

## Responses from North Cotswolds

**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**

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Definitely more trained nurses and other clinical staff. Less agency staff.

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Delayed discharge of medically fit patients is almost invariably caused by the lack of community hospital places. Such provision in alternative placements such as nursing homes needs to be addressed if "bed blocking" is to improve.

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When somebody needs urgent attention emphasis should be on speed. First responders are usually the best for a rapid response but then they should be informed and influence the speed of support services.

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We cannot afford to have two hospital emergency departments in Gloucestershire and we cannot find the doctors to staff them . The ED department and ACU in Gloucester Royal need to be increased markedly in size and the ones in Cheltenham need to close.

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For what it's worth - your survey questions are necessarily unsubtle, and probably designed to reinforce decisions already made. There must be a need - and a place - for nuanced argument. Let's see if the proposed focus groups allow this to happen.

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

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There is a balance between accessibility of services and sufficient volume to ensure up to date expertise; I am concerned that the former may be lost to gain the latter. It is also very apparent that acute beds are blocked for want of rehabilitation or intermediate care facilities.

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

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

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Health care is an emotive subject, perhaps the most as it relates directly to death! I do not agree in funding going towards eg. drugs designed to prolong life. We cannot afford this approach. We all have a shelf life, some shorter than others. Would however invest in an analgesic with limited side effects that could improve quality of life. Quality NOT quantity. If you take a statin to avoid a heart attack you are just going to die later of something else eg. dementia. Common sense MUST prevail over emotion.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Appointment need to be quicker and waiting times shorter

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

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fight for more funding NHS. Better care in the community

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

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more care for elderly and stop closing hospitals and losing bed space. people shouldn't have to be waiting so long for appointments and operations. more doctors, 2 weeks is not satisfactory to see your doctor

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Should be available 24 hour daily waiting time should be limited

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

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

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

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

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