appointments for weeks.

Although I am critical of a questionnaire that invites one to respond in a pre conceived manner, I happen to agree with much of it. My focus would be on funding community services but not necessarily by reducing hospital beds which will be needed by a growing population.

There is a worry and concern that question 1 and question 5 could lead to abandonment of any A&E services in Cheltenham. It is a town with a population of over 110,000 people. It must have its own A&E provision.

More guidance given regarding A&E. It is difficult for older people, perhaps younger too to decide whether symptoms are life threatening

Having spent almost 40 years designing adaptions for the clients of the Social Services Department of a London Borough to get speedy discharge from hospital to reduce bed blocking by using reusable equipment that can be transferred to future patients eg shower systems, ramps, rails, stairlifts and door entry systems. I have a patent (pending) for a remote control access system to enhance "Telecare"

To have good health service, where people can be kept in their homes. You need proper home help services. Not somebody coming for 20 minutes each day. Sick people need confidence with the help they get.

At my age, I care that medical help is available as needed, in a location most suited to my need.

The Breast Cancer centre of excellence is great and very important for women. Prostate Cancer is a serious problem for men in the same way as breast cancer for women. I would like to see a centre of excellence for Prostate cancer, diagnosis and treatment specialist services taken out of general urology.

If population to be treated at home where possible - 1. Good support structure needed to be in place (not just at assessment) at all times 2. In future, those who are able may have to contribute to more social care - 3. May seem unfair - when NHS care & philosophy is about equality - not ability regarding money.

I would be happy if people could be cared for in their own homes and near where they live ONLY if there was adequate care. I know from friends who are in the situation locally that they worry about having adequate care. It seems to be patchy and in many cases very little time is spent with these people and they are left alone and not looked after properly.

Rapid Response came out to us recently and they were excellent. The waste of drugs is appalling i.e not able to return drugs that are no longer being used - even if intact and un used.

This may not be applicable to this survey but I feel very strongly about all the small hospitals and respite assistance that have been closed down in small towns or villages.These enabled people young or old to have further nursing in their own area before returning home thus easing this bed blocking problem we seemed to be faced with. The few that have remained open or been replaced cater for a very large radius often not being able to cater for those who have lived in the town or village for many years.

Q.4: The massive issue is being asked to prioritise when it is so clear that ALL services mentioned might be necessary/vital. So I cannot do that. Q3 Not using hospital beds for someone needing care other than purely medical, is ONLY possible if there is somewhere else where they can go! We all know this is true and has been for ages. So surely it shouldn't really have been asked about as an either/or Q for a survey? Q4 there has to be at least 2 answer that are vital - NOT one or the other! So, for me: it is clearly: distance and specialist expertise. This is probably so for everyone I guess. Likewise Q5 in exactly the same way. So I have done as advised: not chosen one over the other = not clicked any.. My strong and distressed view is that what is needed so obviously (and has been for a long time) is a robust request for increased (progressive) taxation so that we can all feel safe again in the NHS! This is not rocket science at all - and I despair, alongwith many other people - that the Govt. refuses to even hint at this. It is, therefore, about letting the NHS deteriorate so much that it dies. This is not only unecessary but, in my view, totally tragic and impossible to understand. The majority of the public would go along with this, as has been made clear. There is a very high level of anxiety about what's happening to our NHS and we know UK's GDP re it is lower than other countries! It simply makes no sense and I hope Authorities will stand up aganst what is happening by design - boldly. They would, for sure, be supported by the public....

Make alternatives to A&E care so that only those who need their care go there. Provide more rehab beds so that major hospitals can do acute care but there are beds for those who need time to recover and for social services to arrange care at home. Make sure that where agencies provide care at home adequate time is allowed per patient and that they get the same carers each day so they can develop a relationship

That private care providers are encouraged to work together with therapists. Carers are given training in how to aid and assist with people gaining Independence and being able to do things for themselves however limited. That patients are not just written off because one person cannot see a solution. Encouragement and training for relations who are caring on how to assist with rehabilitation. The formation of community 'hubs' where everything can be under one 'roof', therapists together saving time and transport costs. Listen and learn from the experiences of individuals.

A reasonably near hospital as travelling can be a problem. A reasonably local hospital helps many people .

Stop using NHS HOSPITALS for Botox treatments-Sex change operations- Tatoo Removal

I had difficulty in ranking the priority for care issues where there wasn't a category for consideration of past chosen lifestyle. Important to me:- Opening up the debate on the care and treatment of dementia patients - and the care of their relatives. Personal experience within my extended family of Parkinsons with early onset dementia (10 years from diagnosis to death) I observed how trying to care at home can break the health of the most willing relatives. Worse - it puts their lives 'on hold' for an indeterminate time, including those of children. At times during those 10 years, and including in the final weeks of 'life' of my sister-in-law, valuable hospital resources were used to keep alive what was so clearly a terminal, hopeless medical case, despite a 'do not resuscitate' request having been signed by the 2 closest relatives, husband and daughter, at the end of the 5th year. This was NOT in Gloucestershire. As a result of my experience with early onset dementia, I believe a serious and open discussion needs to take place about the care of such patients. I accept the wishes of relatives will vary greatly, and will need to be respected. If the wishes of my relatives had been taken into account, the health service in their county would have been saved at least 3 years of occasional emergency in-hospital treatment (for pneumonia etc) daily sedating medication, and a immeasurable amount of stress for the close relatives concerned. We are sure a much loved wife, mother, grandmother, and sister-in-law would not have wished to have been kept alive once she could no longer communicate or feed herself - but she was. It took a very strong challenge to the doctors by her daughter (an only child) to arrange for transfer from a large general hospital to a hospice - and peaceful death of my sister-in-law after 9 days of non-intrusive care. Doreen Hansen

I have Parkinson's and I am convinced that being and feeling in control of the treatment I receive is very important. This does'nt mean that the health services don't have such a role to play, but it does require commitment from them and I don't think that all practitioners find it easy to treat the patient as an equal partner. The other big problem is the accessibility of services in a rural area for those without their own transport.

There should be a national tax to support Care services so that there is not a postcode lottery. I would wish to go to the best location with well qualified Nurses Doctors/ specialists & Care Workers wherever in Gloucestershire with transport supplied for carers There should be local authority or charitable organisations to provide not for profit services. An after care unit to be a follow on from acute hospitals. Families should take more responsibility for their relatives and be informed of what care and support they should provide.

improved GP facilities locally with enough nursing staff to work with social care to enable home medical support, so that acute hospital beds are reserved to the most health serious needs

We live in a rural part of Gloucestershire. Up until now we have been very pleased with all our medical services. There is concern that on the future emergency ambulance services will take longer to respond and waiting lists will get longer and operations will be delayed We are part of the aging population and feel very stressed that we are being blamed for all these problems.

Apparently people with a health problem think they should first go to A & E when their problem could be dealt with either at their GP or Pharmecist. To avoid unnecessary waiting at A & E couldn't the condition be assessed on arrival and the patient advised it would be much quicker and just as successfully treated elsewhere? We need more Convalescent Homes to relieve bed blocking in hospital - where have they all gone? A prefabricated block could easily be positioned in the hospital. Staff could be Health Carers and Hospital close in case of deterioration.

Prevention - lonely people become depressed and anxious. Men alone need HELP. Man in the kitchen orr man in the shed. These classes could be men by volunteers as in U3A groups. I feel that that there should be subsidised classes for the over 60's - social masons. Sadly what we have now are thousands of lonely people who due to their circumstances are very alone and become ill as a result.

A&E services should be available 24/7 in ALL Glos hospitals. A rigorous system for combatting "Health Tourism" should be put in place in every Glos hospital-and throughout the UK for that matter. Discharge care procedures need to be tightened up. I have personal experience of a very elderly patient who was discharged from Cheltenham General Hospital without a community care plan. I helped collect her on discharge. Myself and another neighbour had to look after her from then on for several months. She was subsequently re-admitted after a long period of ilness-fatigue, weight loss, lack of appetite, generally feeling ill and a fall. At admission we were asked about her hospital aftercare plan- we queried this and were told a district nurse should have been assigned to make periodic checks on her. The plan was subsequently found not to exist. She was transferred after a short stay to Stroud Hospital for rehabilitation. On admission it was found to have Leukemia- something Cheltenham had missed. She died 3 weeks or so later in Stroud Hospital. Perhaps an isolated incident-but even one is too many. (name etc of this lady available if required).

As a retired registered nurse I can appreciate the current problems with the NHS. However, a lot of these have been self-inflicteddue to lack of foresight on the part of managers. Community hospitals were closed well before community care was sorted and therefore there are fewer Carers and more bed-blockers.Much more planning, after discussion with front-line staff such as nurses, doctors, ancillary staff etc, should take place. The shortage of District Nurses and HCAs is as bad if not worse than over the past 50 years to my knowledge! The Sustainability Plan in general is good but the details need to be sorted, Perhaps less anagers woud mean more money to finance the Plan.

Broaden availability of clinical services and budgets away from GPs.

COMMUNICATION TO EVERYONE

Possibly more public education about which conditions merit visits to A&E, and which conditions merit 999 calls.

I would like to see more support given to the staff who do their utmost to do their job but do not have the management expertise behind them

This questionnaire is shocking in making people respond to a number of questions that force them into making choices between equally undesirable outcomes. The emphasis of our Healthcare professionals should be on getting support to fight the vile Central Government policies that are systematically dismantling the NHS. The design of this questionnaire means that, in fact, our Healthcare managers are colluding with those disgraceful policies. Shame on you!

Reinstate drop-in doctors' surgeries. Long waiting times for appointments are unacceptable for several reasons: (i) statistically some serious conditions will have detection delayed; which will give rise to unnecessary suffering, not to mention deaths (ii) statistically some people will just not bother ; which will give rise to diagnoses being delayed. The fact that waiting times stabilise (at for the sake of argument two weeks) demonstrates this effect (otherwise the queue and waiting times would grow and grow) (iii) many patients would be happy to drop-in and wait whatever length of time to be seen

Maintain excellent community hospital at Tewkesbury Maintain excellent rapid response service Give more support to independent small home care providers

Such a pity that the small local hospitals that were all around the country were closed. People were transferred to these when they needed a little more nursing thus relieving beds. Such poor long thinking on the powers that be. This is why there is such a bed crisis in main hospitals!! Its never too late to bring them(C.H) back again.

I am sure it makes financial sense to gather all medical expertise into one large centre or hospital, but I am dismayed to see the loss of all the local cottage hospitals who dealt with A&E, all sorts of medical advice and treatments including operations. I am 72 now and find it increasingly hard to get anywhere, especiall since our bus services have been virtually demolished.

It's not rocket science, it's a production line and funding, skills and resources should be allocated at each stage of the production line to ensure a smooth flow through the system and that should not be tangled up with how the various parts of the production line are organised and who is responsible for them.

Retain facility for utilising services out of county. ie Cirencester but for family reasons, in emergency, at Gt Western hospital is preferred.

Not to have too initiatives at the same time for the public to take on board.

The principles agreed in 2014 are excellent. Extend "healthy living/wellbeing" by encouraging people to walk more, be creative (art classes), take up an allotment - gentle exercise and growing their own healthy fresh food. BAN junk food/sugary things especially for children.

More education should be given on birth control - especially to men as they often refuse to take the easy option - the snip!! Over population causes its own problems!

GP services need to be more responsive to people's health problems; they should not be an administrative obstacle to rapid assessment and treatment.

1. Access to GP appointments need to be improved as at our GP's it can take 2 weeks! On the day appointments are available, but they are very limited in number. 2. A&E services should be available in Cheltenham as they used to be - Gloucester is too far away. 3. Good to have 'out of hours' near A&E services.

Feel that all the bodies involved in providing health care in Gloucestershire should campaign with others to persuade the government to inject further short term funding into NHS and produce longer term plan

Cirencester Hospital should be viewed as a beacon of excellent community care. Very important to have joined up access to health records. Much more emphasis needed on physical education in schools and promotion of healthy lifestyles

Response to emergencies needs to improve. The first responders seem not to be contacted when a 999 call goes out and yet the ambulance take an age to get to this part of the county. Convalesant homes dotted around in the community could free up hospital beds.

I agree with the enclosed, but we do have a difficulty in going for appointments in Gloucester Royal Hospital. Its SO far from the North Cotswolds and when you are OLDER this is a great problem. Also closing ALL our local cottage hospitals was a GREAT MISTAKE so many "bed Blocks" would have used these hospitals on their way to recovery

Providing first class local basic health care with the emphasis on keeping people in their own homes and encouraging people take as much control over their own care needs as is reasonably possible.

Bring back cottage hospitals and make use of volunteers to support them. This would reduce bed use in main hospitals.

Well, it's obvious and it's nothing to do with the Trust asking these questions: Government needs to have the courage to ring-fence (hypothecate) National Insurance and raise the contributions to the level necessary to fund the NHS, Social Care and Pensions adequately!

Bring back convalescent homes. Surgeries, where new ones are planned, provision for self help groups (birth to infant school / health care), physio, new bereaved, redundant / long term unemployed. Groups, initially led by professionals with aim of members becoming active in development of group, involving complementary approaches - Reki, Reflexology , acupuncture, physio. Established practices becoming more open minded and incorporating where possible some of the above.

The key issue is the fracture between NHS Health and local government / private sector care facilities and community services. Central government has starved investment in local government - so you now have chronic bed blocking . A government own goal, but they will blame everyone else!

Reserving specialist medical health care for patients who need it as a priority is extremely important. Extending specialist medical health care for patients whose urgent need has been met, eg hip replacement, should NOT be available. Where such patients, generally but not exclusively, older adults living alone with no other person devoted to their care, are discharged after immediate clinical treatment, a rehabilitation unit should be offered. Such a unit, similar to the units around the county which house adults with learning difficulties, should be small [4 - 6 bedrooms], with 24 hr care staff whose duty would include caring for and rehabilitating the patients to normal daily activities of living. The staff should be informed of the previous lifestyle of the patient, and be active, friendly with a positive attitude to to persuading the patient to become mobile, confident and active. Such units should be in localities, and provided by the shared budget of the CCG + GCC. Patients should be allocated to a unit within their own locality, and the throughput of the units should be managed in part from the GP base - this could be an addition to the job of an existing administrator within the practice. Such patients can be visited by their friends and family easily, and maintain contacts. Patients will pay for the stay in the rehab unit unless they qualify for state support. Such units should be much more economical to run in comparison with the patient staying in an expensive acute hospital. The staff can be CCG / GCC / NHS pay systems.

The most important is the patient in need of care and attention.

the problem with this plan is that it ignores ENTIRELY the challenges of managing mental health. There is an assumption that every person will take the same level of responsibility for their own health. This is fantasy. No account has been taken of social, economic or educational status of individuals. One size does not fit all. The plan to have more care needs met at home will require an army of unpaid Carers. There is no mention of how they will be supported. This is an important aspect to be considered if there is to be the shift in care as proposed in this plan. I am an unpaid carer for a relative with a severe mental illness. I am a senior citizen. I get no financial support to help me in my caring role. I have had no support from any agency or GP. I have been left to get on with it in spite of having long term health issues of my own. I understand that the Clinical Commissioning Group were responsible for withdrawing funds from the carers mental health group of which I am a member. Unpaid carers need your support and respect. Without us the NHS would be in even more financial difficulties. My suggestions for improving the NHS is abandon private management consultants. Use in house expertise. Do not treat mental health services as the cinderella of the NHS. Allocate the correct level of funds to provide a better Mental Health Service and RINGFENCE those funds.

One of the biggest problems facing local communities is the inability to access GPs in a timely fashion. We all know stories from friends and relatives of people who needed urgent care but were either unable to convince the receptionist or had to wait up to 3 weeks for an appointment. Many are refused an appointment until a GP has telephoned back either later in the day or within a few days only to be told " you need to come down for a consultation " This is time wasting and frustrating and solutions need to be found. Is it capacity? is it time wasters? Is it medically untrained receptionists trying to protect their bosses but over stepping their skill sets?

Be quicker to recognise future pressure for NHS (demo graph of increase in elderly people has been known for many years) ill health, effect of diesel fumes. Develop convalescent hospitals for chronic non acute patients who are currently bed blocking. Identifying Trusts which are working well and share best practice.

fight for more funding NHS. Better care in the community

The funding for all healthcare services should be from one budget and controlled by one organisation, I suggest this should be the NHS. The current system where medical care is funded by the NHS and social care is funded by local councils is inefficient, wasteful and would be better provided if it were 'joined up'

There is a need to support patients / carers who have advanced dementia. Carers get left feeling no one cares as there appears to be little or no professional input

Teach the population to be more self - resilient. Patients could be taught to carry out simple nursing procedures for themselves or family members. And the message needs to be given that this self help is progress not regression. Families need to be taught to home nurse again. Obviously the very sick are in a different category

I believe it is important that Lydney Hospital and Dilke Hospital are important due to ease of access for residents in the locality

1.there is a need for 24 hour community based GP clinics that take the pressure off the hospital 2. GP offices don't cater for people who have to work 3. Being kept waiting for long periods by a GP/Consultant is disrespectful 4. £ in the NHS are still spent on unnecessary extras.
more care for elderly and stop closing hospitals and losing bed space. people shouldnt have to be waiting so long for appointments and operations. more doctors, 2 weeks is not satisfactory to see your doctor
I recognize this survey may be useful for raising awareness of problems, dilemmas and possible or probable compromises. In other respects I find the survey very questionable. For example, question 1 is unclear with regard to whether it concerns a factual or a normative (should) matter (seems factual at the start, but normative ['should'] in the following parts. It follows that any enumeration of responses will be worthless because different respondents may be answering different questions, factual or normative, and it will not be possible to know which type they are answering. I find the forced-choice questions are unfair and misleading in that they do not take account of relevant contexts, situations and personal conditions that different respondents will have in mind. If these background conditions were made explicit, more consistency between respondents would probably be evident. As they are suppressed, the survey in effects generates an impression of greater inconsistency, thus interfering with the situation it purports to be representing. This need not be an intended use of a strategy of 'divide and rule', but something like 'divide and rule' seems likely to be an unintended consequence. Many would agree that, where possible, building trust through openness is, in various respects, a better strategy. Moreover, the survey does not give the assumptions being made in asking these questions in this way. As a research-instrument, this would, in my judgement, not be acceptable as a source of enumerable, reliable and valid data. For consciousness raising, it may be useful, so long as it does not simply confuse and irritate people by its avoidance of the key questions (and known and unknown factors) about HM government intentions, policies and funding. However, CCGs find themselves in very difficult situations, to put it mildly, calling for empathy rather than more negative responses. So far as I can see and understand, our CCG is so far doing an excellent job, all things considered - though with the exception of this survey, sadly. Thank you for all the better work you are doing on our behalf. (NB This is a personal response, and not made on behalf of any others).
Some of the previous questions do not merit ranking or agree / disagree responses. e.g Q 1, 2 and 5.
A & E waiting times must be improved. Suggest that inebriated people be placed in separate area to sober up dealt with last and charged for service. Failing this publicans should pay a levy DIRECT to area hospital. When I was in the trade it was illegal to serve a drunken person I don't know if this law still stands and if it does then it should be enforced rigorously.
3. Dependent on adequate social care elsewhere for vulnerable and habitation needs. Need to support CARERS! 2. Loath to cut hospital beds - who knows what the future needs. Capacity probably Provision of this survey - Not often available in library. "one Bus" but not known about by many. Suggest more advertisements
So much money and time is wasted because GPs only look for one answer at a time. I know its costly but scans and x rays which can give correct diagnosis straight away, would in the long run be more cost effective. Also pills etc, need to be monitored, so often they are unnecessarily changed, cause problems and the person ends up in hospital, taking up a needed bed and again not cost effective
Truth is that the nhs is under pressure due to out side influence and until those route causes are solved problems will continue. The amount of money spent will increase as long as life span of people increases. Root causes: Costs Most people would gladly spend extra on N.I contributions Money must be spent wisely and used affectively.
I strongly believe that we should consider closing both Cheltenham and Gloucester Hospitals and building a new facility somewhere between the two, concentrating services in one place with maximum specialists available in a modern building which is fit for purpose. The land on which these two hospitals sit is valuable and can be used for housing and similar puposes, thus generating cash to fund the new facility
Should be available 24 hour daily waiting time should be limited

I personally think the biggestprobelm is the lack of funding in social care and this includes funding for care homes including nursring. It is really difficult to recruit and retain staff who are doing a difficult job on low pay and limited time if the provider - wheether statutory, voluntary or private are not paid enough to do the task. managing expectations is another big problem. people think that it is more important to be near an A & E department but it may be better to travel further to get specialist tgreatment that leads to a better outcome transport to medical services can be difficult for those who do not drive, are unable to use buses, or do not have family of friends to take them. That may be more a matter of community cohesion than "medical" health

you need to open state run care homes which are not for profit, and get a flow of patients out of hospital. You need to de privatise all services which are now privatised, thus keeping funds in the NHS

Am I correct in thinking the county and yourselves have already submitted your plans to Government? Reduction in beds is not the way forward! Essential - Keep community hospitals such as Stroud (and maternity) as there is already too much pressure on existing centres such as Gloucester and Cheltenham with a growing population these extra spaces will be essential in future with the loss of Standish for instance, there are fewer options for major emergency planning for county. Also any spare capacity at smaller hospitals can be used as half way place before discharge to home or care unit. Centralisation of ambulance service has been a disaster - privatisation even more so. All the publicity lately has been delays at A&E due to lack of beds - and how to accommodate this - so how can a reduction of beds be the right way forward? This also ties up paramedics and so many ambulances and delays

Centralisation of specialist hospital care with beds enough to guarantee no more than 84.8% bed occupancy. That occupancy could be partially provided by adequate community beds in community units or nursing home intermediate care beds. Drastic reduction in management costs. Development of primary care centres but always maintaining continuity of care. They could provide the minor injury facilities "in hours". Outreach physio,outpatient and basic diagnostic facilities provided in these centres ensuring easy access to patients. Provision of out of hours primary care from a cross section of these centres plus a facility at the units providing "A&E" facilities 24 hours.

Gloucestershire NHS is an efficient, compassionate, and geographically spread organisation, which serves a modest population demographic. Nevertheless it is still able to look outwards, to source valuable, scarce, and skilled human resources.

Speedy access to services and an appropriate speedy response to presenting needs.

Move cottage hospitals under local authority budget but run as NHS to cater for these discharged but not currently fit to return home. Delaney would have been more useful run that way than a housing development

I recently visited Gloucester Hospital hearing services dept to have a replacement hearing aid fitted but was told this could not be done because my ears were totally blocked with wax. I found this surprising having recently attended my surgery for treating over a 2 month period to have them syringed and have been advised they were now clear. The hearing specialist recommend that I visit a private clinic in Cheltenham to have a different type of treatment which would be more effective. This would have to be paid for privately. Having given this some thought I decided to revisit my surgery to find out why they had said my ears were clear off wax whereas the specialist said they were blocked. My GP checked my ears again and said there no significant quantity of wax in my ears and could not understand why the specialist said there was or why he would recommend I go private. My GP said he would write to the hospital and I am currently waiting to "hear" what to do next. When I originally received a letter from the hospital advising me of my appointment, it made it quite clear that "wasted appointments cost the NHS £160.00 therefore I should advise them as soon as possible if I could not attend. Surely this was a wasted appointment but not caused by me! I would suggest better communication between NHS services could save the NHS money and added stress to its patients which in its self can lead to additional medical costs

More social care should be available (closed small hospital wards to received urgent hospital beds) CPS should work on a rota system in their area (evenings and weekends) then people would not need to go to A&E for minor complaints

Rural hospitals lack range of services provided in cities. Closure of cottage hospitals has done much harm. No help at all at weekends. Long delays for ambulances to arrive even when needs are urgent & journeys to hospital long. We need more ambulances.

Some good progress is being made but communications between different parts of the NHS and to patients lags behind. Transport difficulties in rural areas is very underestimated. Disastrous to have closed Moore Cottage Hospital in Bourton on the water

Invidious set of questions , all of them, but especially Q2 , Q5 . You should have included a question re our thoughts on this governments attempts to Slash, Trash & Privatise our NHS ! When one is cognisant of how much of their GDP other countries supply to their Health Services then one is angry at the fact that we don't match the likes of France, Germany and Holland . Forever the Tory governments have been underfunding OUR NHS ! Contemptible . Similarly re the fact that we don't match the likes of France, Germany and Holland in the number of beds per 1,000 of the population. Mind you it's clearly OK for the government to effectively kill people against all the efforts of a fantastic set of medical professionals - dies of a bleed on the brain because could not find a bed at 3 different hospitals !

The plan appears to say little about how the changes will be made - which, I believe is the biggest challenge in healthcare. There is talk of pathways, but little on how these will be delivered and the measures against which the changes will be judged.- except, perhaps, a reduction in costs. Clearly the focus has to be on reducing costs as well as improving outcomes; however the current way in which the NHS is designed, organised and funded - namely in silos - makes the biggest challenge to be working across silos. This needs to be acknowledged and explained. An example of this is the national work on pathology and other diagnostics services; Lord Carter's productivity work in pathology is focussed on reducing the cost of the service, through reducing the variability of costs to the average. This completely ignores the benefits of pathology in relation to care pathways: there is no consideration of the fact that the benefit or value of using a pathology service accrues to other silos - NOT to pathology.. I would welcome the opportunity to read, and comment on, the diagnostics review.

It is easy to agree with the diagnosis of the challenges faced by the health and care services in Gloucestershire as set out in the plan,which were identified in many instances years ago.The problem is in implementation - where is the manpower?The capital funding required to effect changes in facilities?Can investment precede cost saving?Can individually accountable bodies (eg NHS FTs/Trusts)cope with immediate financial pressures demanding cost reduction/service rationalisation whilst community and primary care services are dramatically improved?Can required consultation processes be managed effectively within the plan timeline and still produce required changes/savings given likely public opposition when hard choices have to be made?Good luck!

Better access to GP, wanting your GP to know who you are and be familiar with your health condition and needs. Keep Aand E service local and 24/7