

Clinical Programme Approach

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 I visited the surgery to make an appointment- got one with my 3rd choice of GP- the website was out of date and my first 2 choices had left the practice.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

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

being said, all health services and pathways should be designed to support the quarter of our population with a mental illness to get good care for their eyes or their bones or their heart.

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.

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

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.

I do think that a lot of money in NHS is spent on staff who do not actually provide care but are checking on others performance and some fairly poor quality commissioning. Some money could be diverted from performance checkers and people from both commissioning and providers and diverted into frontline services. We also need to work on avoiding people being brought into hospital and then stuck there, so some input in the community to deal with emergencies and health care conditions that can be managed in homes with some extra resource. Mental health also needs more money and particularly liaison psychiatry

More carers /reablement support so people aren't staying in hospital longer than needed waiting for a care package. Physiotherapists seen none existent! Joint working with the housing sector, tenants services especially in sheltered schemes are often in people's homes & can see how their tenants are struggling with activities of daily living & mobility, & put in referral requests to social services, they are trying to be preventative but wait such a long time for OT assessments, mobility assessments & for social worker assessments.

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.

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

I have Parkinson's and I am convinced that being and feeling in control of the treatment I receive is very important. This doesn't mean that the health services don't have such a role to play, but it does require commitment from them and I don't think that all practitioners find it easy to treat the patient as an equal partner. The other big problem is the accessibility of services in a rural area for those without their own transport.

Preventative services are important. At the moment there is no post-diagnosis psychiatric support for people with autistic spectrum disorders (ASD) or ADHD.

age related issues, are important

Ready access to hospital facilities and specialist treatment when required

Much more money needs to go into mental health provision. Our 8 year old grandson has anger management issues and apparently CAMHS is very over stretched and under funded

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 clinic 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 its 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.

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

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

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.

I believe it is vital that we keep the Parkinson's Disease Nurse Specialist service in Gloucestershire as since its inception it has provided vital support to people with Parkinson's with help and advice as regards the management of the condition, including medication, often saving consultants' time. Their referrals to Occupational therapists and physiotherapists can keep people fitter, active and better able to cope with the condition, giving a better quality of life and avoiding the need for the services of GP's or hospital admissions.

Mental Health services are under resources and grossly inadequate and should be prioritised for improvement. Mental Health is not mentioned once in this survey of principles!

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

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.

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

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

Drop in clinics for dementia for patients and their carers to be able to talk and exchange ideas.

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.

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

Stop using NHS HOSPITALS for Botox treatments-Sex change operations- Tattoo Removal

I had difficulty in ranking the priority for care issues where there wasn't a category for consideration of past chosen lifestyle. Important to me:- Opening up the debate on the care and treatment of dementia patients - and the care of their relatives. Personal experience within my extended family of Parkinson's with early onset dementia (10 years from diagnosis to death) I observed how trying to care at home can break the health of the most willing relatives. Worse - it puts their lives 'on hold' for an indeterminate time, including those of children. At times during those 10 years, and including in the final weeks of 'life' of my sister-in-law, valuable hospital resources were used to keep alive what was so clearly a terminal, hopeless medical case, despite a 'do not resuscitate' request having been signed by the 2 closest relatives, husband and daughter, at the end of the 5th year. This was NOT in Gloucestershire. As a result of my experience with early onset dementia, I believe a serious and open discussion needs to take place about the care of such patients. I accept the wishes of relatives will vary greatly, and will need to be respected. If the wishes of my relatives had been taken into account, the health service in their county would have been saved at least 3 years of occasional emergency in-hospital treatment (for pneumonia etc) daily sedating medication, and an immeasurable

amount of stress for the close relatives concerned. We are sure a much loved wife, mother, grandmother, and sister-in-law would not have wished to have been kept alive once she could no longer communicate or feed herself - but she was. It took a very strong challenge to the doctors by her daughter (an only child) to arrange for transfer from a large general hospital to a hospice - and peaceful death of my sister-in-law after 9 days of non-intrusive care.

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.

The King's Fund Project <https://www.kingsfund.org.uk/projects/verdict/has-government-put-mental-health-equal-footing-physical-health> states that "Mental health problems account for 23 per cent of the burden of disease in the United Kingdom, but spending on mental health services consumes only 11 per cent of the NHS budget". I have read the short version of the STP and it seems that Gloucester CCG and NHS Organisations have no plans whatsoever to redress this situation. PLEASE REPORT HOW THE CCG INTEND TO ACHIEVE AN EQUITABLE BALANCE OF FUNDS AGAINST BURDEN FOR MENTAL AND PHYSICAL HEALTH. Without this, the STP is not fit for purpose. In the short STP, the only mention of Mental Health is the Crisis Service on page 6. So much for promises to bring Mental Health Care up to the same standard as Physical Health Care. The NHS Gloucestershire Clinical Commissioning Group are responsible for allocating the budget, and page 6 of the STP states "One Place, One Budget, One System". Please explain why our CCG is unable to make an equitable funding allocation between mental and physical health services. At the 2gether AGM Shaun Clee (2gether CEO) wrongly urged us to lobby the Government for additional funds for mental health. I now know we need to lobby the CCG. There is a lot of media interest in Mental Health Care. I know overall budgets have been cut, and that Gloucestershire has some excellent projects (Mental Health Acute Response Service; Treasure Seekers and The Cavern; Alexandra Wellbeing House; the first Crisis Concordat). The CCG has the opportunity to be the first county to have equitable funding for mental and physical health. Please don't bottle out and blow it.

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

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

<p>a member. Unpaid carers need your support and respect. Without us the NHS would be in even more financial difficulties. 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.</p>
<p>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</p>
<p>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</p>
<p>Need more investment in mental health-clinicians currently on the front line are overwhelmed and service users expectations are not comparative with current resources-Amount of time inputting technical data and performance management by measurement using KPI has affected the therapeutic relationship between staff and patients and led to demoralisation of the workforce and a worrying negative culture of care and compassion</p>
<p>I think there needs to be higher focus around mental health services as this is an increasing area.</p>
<p>As a person with Parkinsons I strongly feel that funding should be continued for Parkinsons nurses, whose expertise I have found extremely valuable in the past .</p>
<p>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</p>
<p>Better access to mental health services for children</p>
<p>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</p>
<p>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 problem</p>
<p>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.</p>
<p>Speedy access to services and an appropriate speedy response to presenting needs.</p>
<p>Ability to see an expert Access to my health records Organised services so I can be seen as efficiently as possible, including diagnostics</p>
<p>I recently visited Gloucester Hospital hearing services department 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</p>

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

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.

Mental Health - Care in support is good - link it to health care services

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

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.

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

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

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.

Cirencester Hospital should be viewed as a beacon of excellent community care. Very important to have joined up access to health records. Much more emphasis needed on physical education in schools and promotion of healthy lifestyles

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

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.

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

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

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.

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

I 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 centres for these issues

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