STP Engagement Feedback received by email

"Dear Glos NHS

I have read as much as possible about your detailed plans which the Govt. has pressed you to make re our NHS in these parts. I am DEEPLY concerned on many counts.

1. *I know full well that this is all to do with cuts and not to do with providing better healthcare. Despite the wording.*
2. *The wording in the document is....clever...and I appreciate the stresses involved in having had to write it. But I can read between the lines and feel more than upset that it is worded so cleverly. Some people may believe it is to their advantage – when we all know it honestly isn't.*

3. *I tried to do the survey online last week. But it didn't work/it wasn't functioning when I tried it. I have run out of time to try again, unfortunately.*

4. *How will enough people be encouraged to use 'online' Help for their conditions? A few will – and for some conditions it may be fine. but SO MANY won't, or could not. What about them? Also, what about the loss/lack of personal contact as more things are put online? We know personal contact counts for alot in health issues.*

   & MOST OF ALL: re eg: STROKE.

5. *A MAJOR concern of mine re these parts (the North Cotswolds) is the frightening and extremely worrying issue of eg people who have strokes, having (a) to wait for an ambulance (Service Cut) and then (b) travel all the way to Gloucester Hospital for treatment. An hour away! It used to be at Cheltenham – which is far away enough. WE ALL KNOW THAT TIME IS OF THE ESSENCE RE STROKES & OUTCOME. You probably don't hear much said about this, because most members of the public don't contact you. But masses of us are seriously worried about this. And for good reason. No way can it be said that this change is better for the public.*

I would hope to have some reply to these issues. And that if there are to be any 'consultations' with the public, some will be in NORTH Cotswolds (ie Moreton) – as most meetings – and most facilities/resources – reside in the SOUTH of the county!"

LR, November 2016

"I fully support the Guide Lines as set out by the STP."

Councillor David Foyle, February 2017

"Some general views from the Parish Council are:

1.We are fully supportive of the need for a Plan and for the objectives in the consultation version.

2.The major issue for the Parish going forward will be the care of our elderly residents many of whom live alone without family nearby.Support for neighbours and smaller home care providers is vital.

3.We would want the excellent facilities at Tewkesbury Community hospital to be maintained and strong support given to local GPs.

4.The Rapid Response service is an effective way of providing emergency care."

Alderton Parish Council, February 2017

"Survey response re Developing Gloucestershire's Sustainability and Transformation Plan

The short guide essentially contains a wish list of desirable aims, which few will argue with. Therefore I think folk like me, who are taking a keen interest in the future of NHS Health and Social Care in the county, will regard the document and questionnaire as far too simplistic and so impossible to answer the questions `sensibly`.

Hence I've gathered some thoughts in this email rather than attempt to complete the Survey form, which smacks of simply being an attempt to demonstrate to the `powers that be` that you have taken the trouble to engage/consult with local people in order to be able to tick that box! Sorry, I'm not trying to be impertinent. As you well know, the actual development and implementation of the resulting plan will very complicated and involve weighing up many pros and cons and prioritising the services, a number of which are quite disparate. The trouble is that every individual in the county will take quite different views as to what they regard as more important/essential.

The point was quite rightly made at the recent Hospitals' Trust Members' seminar (10 Jan) that after the NHS was established at the end of WW2, many of the services may well have been done in ways that are now thought the `right` way; viz., in some cases, you may simply end up reinventing the wheel or going a full circle! Fine, but what will happen after five years of implementation or after a decade or so of deployment, will succeeding NHS managers decide it is better to do things the way we are currently doing! And so we go in another circle!

Personally I think `paradigm` shifts are need in Gloucestershire NHS, but there is little point embarking on such transformations if after a few years new brooms come along and advocate yet more fundamental and far reaching changes, in order to simply make their mark/justify their jobs!

My final point concerns the staff working in the Hospitals' Trust. Personal experience has led me to respect and value greatly their commitment, enthusiasm and determination to do their best for patients (consultants, doctors, nurses, catering staff etc. etc.), but they need a realistic framework within which to operate. It needs to give them space and time to breath and reflect. Fire fighting is all very well from time to time, but it isn't sustainable, nor is the ever increasing chronic underfunding of the NHS by the Government.

So to summarise – Yes, you must try and explore better ways of providing high quality, sustained safe physical and mental health within tight budgetary constraints, but it is also not rocket-science to

realise that Government funding of the NHS Services needs to increase significantly too. Therefore, one avenue the local trusts should focus their attention on is lobbying and looking for champions, such as MPs, Peers and other groups or individuals who have clout – like those in the Media and appropriate medical/health academics at Universities.

I hope you find the thoughts of some use."

MC, January 2017

"There needs to be a big efficiency exercise carried out in this hospital

- *Why have 3 receptionists on the upper floor outpatients ? On 2 occasions I (and others) have been kept waiting while they talk about getting coffees and another time about holidays . Another time there was a young man on his own who was very efficient and no queue! Try a Premier Inn and see what service you get ! I know the work place is different but the function is the same*
- *I attended A and E with a very obvious eye problem Waited hours and saw a very general doctor who then referred me to her eye colleague in A and E I had to wait hours to see him why not put me straight to see him ?*
- *There was a lady in A and E at a table to check that people needed to be there she didn't ask me at all but spent most of her time chatting to friends while other patients went straight to the main reception desk*
- *You have these "auto check in " machines in reception . They are taped up and have been for some time - they are very good but why can't you get them to work? They have these at Birmingham QE2 and they are very good*
- *I sent an opticians report 5 weeks ahead of my appointment to find that the Consultant to whom it was addressed had not received it She said that this side of the business was not very efficient !*
- *When I see my consultant at QE2 (or even the GP at Newent) my records are all on the screen but when I see the GRH consultant he gets out a huge file and starts wading through that ! This is not very efficient nor is it accurate*

Surgery

- *Why does the dispensary close at lunch time ? There are usually at least 2 people in there so why not alter the shift pattern so that it stays open all day . The rest of he world works through their lunch break !*
- *Why can't you book an appointment to see the nurse on their auto booking system ?*
- *Why can't the surgery receive/send e mail to/from hospital?*

Hope this helps I have done a lot of business efficiency work and see so many opportunities in the local NHS – some of which is above

PS, February 2017

"This may seem very rude but it would seem that the NHS has TOO MANY CHIEFS AND NOT ENOUGH INDIANS. I am an 83year old SRN, Guys Hospital and have lived through so many NHS crises during my lifetime married to a GP (now retired), I have been a Governor of the Gloucestershire NHS Foundation Trust for 8 years and done my best to be helpful but we are now at risk ourselves with the lack of Community Care and hospital beds. WE are now seen as bedblockers and begin to feel like nuisances instead of being well cared for old people. Cut out a few managers and CEOs and endless more managerial employees. we need more beds and more BRITISH trained nurses rather than relying on nurses from other countries, especially now that Brexit is with us"

DA, February 2017

"Hello GLOS STP

I am emailing because the online questionnaire did not record my responses, and because I don't think you are asking yourselves or others the right questions.

This is not a rant or a complaint - it is an expression of real concern. I appreciate that much good work has been & is being done in Gloucestershire & it is clear that much of the STP work is well intentioned. Yet ….

I am very concerned about the whole premise of national STPs because :

- *All the changes in the NHS over the past two decades have made eminent sense in the proposal documents - but they have not been grounded in reality*
- *All the promises about transferring care closer to home & in the community have been unrealistic about the amount of time, resources and manpower that would need BEFORE reducing hospital resources*
- *The NHS finances are in a perilous state - £886 deficit at the end of the third quarter 2016 – 2017 - these STPs are just like saying 'we will move to a bigger, better house but leave the rent arrears behind with no consequence'*
- *All the forecasts about the need for elective in - patient stays in Acute Trusts have been unrealistic - & day case beds should not be included / counted in overall bed provision – they are not beds but chairs. Advances in medical technology mean that more surgical intervention [stroke, oncology, cardiology etc etc] for more people is possible & probable. We will always need theatres, HDU & CCUs. Trauma & elective case numbers [& ensuing competition for beds], not elderly bed blockers, are the key issues here.*
- *Dangerous levels of bed occupancy in Acute Trusts reflect very complex social issues – not just public health or an increasingly aged population but significant changes to family and other support structures - geographical mobility being one such - if there are no good jobs, young, capable people will inevitably move to find them [i.e. to the South East & London]*
- *Other societal changes - e.g. to women working for more years [cut state pension provision from age 60 to age 66 & above & what happens?] -means that there are less carers available to look after our elderly population. Talk from ministers about looking after our elderly is just that if you need to go out to work to pay your rent*

- *Austerity cuts – libraries, education, parks, safe housing, transport in rural areas, worthwhile jobs etc etc – increase social deprivation & threats to well being & mental health -& ensuring demands on NHS provision. STPs cannot be successful in isolation from the bigger picture.*
- *NHS staff are exhausted & being undervalued [even verbally abused by SoS & ministers] - where is the respect & dignity for the workforce that delivers the care? You cannot deliver major organisational change with a demoralised and disenchanted workforce –it is going to fail, yet again.*

In essence –as they say in Gloucestershire - 'fine words butter me no parsnips'…..

What is needed is :

- *Realistic recognition at government & NHSE level of the complex pressures and levers that impact on NHS demand & provision [no hope of that with Jeremy Hunt]*
- *An honest debate about NHS provision & funding that does not resort to endless re-structuring & creation of false boundaries [purchaser/provider ; community v Acute v Mental Health ;PFI ; PCG, PCT, NHSE, NHSI, CQC, Monitor,CCG, 5 year plan & STP …..rosy picture proposals]*
- *A strategic plan for workforce that removes political interference [e.g. removal of nursing bursaries]*

I could go on & on but I am quite sure you will have stopped listening by now. Just read what The King's Fund has said about STPs …..some good ideas & isolated examples of best practice but not grounded in reality. Another fudge.

I am not an employee of NHS -just a very interested and concerned member of the wider population.

You should be concerned that the online questionnaire did not work on either iPad or laptop – how is that effective or comprehensive consultation?"

MM, February 2017

"Although your plan looks adequate on paper, I do feel you need to "think outside the box" a little more and approach organisations that are not within the NHS. I also feel that you need to consult more with the people who are actually in the front line in order to fully assess needs versus cost saving.

People living in the Community

1 Community care must be adequate. Legislation is needed to ensure that all care

workers are

a) fully trained to a nationally certified professional standard

b) given an adequate time for home visits to enable them to be effective

2 If you wish for elderly/disabled people to live in their community for as long as possible then you have to provide bungalows for them

a) so that they do not have to contend with stairs

b) so that they can move within the county to be closer to relatives.

Developers do not wish to build bungalows so Planning must rule that every new site should have some bungalows on it. Social housing must include provision for the elderly as well as first time buyers.

Bed-blocking

1 Set up a Convalescent Hospital which should be under the supervision of 3 doctors working a shift pattern and staffed by nurses. This will be purely for recovering patients and those who cannot be released home to safe conditions. If any emergencies arise the patient can be returned to the main hospital, which houses all the expensive equipment, via ambulance. (The Standish Hospital site would have been ideal for this). Perhaps there could be a small charge for meals.

2 Build more bungalows in the community for the elderly.

Agency Staff

Rather than paying through the nose for Agency Staff, why does the NHS not cut out these expensive "middle-men" and set up its own Agency where staff are paid the "going rate" for the job?

Child Obesity

1 In these days of junk food, re-education is the priority. The best way of achieving this is through the Education system.

a) schools must allow a double period before lunch to give sufficient time to cook a meal from scratch (making pastry etc). Anything less than a double period is totally inadequate time to cook properly and clean up afterwards (hygiene).

b) the children can either eat their own meal at lunchtime at school or take it home to eat with their family

c) enthused children will take their recipes home and help re-educate the parents that cooking a meal with fresh food is not difficult.

d) the children will also learn about a balanced diet and portion sizes

e) P.E. lessons must be reintroduced at a higher rate in the school curriculum

2 Supermarkets must be stopped from labelling food as being specifically for children

eg "Children's Cereals" which generally covers all the sugar and chocolate laden varieties

Specific Care & Quality Improvements

1 Men should have regular prostate checks for cancer from the age of 55 onwards

2 All hospital medical staff should be required to work shift patterns that ensure that there are sufficient staff in the hospital 24 hours a day including weekends. Current staffing levels are inadequate.

3 Cleaning in hospitals is currently inadequate. Bed frames are not being wiped down and dirt on the floor is often being moved around rather than being picked up. Greater training and supervision is required for the cleaning of hospitals to reduce infections.

4 Review of menus in hospitals to ensure inpatients are receiving a healthy diet

A & E misuse of services

Re-education must be via the schools, GPs and Health Visitors/Maternity staff to clarify what constitutes an emergency.

GP services

1 GPs and Health Visitors/Maternity staff to clarify to their patients

a) that viruses do not respond to antibiotics.

b) it is not necessary to visit the doctor for minor coughs and colds

2 There should be a return to the GP Out of Hours Service for evenings and weekends when GPs took it in turn to be the "call-person". It is much more reassuring and safer to speak on the phone to a professional.

3 Existing GP surgery hours should not be extended by keeping the surgery open. GPs are already under enough pressure and there are not enough of them to go round.

Allergies

GPs and Health Visitors/Maternity Staff to discourage the over-use of cleaning products to provide a sterile environment for children which is preventing them from developing their own natural antibodies. Simple cleanliness is adequate.

Waste of Medicines

1 All medical services to encourage the return of medication rather than flushing or sending to landfill.

2 If returned medication is still in date and in blister packs, send it to third world countries.

Recruitment

1 This needs to be directed at both Primary and Secondary schools with people going out to talk to the children – GPs, hospital doctors, nurses, anaesthetists, physiotherapists, radiographers, ambulancemen.etc. Recruit retired or young part-time personnel to do this.

2 All foreign staff must demonstrate that their English is adequate as part of the recruitment process. They must also be able to cope with regional accents and terminology.

3 Ask for volunteers to help feed patients at meal-times to ensure they get all the assistance they require.

Complaints

Instead of the (understandable) knee-jerk reaction of "It wasn't our fault" hospitals need to really listen closely to complaints. Often they are pointing out flaws in the hospital systems which could be rectified.

LB, February 2017

Developing Gloucestershire's Sustainability and Transformation Plan (STP)

Short Guide

We are a local group who are concerned about local services and, as such, we are responding to the STP Short Guide.

While we fully appreciate the challenges outlined on page 2 of the guide, the aim to achieve a healthier population less dependent on health and social care services with strong networks of community support seems to point to a strategy of finding ways to cut services. This is not made clear in the document. We are concerned that, by asking people to respond to your guide, you are asking them to help you ascertain where to make these cuts.

The introduction of the guide states that 'Our approach builds on the foundations of our "Joining up your Care" programme in 2014, which was subject to significant patient and public engagement'. We wondered whether you could clarify the term 'significant' and what this means in numbers. Therefore, we would be grateful if you could provide information on how the 2014 survey was carried out and how many people responded. As residents of the Forest of Dean, we would be particularly interested in how many people in the Forest responded.

The document emphasises joined-up thinking. Publicly-available figures would indicate that the need for cuts could be avoided if there was greater efficiency elsewhere in the system. From this perspective, would it be possible to collect funds from elsewhere and redirect them to where they are desperately needed? For example, a) addressing gross exploitation by the drug companies; b) addressing the problem of the billions of unpaid tax that could be collected and redirected.

With reference to page 5, we would welcome more initiatives, such as walking for health, etc, that support communities and prevent isolation and loneliness. We do feel, however, that our youth are being very neglected and deprived of community support and a role within the community.

With reference to page 6, the 'People and Place' community model doesn't really fit the Forest. We think it unlikely that our GP practices cover populations of about 30,000 at present, so is this an aim? Services in the mental health sector have been cut to the bone in this area. How would other health professionals working more closely with GP practices operate?

We are concerned, in the face of pending cuts, how all this support could be provided, particularly in cases such as the following approach: 'More care in people's own homes and in the community, supported by specialist staff if needed' (page 6). There was an article on PM (Radio 4) today (24/02/17) that cited Wiltshire County Council as 're-abling' people – a move which has been a very successful approach to domiciliary care but is an expensive model.

Although the development of Centres of Excellence sounds like a good idea, the centralisation of services is not always helpful to those living in more rural communities. For example, the Forest of Dean has seen a steady decrease in services provided by the two cottage hospitals – the Dilke and Lydney – which means that many residents must travel over twenty miles to reach a hospital, both for emergency treatment and for less urgent clinical procedures. The document mentions Thirlestaine Court in Cheltenham for the treatment of breast cancer which has an excellent reputation (page 7). However, Cheltenham is thirty miles from Coleford.

On page 9, the document outlines an approach to new technologies. Extending the role of technology in the health care of those that are connected to the Internet – again – sounds like a good idea, but there are many elderly people who are not online and would be unable to use a computer even if they were. If we make the use of the Internet standard, we start to marginalise those who are unable to use it and, very often, they are the very people who need the most support.

We wondered about the criteria used to compile the questionnaire and how you came to decide on the formulation of questions in the questionnaire. Some of the questions seem to be loaded and partisan. For example, number 3: 'Do you agree that hospital beds should not be used for people… whose family feel unable or are unwilling to look after them' immediately lumps together family members who are unable to look after an invalid with those who are merely unwilling but able. The question also strongly suggests that family members have a responsibility to look after people cannot look after themselves. This sort of judgement seems entirely inappropriate here. The provision of services paid for by the taxpayer has nothing to do with personal decisions made by an individual about how much time in the role of carer they are able or willing to give.

Question 4 necessitates the person answering the question to choose between the importance of 'the time I have to wait for an appointment' with 'the expertise of the specialist I see'. Supposing the person answering the questionnaire thinks both of these things are of equal importance? If that person is forced to choose one over another, the people collecting the data from the questionnaire could then use these answers to state that one of these situations was less important, thereby giving the impression that it was not very important at all. We feel that this sort of data collection could be a manipulation of the truth to obtain answers that are desirable for those collecting the data rather than being a true representation of how people really think and feel.

To conclude, we share the increasing national concern over the current state of the NHS, not helped by recent news of hospital closures. With this in mind, we would welcome some honest public information on which to base a useful debate."

The Coleford Hub, February 2017