

Resources: includes comments on funding and workforce issues

Cut the waste! 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.

Stopping people attending GP for minor ailments or to get free over the counter medication eg Canesten cream or paracetamol would free up more appts for chronic problems. No point reducing hospital beds until more community services including social care are available. This will need more funding- the money needs to come with the patients, you can't just shut down acute beds and hope care will be providing in the community when there are not enough district nurses, GPs or carers and social services are stretched so far that pts are waiting weeks to get to the appropriate place.

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

Better organisation. In my personal experience a lot of money is being wasted through lack of information leading to unnecessary prescriptions and wasted appointments.

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 advice, 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.

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

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 data 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

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 hospital-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.

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.

If X-rays/medical tests are ok, don't think a consultants' time should be spent on appointment to tell patient. The result should be given to patients GP, or qualified person at hospital could ring or write to patient with the outcome, saving consultants'time. Patients are being sent round the mulberry bush. Appointment few years ago agreed my operation would be put on hold, my referral was cancelled because I couldn't keep appointment told to be re referred. GP did this, saw consultant who said I had to be referred to another department first as this was the policy even though he agreed nothing could be done, I needed operation. The other department would then refer back to him! What a waste of appointments and money. New computer systems. Your poor staff were desperately trying to manage new computer systems which kept crashing. Why can't new systems start running before switching old systems off, so you can sort problems beforehand. I think any NHS nurse, doctor, etc who has been trained by the NHS should work for the NHS for 5 years or be made to pay the cost of the training back as some other countries do. Staff should be treated well, e.g. not penalised by having to pay to park to their car. Having enough staff to do the job which reflects on standards of care. I have witnessed scenarios of patients being left in agony waiting for painkillers, bed pans etc through lack of staff and staff having handover meetings. In interests of hygiene uniforms should be kept on site and laundered. Social workers at hospital should have permanent links with county council social workers, instead of passing the buck on who pays for care and prevent bed blocking. Any managers should have experience of nursing, surgery etc, e.g. The old fashioned matrons were exceptionally good, not a person who is a "manager" and is there just to manage!

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 their ability to work, the family unit and therefore their overall productivity of the economy. Their employers also lose money, so that as whole the country loses 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 huge cost effect on our other public services & institutions. I have recently written the PM on this very point.

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.

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

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.

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.

For a long time the partners in providing health care in this county have paid lip service to joined up care. The amount of people in acute hospital beds because of a complete lack of social care and infrastructure to support rehab and treatment at home grows every day. GPs are sometimes guilty of giving their patients false hope - promising convalescence or respite when people don't meet the criteria. Consultants in acute hospitals think they are above needing to engage in changes to service delivery. And social work is a joke - the bureaucracy that encompasses packages of care or placement is ridiculous - it's no wonder people die in hospital waiting for care at home.

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.

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

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.

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.

Don't let DISCHARGE become Nurses/Medics priority on wards esp. for elderly frail patients. NO PRESSURE. Can top management in Trusts CCGs etc TRY to Join up Community/Outreach/Cottage Hospitals/etc etc as at present it is in chaos and NOT happening in most areas Poss. because of no £ for recruitment and no CLEAR PATHWAYS as to protocols. Can the G.P.S be persuaded to SIGNPOST to services such as Occ. Therapists /Podiatrists/Mental Health Care/ very often they have NO TIME or NO CLUE. Can Care Quality assessors inform via their web how many complaints a surgery has received. Can CCG stop referring vulnerable/ Patients without surgeries to their "Nearest" Surgery by measuring by Crow Flight or CAR. This is useless and UNHELPFUL to people who rely SOLELY on Bus travel. A patient was told that their nearest surgery was 2.5 miles away when by BUS it was a 2 bus journey there and 2 back. With many minutes gaps between Buses and a total round trip of around 30 miles. Only a very small amount of appointments at surgery are accessible. Patients have to find cab fares. Very Expensive. Community transport on knees already- They cannot always take, wait & return people without cars in rural areas. Reaching any Medical Centres n rural areas is becoming a National Issue. Treating people in own home. Well if you are without Family any close friends because they have all moved or dies and u have no car that leaves the

ill patient in TOTAL SOCIAL ISOLATION. A 3 min wash down? a 4 min lunch put into microwave? A goodnight trip to med cabinet & loo? NO WAY> BUY robots same answer. They will possibly become even more depressed stressed and resort to suicide. The picture that's painted of jolly visiting Nurses community volunteers as Buddies etc. Just is not in any infrastructure here. maybe in Sweden or Holland? I do not agree with SHUTTING DOWN ANY BEDS. Unfortunately your survey Qs are slanted to not have that vote. If you have heard of wartime MASH units why can't we approach the M.O.D and ask for help with some of their huge medical staff and drop down med hubs? There are countless empty contemporary office blocks with full services that might be possible to use as extra bed space. Think Outside BOX time? The amount of money government spend on overseas aid or NHS salaries cd be put to better bed use. Rural Hospitals v. unlikely to have facilities like MRIs this means hundreds of patients if not thousands are travelling across counties to ONE hospital for MRIs or CT scans. No wonder appointments months away. MORE money for scanners needed in closer to home areas or travelling ones.

All sections of the community including children are included. Specialist resources are available for all to access. Reduce DNA by 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!

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.

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.

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!! MIUs 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, snorkelling 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.

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.

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.

Employ more frontline staff Reduce the number of managers Cut the bureaucracy
Definitely more trained nurses and other clinical staff. Less agency staff.
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.
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.
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
Recruitment, retention and on-going training of nursing and care staff
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
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 more money in the NHS. It's 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 little short of acquiescing to the political folly- I would have hoped for better from Gloucestershire.
Unified health and social care budget More investment in community services and general practice

Reduce Waste. Charge for missed appointments. stop health tourism. Cosmetic surgery should be paid for (and IVF etc) Keep to basics
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.
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 let's have qualified Doctors/nurses doing this very important job.
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 scrutinised 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.
The plan all looks good in theory but will it work in practise. There is a lot of wasted resource and individuals abusing the services. However I would hate to see a clamp down affecting vulnerable people in need that do not feeling comfortable speaking up. As a support worker I am seeing an increase in people needing our service in order to access other services. We have to almost fight and argue for people today to receive the care they need. Without us a lot of people would just go without because they do not have the skills or strength to speak up and insist. Then we get those at the other end of the scale who have no trouble demanding from services whereas actually there is a lot more they could do for themselves. We need to better identify and manage the two.
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.
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?
Considering the projected increase in patient over 65, what is the point of wasting money on new technology that these older patients cannot 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.
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

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!!
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"
Not sure cannot see purchaser/provider split continuing
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).
Quality of care for British people who genuinely need it
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
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.
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, along with 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 unnecessary 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 against what is happening by design - boldly. They would, for sure, be supported by the public....
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.

Government discussed Community & Established NHS services linking in 60s..Without politicians strong support you will not get far. Families UNABLE to give complex health care and a lack of NURSING Homes is a huge problem plus TRAINED staff. More Recruitment & ££.needed. U cannot discharge a lonely vulnerable person back to a NO HOME CARE and free up a bed. They'll just come back to A&E. More flexible Nurses. We respect this profession but since degree culture that are apt to stop taking care of other details like cleanliness and making sure patients are eating & drinking etc. MORE trained on the JOB Nursing staff. More men attracted into prof. Definitely bring back a properly trained MATRON Not an office computer based manager. Has anyone tried pulling in MOD trained medics and MASH units to help? Drop down Hospital accommodation with simple beds etc. There must be many orgs that have trained staff to send out. British Red Cross etc. Commandeer Empty/ suitable buildings for beds? If it's that urgent you need to think outside box & regs. Thin out the AMONT of organisations often duplicating each other. Nightmare bureaucratic layers. It's a MAZE. Try to get the Consultants to talk in a multi-disciplinary way i.e. the Shoulder specialist with the Neck specialist. This wd Save separate appointments and different singular decisions when one illness joins with another- esp. in orthopaedics and neurology. ASK patients at FIRST out patients or consultation DO YOU HAVE FAMILY/CARE AT HOME/ DO you have TRANSPORT? It is essential people ALL ages but esp. elderly, are treated knowing that they are alone for instance and cannot easily GET TO ANY MEDICAL CENTRE by BUS or pay for ££ cabs. Hundreds of people in rural areas affected. Put a BUS icon on their records on database. Then appointments wouldn't keep being made at v. early or late times.. People then have to change the apt & MORE weeks wait. The Pavement & road leading to Gloucester Royal Hospital from London Road - there should be a zebra safe crossing at the entrance to this busy road. The state of the tarmac bad potholes and I tripped on a raised flagstone on pavement and ended up in A&E. This road is the entrance to CARE it need completely resurfacing & uneven pavements sorted, Not to mention the disgusting underpass. NOT everyone jumps into a safe car & gets to a car park in less than an hour. There are hundreds of us that Walk (or hobble) and grin & bear it in all weathers having got buses & trains...

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

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.

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.

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.

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

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.

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!

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.

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!

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

Need to involve politicians Need to be honest Need to hold each organisation to account at STP level. Use the Glos ££ efficiently

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'

'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.

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 personally think the biggest problem is the lack of funding in social care and this includes funding for care homes including nursing. It is really difficult to recruit and retain staff who are doing a difficult job on low pay and limited time if the provider - whether 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 treatment 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 or friends to take them. That may be more a matter of community cohesion than "medical" health

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.

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 individual's needs. Honesty regarding mistakes easily accessible to the public domain. Stricter scrutiny and accountability for use of budgets and spending.

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

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

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

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!

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.