

Responses from Cheltenham

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

Although the most important thing is having the right (and experienced) Doctor or Consultant looking after you, it is important to people to be able to access help 24/7/365 and locally. Not everyone is able to travel (even what is seen to be a short distance - between GRH and CGH) as this costs and adds pressure to what could already be a pressure issue if you are unwell.

I would like to see more investment in primary care, particularly developing GP Surgeries that can perform minor operations, the so called poly clinics that were muted some years ago. There should be a stronger interface between primary and acute care, particularly in regards to the follow-up of patients. This could apply to main areas of community care.

IDT approach currently used in GHT being trialled in 2gether hospitals Closer working with GPs, MHICT and 2gether for mental health services 2gether more closely with GPs over physical health care of patients

More emphasis on rehabilitation. For people to be able to self care they need a bridge from acute to that point and rehabilitation is the key.

Issues such as diabetes should have a higher priority as tackling this will save a lot of money and improve health outcomes.

Centralise emergency services on the GRH site. Create a centre of excellence for specialist surgery on the CGH site after investment in estates and infrastructure.

Q 4 - this is impossible to prioritise, of course we do not want a long wait for an appointment, distance might be a problem if one is unable to drive and local transport is not available. One would expect to see an 'expert' in the required field, why would you see someone who is not an expert? Fewer appointments - being able to have appointment and some tests on the same day as in 'one stop shop clinics' would be helpful. Q5 - this is the same as above. Of course one would want to be seen whenever the emergency happens and of course one would expect to see a specialist, prompt assessment and decision making should be the standard that is provide every time and joined up services are required. If a patient no longer required acute treatment then they should not be in an acute hospital bed, however the community needs to provide local beds, I do not know of a community hospital in Cheltenham or Gloucester. Families are not always able to provide the care required at home, they may have jobs to hold down. Looking after someone at home can be a full time job and can be tiring, your question almost sounds accusing.....

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 what ever 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.

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

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

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.

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

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

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

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

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

Stopping people attending GP for minor ailments or to get free otc 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.

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

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?

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

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.

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

with a neighbouring town and consolidating health care

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

I 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.

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

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

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

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.

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

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

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.

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

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

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

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.

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.

Continue with "joined up" working between partner agencies. Promote health prevention to reduce the impact of treating people with avoidable conditions upon resources Treat people with potentially chronic conditions early on to avoid the costs of treating them whilst they wait for surgery or paying for carers to look after them as their independence and health declines whilst they wait to have surgery/treatment

More money needs to be invested quickly to save many practices who are finding sustainability a big problem (acutely)

My ideas are: 1). Quality Checking in GP surgeries, hospital, management in hospital, HR and health professional done by local charity Inclusion Gloucestershire. 2). More nurses in GP surgeries and for the community for elderly and people with health problems. 3). Obesity epidemic advertising on television on the health damage to people health. 4). Explore healthy food in coffee shops and restaurants. This need to be promoted by the government.

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.

To have a hospital in cheltenham

Separate submission given

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

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.

Having spent almost 40 years designing adaptations 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"

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

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

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.

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

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

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

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

I believe this joined up approach has the potential to work, however I am very concerned that Care Homes and other care facilities are not meeting the need or demand when patients are discharged. Many elderly patients who do not have family or money to enable them to be cared for feel very isolated. How will we be joining up with social care to look at this when funding is being cut left, right and centre.

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

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

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

This is a large and complex plan. It seems ambitious and appropriate. At the moment there is still a lot of detail that needs adding and consideration. I think an even more ambitious plan should include planning for a new acute hospital centrally placed outside of built up areas, close to good road links. There is nothing in the plan about forward planning for ICU beds to meet population needs and reduce the horrendous effects of the cancellation of urgent operations because such beds are in such short supply. There appears to be nothing concrete about how we plan for projected demand for bed space or learn from others introducing innovative ways of dealing with this especially for complex health and social care needs of the elderly and those with long term conditions. The current waste of staff time in trying to discharge patients and waiting to know if surgery can go ahead must be addressed for both patient and staff benefit. Some of the language is 'management speak' and needs to be in plain English (long version) to avoid the impression that things could be being hidden.

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 illness-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).

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

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

It needs to be one, modern health service in Gloucestershire. All information joined up, so everyone can see the same information.

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

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

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

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.

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

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

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.

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.

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?

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

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.

Make it easier to see a GP in good time. Greater efficiency in administration areas centring funds on front line services

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

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

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 purposes, thus generating cash to fund the new facility

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

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.

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

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

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