Responses from Gloucester Locality

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

I suggest seeing the most experienced and a specialist around the presenting complaint will save further unnecessary costs. Waiting to see a GP who knows very little about your problem and then tries various solutions before a generic referral is a waste of many resources and leads to a general deterioration for the patient. Lots of resources are wasted or used inappropriately by people who have mental health issues or social problems -greater support for them will help address this eg adult support centers for these issues

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

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

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.

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

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

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

idea is very good but end of the day is idea and never have action .so the best is come to hospital and talk with patient and staff so u will sum up the idea or come work with us as a worker like some tv show hide you self and become one of us so your will know what idea you need

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

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

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

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

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

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

We believe that access to nature is a critical driver of wellbeing and there is a broad peer reviewed evidence base to support this. Local natural assets are massively underused when it comes to healthcare and we would like to see tackling health and environmental priorities together becoming normalised across the system. While much of this is implicit in the initial draft of the STP for Gloucestershire, we would like a clearer and more explicit commitment to the value of natural assets in the document.

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

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.

N/A

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

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

Employ more frontline staff Reduce the number of managers Cut the bureaucracy

I think the plan of empowering the public is great however this is a massive culture change that is being embarked upon and there are plenty of people who just don't look after themselves and therefore health promotion would fail .. in essence a good proportion of our healthcare issue comes from poor education and poor legislation over food products. Therefore awareness and health promotion need to be target accordingly to deal with the future Schools, academies, university and colleges as well as in other areas to try to improve outcomes. Obesity being an example, school PE home economics, people need to understand why they need to look after themselves. Community based services are great where they work but they have to be staffed resourced accordingly, having worked for the hospitals trust for 16 years and seen our service escalate to the level it is now without being able to secure additional funding and staffing my concern would be those services would become overwhelmed. There needs to be an expectation of growth and money set aside to support growth of the services. Hospital service should be provided primarily on one site (unpopular I know) but essentially the 2 main sites are not that far apart and it would certainly allow for patients to benefit from the same continuity of care but would also substantially improving the working lives of staff within my service.

all the things written in the report are important, but may by some could be joined up together

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.

It is important to help people take responsibility for their own health and well being. Provide more support in our local GP practices, use more technology and make sure all services can access all the information they need. It is vital that health and social care are seen as part of the same system which people progress through and not seen as passing people from one service to another.

Social care services should be joined up with health- possibly even form part of the NHS so that services, information and expertise are all in one place and accessible for the public and the professionals working to support them. A more even distribution of finances could be achieved and the budgets more easily managed.

I moved to Gloucestershire a few years ago and was surprised to find two general hospitals only a few miles apart (Cheltenham and Gloucester) - surely one main hospital would be better and more cost effective.

Comment: 1. I can't seem to respond to q.2 - it doesn't allow tick to be entered permanently; 2. If people aren't to die from cancer or cardio vascular disease, what should they die from?

There are insufficient hospital beds. An increase in beds and qualified staff is needed. Dramatically reduce waiting times for Cardiology appointments please

Hoping that the impact on Social Care funding isn't even more polarised by this. People are in hospital in my area of work that are constantly DTOC because of funding/placement/capacity issues. The impact goes on not just for them and their families but for other service users that NEED to be utilising the services and that can't access them.

Question 3 very disingenuous. I note the use of the confusing "not". The reason the problems mentioned exist is a lack of hospital beds in general and a paucity of proper care in the community, especially the elderly. Of course people who don't need a hospital bed should not be in hospital. The reason they are there is the endless cuts to other services especially council services. The whole business is now well oiled. Secret plans made behind closed doors, a phoney consultation including the usual on line survey and then the litany of "unavoidable" cuts rationalised as realignment, coordination, centres of excellence, blah, blah, blah. The fact is we need a massive injection of resources and a return to the principles the NHS was set up with. Anything else is rearranging the deckchairs on the Titanic. We've all had enough of "visions". I await the list of services to close or be privatised.

Am hugely concerned about the survey - as it does not provide an opportunity to provide proper feedback and the preloaded questions do not provide appropriate ability to answer - for example the section asking about whether acute hospitals should be responsible for people who could be looked after elsewhere, in the community, or if their family wont. Clearly they shouldn't but there should be support for them in the community and it is the responsibility of the state to look after and care for those who cannot. If more money is needed from the government, from taxation to pay for the aging population, then that should happen! Most of the answers to the above are common sense answers that are so vague they can be aligned to any change or plan to the system - it does not mean that the people who have responded have signed up to the plans you haven't yet shared with them. Streamlining care and bringing together organisations that have previously been broken up and competing against each other for funding makes sense, but

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

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.

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

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

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

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

age related issues, are important

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

I think it will take a long time to get people to change their view on how they access services, and this will need communicating very clearly and effectively to each community. There are numerous voluntary and community services that people can be referred to or made aware of that can support people in their communities in many ways to improve overall health and wellbeing (social prescribing model). However, it is likely that these services/organisations will also become relied upon by individuals/communities, and therefore they need to be sustainably funded and flexible enough to evolve as demand changes. GPs will also need a broad knowledge of the services available within the community, which I think could work very well amongst each cluster as long as they are kept up to date. I think investing in prevention is key to reducing people accessing services unnecessarily, and social prescribing will hugely benefit this, however, as a VSC organisation, it is very difficult to state exactly how this benefits individuals (as it's so varied) and how much money it saves the NHS. VSC groups can do a lot with very little investment, and the effects can be huge.

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

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!

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

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

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

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

In emergency care, I agree its important that we have a centre/s that can provide the best chances of recovery and survival. Totally agree that prevention (and self care) is the key if the NHS/social care is not going to fall over in the decades that follow.

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.

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

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.

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

first glance, I thought it said Transportation rather than Transformation! Is the programme's identity strong enough?

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.

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

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

Joined up care for me is the key and most importantly service users know about the services available to them. I have come across many people who had no idea what MIU was and the services it provided and had gone to A&E when they could have gone to MIU.

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

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 can not or will not access. Money should be spent on providing care in hospital and more beds for patients who need medical treatment. (Incidentally, if your projected figures are based on extra population, that is little more than guesswork and can be affected by any number of variables such as obesity, disease etc.

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.

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

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

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

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

discharge.

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

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.

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!!

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

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

One trust organisation on one computer system which enables clinicians/staff to make good, safe decisions at every junction.

Patient education - more resources and joined up info needed for changes

More funding into primary care, more staff, may then (& only then) enable us to take on further work.

Not sure cannot see purchaser/provider split continuing

to me it's important to have a local hospital which can provide minor operations and outpatient appointments

Plugging the holes in two outdated hospital buildings in the FOD (Lydney and Dilke) economically for the future of health provision surely one purpose built hospital would be more beneficial for all.

Probably the most contrived survey I have ever seen - it is guaranteed to give you the result you have already decided upon. How about asking about "wasted" staff such as bed managers who simply hassle A&E doctors to discharge patients when there is no where to discharge them to (daughters experience as a Junior Doctor). Or vastly overpaid managers who could not manage their way out of a paper bag and have only got the position because they have been "promoted" to get them out of the way (personal experience).

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.

Quality of care for British people who genuinely need it

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.

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

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.

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

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

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

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

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

Too little information about what is really going to happen

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.

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

More support for adolescents with mental health issues

There's not much about mental health services in the plan - I think this is a real gap. Mental health underpins all of health and social care and at the moment there's not a lot at all.

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

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

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

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

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

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.

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

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

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

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

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

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

Broaden availability of clinical services and budgets away from GPs.

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

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

Govt 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 bueurocratic layers. It's a MAIZE. 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 whe 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 apy for ££ cabs. Hundreds of people in rural areas affected. Put a BUS icon on their records on database. Then appointments wdn't keep being made at v. early or late times.. Ppeople 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 tarmc 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...

COMMUNICATION TO EVERYONE

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

All Social Care and NHS Care needs to be joined up, so that a holistic approach can be taken to help support someone in need. This will help mean that any stepped care transitions happen seamlessly. I also think that it is important to allow the services that have been commissioned time to settle in and do their job. 4 year commissioning periods do not allow this. If there is any way that the STP can work with the CCG to prevent this, I think this would be good. Of course services who are not delivering a good enough service need to be investigated, however by changing the names of services every few years this disengages the community as they do not know who they are seeing for what and what each service does. It is also not healthy for staff, who will be more stressed by the process. I would like to see some research carried out as to how cost effective re-commissioning is. If each service has so many months to prepare, then this is time not spent delivering the service. The CCG spend time and money advertising and interviewing. Then if a service is decommissioned, the new organisation has to update or build a new website, print new leaflet, advertise their service, advertise for new staff, network with existing organisations, etc.

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.

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

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

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

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.

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

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

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

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

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

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 diffculties. 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.

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

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

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

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.

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

I think there needs to be higher focus around mental health services as this is an increasing area.

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

Some of the previous questions do not merit ranking or agree / disagree responses. e.g Q 1, 2 and 5.

Better access to mental health services for children

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

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.

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

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

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

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.PS 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 goodnighhjt 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 suvery 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 govt 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 thoudsands 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.

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

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

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

Close to home treatment.

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

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

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

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

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

I 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

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

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 !

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.

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.

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