Results for people with fair, poor and very poor health

Please use the space below to make any further comments about our plan, tell us what is important to you or share your own ideas for transforming health and care services in Gloucestershire

All of the choices in the 'choose one' questions should exist - you should not be choosing close OR expert OR short waits
Employ more frontline staff Reduce the number of managers Cut the bureaucracy
There are insufficient hospital beds. An increase in beds and qualified staff is needed. Dramatically reduce waiting times for Cardiology appointments please
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 what ever 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.
You use the word promoting healthcare, but the word education would be better. Right now, we get a diagnosis, and that's it. We need the knowledge that the NHS has, and the expertise - and they aren't sharing. Whether it be red tape, or 'big pharma', we, the public do not get the information or support we need to make our own way. When I am told I have a disease, all I receive is a pile of letters in the shape of a word. I need to know what to do. I do not need to be left to the mercy of charlatans emptying my purse because of my ignorance. Good management is about using resources. That isn't happening. Educate and support the public, advertising and marketing have had their day. The expert patient program needs more input, the pain management program does as well, but at least it is a good and successful model.
Living in a rural part of Gloucestershire I would like to see more use of the community hospitals, so that I don't have to travel to seek medical help. It can be a 45min to 1 hour journey to Gloucester, then waiting times to see your doctor in the clinic can exceed and hour, so it could be 3-4 hours out of my day for a 10 min consultation. Waiting for an ambula
the integration of health with social care is a falsehood if you are not planning on harmonising staff pay if this is the case, then you are clearly planning on undermining staff terms with NHS workers the cheapest way to integrate the 2 is to bring social care back in to council and stop contracting out having looked at the ST plans, it seems you are intent on contracting for services that used to be done by established NHS services if you insist on this line, one can only assume it is in order to narrow down the business version/professional remit of staff as much as possible so services can be tendered/contracted over and over this is a complete waste of money you have already spent more money on the layers of tendering the NEPTs than the savings you made and the service is still dire
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 ;et us explore ways of increasing resources. e.g. increase in taxes, hypothecated if necessary.
People with Parkinson's Disease need quicker access to see a Parkinson's nurse, neurologist, physio, movement disorder specialist, exercise provision, and psychological care.
No closure of hospitals services Full services CGH and GRH

it is important to consider how the workforce are going to be educated about the developments especially sessional GPs- who represent more of the workforce

age related issues, are important

It is essential that health services engage with agencies and activities in social care, the voluntary sector - anywhere that have an impact on peoples health, so that a wider view can be taken of individuals and their health and well being. This must be pro-active as well, not simply responding to approaches, but finding out about patients lives, who is involved and how to engage with them in a co-ordinated strategy for each person.

There needs to be more money in the NHS. Its not acceptable to identify a huge shortfall, yet try to plan for addressing one that means the NHS being in even less receipt of the average European health service funding. Be brave Health Officials, and tell the political and senior civil servants that the cuts planned represent the biggest threat to the security of the nation. To fail to address that is litle short of acquiescing to the political folly- I would have hoped for better from Gloucestershire.

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!

Bring back the full 24 hour A&E service at Cheltenham General ! p.s. well done for closing down Delancey, no wonder you've got beds blocked by people who need a re-cooperation hospital.

Reduce Waste. Charge for missed appointments. stop health tourism. Cosmetic surgery should be paid for (and IVF etc) Keep to basics

In the light of the many houses being built in the surrounds of Fairford, we find it more difficult to book to see a doctor at the surgery unless about to die! why are there no plans for a new surgery? Why did the bank close? where are all further shops going to go? Boots is now our escape route.

I assume that with a fixed budget these little exercises that a lot of people a lot of time which is funded from the budget that should be used for actually dealing with people rather than talking about it.

Self Reliance should be encouraged and facilitated wherever possible, so as not to allow services to be overwhelmed by the demands of the over greedy

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?

I have had to answer 'Don't know' to some of the questions, not because I 'don't know', but because NONE of the answers reflect my thoughts. I am generally in favour of investing in helping people to live more healthily and look after themselves and their families and friends more effectively. IF this results in less demand for some services, then I have no objection to those services being reduced. However, if people live healthier lives and live longer, they are likely to develop more serious and more complex conditions as they get older, so the need for acute

services may not be reduced by helping people to live longer.

Emergency care should be at Cheltenham 24hours. If Gloucester Royal is so busy and have no available emergency beds, why not keep Cheltenham open. This will also help patients who have to travel from one hospital to the other for the same treatment. Have any of your so called experts tried to get from one hospital to the other when they are feeling not well and short of funds? (I think not). Perhaps a bit of feeling for the community on behave of the people you serve would be a great help.

The use of more staff at a lower level than GP's such as Sisters who can deal with conditions like chest infections, & give out the antibiotics. They can also call on the GP if there is need too. These Sisters would obviously become specialists in their own little field of expertise. Health needs to be available 24/7 but those on duty need the backup staff to go with it. I feel we should pay a health tax towards it. Also the ineffective secretary of state for health needs to do the maths regarding his departments failure to recognise the knock on cost of people not getting the medical care when they need it for things like mental health care, etc. When people cannot get the treatment they need quickly, it impacts on there ability to work, the family unit and therefore their overall productivity of the economy. Their employers also loose money, so that as whole the country looses out. The Health secretary needs to up his game and fully understand the effect of people not being able to work & contribute to the country & the hugh cost effect on our other public services & institutions. I have recently written the the PM on this very point.

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 scutinised 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.

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?

Strongly agree that people should be encouraged to take more care of their physical and mental health.

I find this difficult to complete due to lack of knowledge and facts.

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

Considering the projected increase in patient over 65, what is the point of wasting money on new technology that these older patients can not 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.

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.

I feel an opportunity is missed by a) not having space available in hospital for accommodation for rehab on site. Info on support services clearly on display at GP surgeries, hospital outpatients. Proactive measures to ensure patients/public know about these services.

Accurate diagnosis and treatment

Part 3 of your survey only works if there is MUCH MORE funding and implementation of social care - sadly social work has been cut severely in the last 6 years - this needs to be reversed!!

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

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

Bring back convalescent homes. Train more nurses. Bring back the district nurses

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

Patient education - more resources and joined up info needed for changes

My ideas are: 1). Quality Cheching 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.

Probably the most contrived survey I have ever seen - it is guaranteed to give you the result you have already decided upon. How about asking about "wasted" staff such as bed managers who simply hassle A&E doctors to discharge patients when there is no where to discharge them to (daughters experience as a Junior Doctor). Or vastly overpaid managers who could not manage their way out of a paper bag and have only got the position because they have been "promoted" to get them out of the way (personal experience).

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 hosp-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.

At my age, I care that medical help is available as needed, in a location most suited to my need.

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

I would be happy if people could be cared for in their own homes and near where they live ONLY if there was adequate care. I know from friends who are in the situation locally that they worry about having adequate care. It seems to be patchy and in many cases very little time is spent with these people and they are left alone and not looked after properly.

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

The NHS is in need of a national IT system for clinical records not a back end join up of data from different systems. Joining up health care is fine, it would have been better if it had not been allowed to be so fragmented in the first place but will not make much difference long term if we cannot get social care to match the needs of our community.

Too little information about what is really going to happen

Get consultants to have to come to community hospitals for their clinics rather than being sent to hospitals further away when a particular consultant leaves because other consultants don't want to leave their comfort area. Living in Berkeley and being an OAP on my own it makes it difficult to get to Gloucester or even Stroud for routine consultant's appointments, whereas the Vale in Dursley is easy. Have three community care homes in Glos. in different areas to release beds in hospital when people convalescing. Use old NHS properties - Berkeley Hospital would have been ideal - 20 beds - but too late now. Surely central government would initially fund it.

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

I believe this joined up approach has the potential to work, however I am very concerned that Care Homes and other care facilities are not meeting the need or demand when patients are discharged. Many elderly patients who do not have family or money to enable them to be cared for feel very isolated. How will we be joining up with social care to look at this when funding is being cut left, right and centre.

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

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 codts.

That private care providers are encouraged to work together with therapists. Carers are given training in how to aid and assist with people gaining Independence and being able to do things for themselves however limited. That patients are not just written off because one person cannot see a solution. Encouragement and training for relations who are caring on how to assist with rehabilitation. The formation of community 'hubs' where everything can be under one 'roof', therapists together saving time and transport costs. Listen and learn from the experiences of individuals.

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.

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.

Funding needs to find its way down to local district & community level to develop Preventative approaches and Healthy Lifestyles programmes ..... takes time, sustained effort and dedicated capacity that increasingly organisations do not have - so need to fund posts that give capacity to work with communities to develop local activities and solutions We could be a key player in developing community based support programmes at Cheltenham, Tewkesbury, County level - but need to work collaboratively with Health Commissioning to see what it needed and what works best

There are not enough GP appointments available, resulting in long waits. The appointments are only for 10 minutes, meaning multiple appointments need to be made otherwise there's not enough time to deal with anything other than the most simple, basic health issue. I had to wait 5 months for a consultant appt. then on arrival at hospital I was informed that the consultant was 'off sick'. This happened TWICE in a row. It now seems impossible to make another appt. despite my leaving phone messages on the answering machine at the central appt. booking call centre place. Very disorganised.

There should be a national tax to support Care services so that there is not a postcode lottery. I would wish to go to the best location with well qualified Nurses Doctors/ specialists & Care Workers wherever in Gloucestershire with transport supplied for carers There should be local authority or charitable organisations to provide not for profit services. An after care unit to be a follow on from acute hospitals. Families should take more responsibility for their relatives and be informed of what care and support they should provide.

Focusing on what people really need...not thinking that care in the community automatically works as it doesn't always. Making sure that if you are sent home from hospital that the follow up care is sorted and it is enough to keep the patient safe and well.

Sseervviiceesaare. Very. Selectti e. Ii was ddiaaggnoosed with ffouur. Cconndditions thteen left tto ggeet on. With throngs...nnoo hheelpp ggiven!!!

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 Pharmecist. 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.

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.

As a retired registered nurse I can appreciate the current problems with the NHS. However, a lot of these have been self-inflicteddue 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 anagers woud mean more money to finance the Plan.

Broaden availability of clinical services and budgets away from GPs.

Having a permanent long term disability I would like to work with all the health specialists and my own GP to help me to help myself maintain a satisfactory standard of health.

Govt 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 bueurocratic layers. It's a MAIZE. Try to get the Consultants to talk in a multi disciplinary way i.e. the Shoulder specialist with the Neck specialist. This wd Save separate appointments and different singular decisions whe 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 apy for ££ cabs. Hundreds of people in rural areas affected. Put a BUS icon on their records on database. Then appointments wdn't keep being made at v. early or late times.. Ppeople 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 tarmc 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...

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

Possibly more public education about which conditions merit visits to A&E, and which conditions merit 999 calls.

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

Reinstate drop-in doctors' surgeries. Long waiting times for appointments are unacceptable for several reasons: (i) statistically some serious conditions will have detection delayed; which will give rise to unnecessary suffering, not to mention deaths (ii) statistically some people will just not bother ; which will give rise to diagnoses being delayed. The fact that waiting times stabilise (at for the sake of argument two weeks) demonstrates this effect (otherwise the queue and waiting times would grow and grow) (iii) many patients would be happy to drop-in and wait whatever length of time to be seen

Strongly agree with workforce plan and better joined up-ness between organisations and staff. We could be so much more efficient if this was achieved.More mobility for clinical staff and recognising things like transferable skills would also be good.I am old enough to remember that working for an organisation that spans services and gave people opportunities to work appropriately between services was attractive and good for professional development and recruitment too.

I am sure it makes financial sense to gather all medical expertise into one large centre or hospital, but I am dismayed to see the loss of all the local cottage hospitals who dealt with A&E, all sorts of medical advice and treatments including operations. I am 72 now and find it increasingly hard to get anywhere, especiall since our bus services have been virtually demolished.

Employ more specialist nurses. Do not cut A&E services. Invest in building convalescent homes. No discharging of patients who are a danger to themselves or others.

It is important that people from Forest of Dean have access to emergency ambulances. Having waited 5 hours for a 100 year old lady to get an ambulance for what turned out to be a life threatening illness, I have become very aware of the lack of ambulances available in the area and the response time. she has now recovered but the outcome could have been so different even for someone younger.

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

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 voice of the public should be taken into consideration and not just commissioners who try to save money but in the long term cost the NHS more money and adverse publicity. Common sense should prevail.

Appointment need to be quicker and waiting times shorter

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 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.

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

I believe it is important that Lydney Hospital and Dilke Hospital are important due to ease of access for residents in the locality

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

Gp surgeries to be more accessible.fed up with telephone calls to see if we need a call to make an appointment.../ closed for lunch / closed for training / closed in evening / closed at weekends ! Illness is 24/7 ...gps need to work in a more modern responsive way to support patients locally and ensure that only appropriate patients arrive at A&E rather than it becoming a first port of call .time to work smarter GP's please.

As a person with parkinsons I strongly feel that funding should be cotinued for parkinsons nurses, whose expertise I have found extremely valuable in the past .

A & E waiting times must be improved. Suggest that inebriated people be placed in separate area to sober up dealt with last and charged for service. Failing this publicans should pay a levy DIRECT to area hospital. When I was in the trade it was illegal to serve a drunken person I don't know if this law still stands and if it does then it should be enforced rigorously.

Truth is that the nhs is under pressure due to out side influence and until those route causes are solved problems will continue. The amount of money spent will increase as long as life span of people increases. Root causes: Costs Most people would gladly spend extra on N.I contributions Money must be spent wisely and used affectively.

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 goodnighhjt 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 suvery 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 govt 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 thoudsands 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.

Centralisation of specialist hospital care with beds enough to guarantee no more than 84.8% bed occupancy. That occupancy could be partially provided by adequate community beds in community units or nursing home intermediate care beds. Drastic reduction in management costs. Development of primary care centres but always maintaining continuity of care. They could provide the minor injury facilities "in hours". Outreach physio,outpatient and basic diagnostic facilities provided in these centres ensuring easy access to patients. Provision of out of hours primary care from a cross section of these centres plus a facility at the units providing "A&E" facilities 24 hours.

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.

I think the NHS is a wonderful organisation and people should respect it. I do feel that at the moment there are too many 'bosses' who are not health professionals. Consultants, Doctors and Nurses should have more input in the way their hospital is run. They have experience of front line working. On a personal basis, I feel that most people would prefer to be treated at home if at all possible by health professional.

Less money spent on management tiers. Saved resources from above transferred to clinical areas to ensure a safe and skilled service provision. Clarity within all care needs and roles to maintain joint working and clear communication for all aspects of an individuals needs. Honesty regarding mistakes easily accessible to the public domain. Stricter scrutiny and accountability for use of budgets and spending.

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?

More social care should be available (closed small hospital wards to received urgent hospital beds) CPS should work on a rota system in their area (evenings and weekends) then people would not need to go to A&E for minor complaints

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

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

The plan appears to say little about how the changes will be made - which, I believe is the biggest challenge in healthcare. There is talk of pathways, but little on how these will be delivered and the measures against which the changes will be judged.- except, perhaps, a reduction in costs. Clearly the focus has to be on reducing costs as well as improving outcomes; however the current way in which the NHS is designed, organised and funded - namely in silos - makes the biggest challenge to be working across silos. This needs to be acknowledged and explained. An example of this is the national work on pathology and other diagnostics services; Lord Carter's productivity work in pathology is focussed on reducing the cost of the service, through reducing the variability of costs to the average. This completely ignores the benefits of pathology in relation to care pathways: there is no consideration of the fact that the benefit or value of using a pathology service accrues to other silos - NOT to pathology.. I would welcome the opportunity to read, and comment on, the diagnostics review.

The elephant in the room is the assumption that "resources are limited" In one of the richest countries in the world? I have designed a few surveys / questionnaires in my time and this one is particularly poor and will yield poor results.