

Clinical Variation

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.

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.

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.

Cut the waste! My father went into hospital and come home with duplicated drugs. We also had to take back medical aids, medicines (in sealed packet) never opened - not accepted - and were not welcomed because of sterilisation difficulties. Also had 4 months' worth of incontinence pads which were also not acceptable. Multiply this all the older folk - the cost is staggering! I recently spent 7 hrs in A&E. Everyone I spoke to would willingly pay another 1-2p on their income tax as an NHS tax only. The government are going to build houses. How about building dedicated community hospitals in local towns (like the one we used to have at Fairford) for older people at the end of life surrounded by housing units especially for their spouses. Include a few necessary shopping units and a warden service. This would take the strain off the hospital wards, the spouses that are left behind, the nurses and doctors who would be dedicated geriatric experts and help the older ones who are still able to easily do all their shopping without cars to maintain their independence. It would be far more acceptable to an expanding town like ours if people could see a real benefit to more housing in their area helping to cut out 'Nimbyism'. They may see that they may need the facilities one day.

The key issue about health and care services in Gloucestershire is to ensure that the approach recognises the rural communities outside of the large urban community hubs. Our rural communities have poor or no public transport, little or underfunded medical infrastructure yet represent a large percentage of the Gloucestershire community. The 'People and Place' community model would not necessarily support rural communities unless there was an adequate network of facilities closer to these communities. Investment in existing facilities in rural communities should be reviewed to look at opportunities for bringing care closer to home and/or relieving pressure on hospital beds. For example Fairford Hospital Outpatient Clinic could extend its provision that would meet these objectives. Priority funding of drugs for the population does not sound like an approach that will necessarily meet an individual care need but a cost based one that could easily lead to a post code lottery with regards to whether a person is successful in getting the treatment they need or not.

I do think on the whole that NHS in Gloucestershire is good but needs more money to spend in some areas that are lacking. Educate people before they get ill The medical profession should be informing people of the side effects of drugs. Is it best to keep the elderly people alive on drugs, but they have a poor quality of life? Let them choose?

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.

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

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.

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

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

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

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