Comments relating to "bed blocking", explicit mention of cutting/reducing beds

Very loaded questions here which seem to suggest centralisation of services. This would be fine IF more local care was available eg. in Fairford there is a Cottage Hospital - beds closed some years ago and these have been much missed. Was (and would still be) ideal for care of 'bed blocking' patients + providing respite care - much cheaper than keeping in a general hospital and much better for the patients. Fairford is right at the other side of the county from Gloucester and Cheltenham (why are the 2 general hospitals located so near to one another in such a large county?) so there are issues with visiting in-patients + getting there for appointments (parking is a nightmare) which really need to be addressed rather than just leaving it up to the patient to cope somehow. Am keen to see money spent up front on new (possibly genetically based) treatments as these could save money and improve treatment in the long run.
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?
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.
Your survey is worded such that it reaches the conclusions you want published. I am greatly concerned about a plan promoting reduction of Hospital beds when time upon time we find that we need more than is available. One of the highest priorities has got to be recruitment, training and most importantly retention of Staff. Staff are leaving because they fell undervalued forever just tick boxing targets rather than delivering care. The reason we have such a problem with regard to "bed blocking", is without doubt previous policies which saw the closure of a number of local Community Hospitals with provided good stepdown/rehabilitation/respite care. This was done purely as a cost cutting exercise despite whatever we are told not for the benefit of patients or the Community at large. Part of the new Care Services is the promotion of use as Pharmacists as a means of obtaining advice on so called minor health matters, however what I don't see mentioned anywhere is the reassurance to the general public that every Pharmacist is trained sufficiently top do this. I am aware of a number of situations where people are told to either go to their GP or phone 111. The 111, service has not been the success it was hoped to be, again what training and how much guaranteed supervision on any shift do the operators have.
Q.4: The massive issue is being asked to prioritise when it is so clear that ALL services mentioned might be necessary/vital. So I cannot do that. Q3 Not using hospital beds for someone needing care other than purely medical, is ONLY possible if there is somewhere else where they can go! We all know this is true and has been for ages. So surely it shouldn't really have been asked about as an either/or Q for a survey? Q4 there has to be at least 2 answer that are vital - NOT one or the other! So, for me: it is clearly: distance and specialist expertise. This is probably so for everyone I guess. Likewise Q5 in exactly the same way. So I have done as advised: not chosen one over the other = not clicked any.. My strong and distressed view is that what is needed so obviously (and has been for a long time) is a robust request for increased (progressive) taxation so that we can all feel safe again in the NHS! This is not rocket science at all - and I despair, along with many other people - that the Govt. refuses to even hint at this. It is, therefore, about letting the NHS deteriorate so much that it dies. This is not only unnecessary but, in my view, totally tragic and impossible to understand. The majority of the public would go along with this, as has been made clear. There is a very high level of anxiety about what's happening to our NHS and we know UK's GDP re it is lower than other countries! It simply makes no sense and I hope Authorities will stand up against what is happening by design - boldly. They would, for sure, be supported by the public....

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.....
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.
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.
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.
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?
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.
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 !
Government discussed Community & Established NHS services linking in 60s..Without politicians strong support you will not get far. Families UNABLE to give complex health care and a lack of NURSING Homes is a huge problem plus TRAINED staff. More Recruitment & ££.needed. U cannot discharge a lonely vulnerable person back to a NO HOME CARE and free up a bed. They'll just come back to A&E. More flexible Nurses. We respect this profession but since degree culture that are apt to stop taking care of other details like cleanliness and making sure patients are eating & drinking etc. MORE trained on the JOB Nursing staff. More men attracted into prof. Definitely bring back a properly trained MATRON Not an office computer based manager. Has anyone tried pulling in MOD trained medics and MASH units to help? Drop down Hospital accommodation with simple beds etc. There must be many orgs that have trained staff to send out. British Red Cross etc. Commandeer Empty/ suitable buildings for beds? If it's that urgent you need to think outside box & regs. Thin out the AMONT of organisations often duplicating each other. Nightmare bureaucratic layers. It's a MAZE. Try to get the Consultants to talk in a multi-disciplinary way i.e. the Shoulder specialist with the Neck specialist. This would Save separate appointments and different singular decisions when one illness joins with another- esp. in orthopaedics and neurology. ASK patients at FIRST out patients or consultation DO YOU HAVE FAMILY/CARE AT HOME/ DO you have TRANSPORT? It is essential people ALL ages but esp. elderly, are treated knowing that they are alone for instance and cannot easily GET TO ANY MEDICAL CENTRE by BUS or pay for ££ cabs. Hundreds of people in rural areas affected. Put a BUS icon on their records on database. Then appointments wouldn't keep being made at v. early or late times.. People then have to change the apt & MORE weeks wait. The Pavement & road leading to Gloucester Royal Hospital from London Road - there should be a zebra safe crossing at the entrance to this busy road. The state of the tarmac bad potholes and I tripped on a raised flagstone on pavement and ended up in A&E. This road is the entrance to CARE it need completely resurfacing & uneven pavements sorted, Not to mention the disgusting underpass. NOT everyone jumps into a safe car & gets to a car park in less than an hour. There are hundreds of us that Walk (or hobble) and grin & bear it in all weathers having got buses & trains...
1. Onward facilities like the Delancey should not have gone, hence the older, frail patients who are clinically well are bed blocking and have nowhere 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
Make alternatives to A&E care so that only those who need their care go there. Provide more rehab beds so that major hospitals can do acute care but there are beds for those who need time to recover and for social services to arrange care at home. Make sure that where agencies provide care at home adequate time is allowed per patient and that they get the same carers each day so they can develop a relationship
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.
More local services. Re-open cottage hospital and use for respite, palliative and terminal care to keep patients from blocking acute beds. Also provide local day care centres for elderly and dementia sufferers.
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.
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.
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
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.
Having spent almost 40 years designing adaptions for the clients of the Social Services Department of a London Borough to get speedy discharge from hospital to reduce bed blocking by using reusable equipment that can be transferred to future patients eg shower systems, ramps, rails, stairlifts and door entry systems. I have a patent (pending) for a remote control access system to enhance "Telecare"
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
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.
Considering the projected increase in patient over 65, what is the point of wasting money on new technology that these older patients cannot or will not access. Money should be spent on providing care in hospital and more beds for patients who need medical treatment. (Incidentally, if your projected figures are based on extra population, that is little more than guesswork and can be affected by any number of

variables such as obesity, disease etc.
Stopping people attending GP for minor ailments or to get free over the counter medication eg Canesten cream or paracetamol would free up more appts for chronic problems. No point reducing hospital beds until more community services including social care are available. This will need more funding- the money needs to come with the patients, you can't just shut down acute beds and hope care will be providing in the community when there are not enough district nurses, GPs or carers and social services are stretched so far that pts are waiting weeks to get to the appropriate place.
1. Not in the plan - but the Government need to restore the %age of GNP devoted to Health & Social Care to what it was say a decade or two ago, and more on a par with other W European and N.A.countries. 2. "Bed-blocking" must be ATTACKED HEAD-ON! - Upstream consequences (for the patient occupying the bed) - a) not receiving the most appropriate management of his/her condition languishing "well" in a hospital bed - b) at risk of hospital-acquired infection - c) cost of hospital bed greater than what would be spent in a community / social care environment. - Downstream consequences - a) over-run A&E depts. -b) 12h trolley waits in A&E - c) no beds in full hospitals, so longer waiting times for all admissions(medical/elective surgery/even Ca patients) - d) cancelled admissions for elective surgery - e) crises in primary care with patients not being admitted at optimal time with GP's over-stressed / overwhelmed - declines in appeal of primary care for new doctors.....etc... etc... So please devote a large proportion of the STP to attacking bed-blocking!! 3. I strongly support Social Prescribing. A great way especially to keep the older patient, the frailer patient, the lonely and those with less severe mental problems in their community environment. I have seen it work really well for a number of patients I know.
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!

For a long time the partners in providing health care in this county have paid lip service to joined up care. The amount of people in acute hospital beds because of a complete lack of social care and infrastructure to support rehab and treatment at home grows every day. GPs are sometimes guilty of giving their patients false hope - promising convalescence or respite when people don't meet the criteria. Consultants in acute hospitals think they are above needing to engage in changes to service delivery. And social work is a joke - the bureaucracy that encompasses packages of care or placement is ridiculous - it's no wonder people die in hospital waiting for care at home.
Cutting beds does not help improve anything when it comes to health & people. We are an aging population, we are living longer because we understand how to "control" medical issues which a century ago we would have died from. Once the baby boom of the 60's has gone there are going to be massive gaps in age groups to deal with the then smaller but longer living population. Bringing back nurse training to wards, Matrons who are scary, & many of the "old fashioned" (30 years ago) ways of management will help reduce the lack of beds, or closed wards due to insufficient staff. Nursing is a vocation & needs to be done on wards before getting a qualification that is not going to be used. Cottage Hospitals should be put back into the care of the GP's of that area. Finances should be given on an equal footing - if you have 4,000 patients 3,000 of whom have long term health issues then you need more funding than a practice that has 5,000 patients with 1,000 of them having long term health issues. Ways of keeping our highly trained staff in medicine needs to be looked at - from assistance with housing to wages that are in line with the current cost of living.
Beds in hospital used for emergency caring. Clear out recovering patients to other more suitable caring locations Stop health tourism
Make better use of resources; free up hospital beds by providing facilities where people who no longer have medical issues can stay while appropriate care provision is arranged.
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 goodnight trip to med cabinet & loo? NO WAY> BUY robots same answer. They will possibly become even more depressed stressed and resort to

suicide. The picture that's painted of jolly visiting Nurses community volunteers as Buddies etc. Just is not in any infrastructure here. maybe in Sweden or Holland? I do not agree with SHUTTING DOWN ANY BEDS. Unfortunately your survey Qs are slanted to not have that vote. If you have heard of wartime MASH units why can't we approach the M.O.D and ask for help with some of their huge medical staff and drop down med hubs? There are countless empty contemporary office blocks with full services that might be possible to use as extra bed space. Think Outside BOX time? The amount of money government spend on overseas aid or NHS salaries cd be put to better bed use. Rural Hospitals v. unlikely to have facilities like MRIs this means hundreds of patients if not thousands are travelling across counties to ONE hospital for MRIs or CT scans. No wonder appointments months away. MORE money for scanners needed in closer to home areas or travelling ones.
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 important that the NHS is properly funded, not fragmented and private health providers are not allowed to cherry pick the services they offer. If there is private provision the contracts need to be carefully written and scrutinised to ensure that they deliver all the services promised. The number of hospital beds need to be maintained so that routine operations are not cancelled at the last minute creating yet more problems and delays.
Joined up thinking, would be a good start. The use of resources better, better value for money. Getting beds freed up quicker, stop bed blocking, preventing others from being treated.
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!
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.
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 these 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 there is not enough support or access to these services.
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
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 in 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.
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 Health Service should have 2 strands 1 Hospitals - where acute and specialist care is needed, eg for operations and when treatment completed patient returned to community care. Do not have patients in wards for longer than necessary. Expensive equipment used to full advantage so 7 days a week but not just doctors but ancillary services as well. 2 Community Hubs To include current doctors surgeries and community care and social services (part of NHS and not LA's) People often have the need of social services as well as medical attention so all should be provided as one joined up service. The hub would have some beds for people discharged from hospital but still needing some care before returning home and those needing respite care for short periods. The aim would be to have people in their own homes rather than in Private Nursing Homes. Specialist homes for eg dementia patients would still need to be under the control of the local Hub. Because there would be staff on duty 24 hours a day to care for the above, they would also act as a minor injury clinic day and night. the Hubs would have doctors, nurses and some routine services available. People would attend these hubs and in first place see a specialist nurse who would assess their needs. They may be able to sort the problem but if not refer them to a doctor. People would not make an appointment to see a doctor unless the doctor had asked them to do so. So many ailments etc can be dealt with by specialist nurses leaving doctors to use their specialist knowledge more efficiently. Routine checks can easily be carried out by specialist technicians or nurses. The hubs would by their nature be quite large so small doctors surgeries disappear. It may be that under existing conditions the hubs may be in a number of building but the aim would be to gradually have in one place. This will be a problem in some country areas but most people have access to a car and a relative or friend but if not, a nurse or doctor would visit them in their own home. (Doctors would have more time because they were not dealing with minor complaints) Seeing a person in their own home is a good way for medical staff to better understand a persons' illness and social situation and be able to arrange whatever help was needed as local homecare services would also operate from the hub. Volunteer services would also liaise with the Hub to support the local communities. There would be coordination between social service and medical staff which would help to keep people healthy and need medical services less. For example people with psychiatric problems they should have a much more joined up approach to their treatment..
Restore cottage hospitals, build another "Delancey" 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 Gotherington, 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?

Healthcare and social care in the community should be real ,and accessible 24/7. Previous attempts to reduce hospital beds to fund this has only been partially successful, and has led to current under provision of beds. Please do not fund future changes by cutting more beds, even if you anticipate existing beds will be freed up by moving patients home or into residential/ nursing homes. We have had several experiences throughout 2016 of medical emergencies requiring urgent hospital admission, waiting hours in A & E for treatment ,and then yet more hours for a bed.
This 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.
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.
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!! It’s never too late to bring them (C.H) back again.
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
I think the closure & downgrading of small community hospitals has been a disaster for rural outlying areas. I'm in Tetbury & had to wait for 8 hours for an ambulance with an elderly neighbour who collapsed because we are in a "dead" zone now. With the decimation of social services & community care the hospitals are full of "bed blockers" More specialist elderly support needed specifically.
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
I don't think it is so easy to state beds only for people that need them, what if the person in the bed has nowhere to go, what if the depressed person in the bed would then be in danger of self-harm. In an ideal world it is easy to make these big statements. Close hospital beds - but what about the emergency needs, on my ward 90% are emergency admittances. If we still had some of the village hospitals we could redirect patients from the beds needed in main hospitals.
longer appointment times at initial doctors’ appointments more beds available in hospitals easier to get care at home, enabling people to get out of hospital beds

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
Am I correct in thinking the county and yourselves have already submitted your plans to Government? Reduction in beds is not the way forward! Essential - Keep community hospitals such as Stroud (and maternity) as there is already too much pressure on existing centres such as Gloucester and Cheltenham with a growing population these extra spaces will be essential in future with the loss of Standish for instance, there are fewer options for major emergency planning for county. Also any spare capacity at smaller hospitals can be used as half way place before discharge to home or care unit. Centralisation of ambulance service has been a disaster - privatisation even more so. All the publicity lately has been delays at A&E due to lack of beds - and how to accommodate this - so how can a reduction of beds be the right way forward? This also ties up paramedics and so many ambulances and delays
Bring back the full 24 hour A&E service at Cheltenham General ! PS. well done for closing down Delancey, no wonder you've got beds blocked by people who need a re-cooperation hospital.
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 stateism. 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.
More community and hospital beds
There are insufficient hospital beds. An increase in beds and qualified staff is needed. Dramatically reduce waiting times for Cardiology appointments please
While I am all for prevention where possible, I am concerned about proposals concerning self-care and the reduction of hospital beds which may mean patients are unable to get the care they need. The Autumn budget is coming up, might local NHS services be able to secure a larger share of it?
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
I definitely agree hospital beds should be for those who need medical treatment but the funding has to be in place with Social Care to prevent the blocking of beds by those who are on their own - it's not acceptable to just decide this without sorting out the whole package and the Government need to take notice of the chaos being caused by reducing funding