Responses from those under age of 35 (44 in this group - 20 gave comments)

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

IDT approach currently used in GHT being trialled in 2gether hospitals Closer working with GPs, MHICT and 2gether for mental health services 2gether more closely with GPs over physical health care of patients
More community and hospital beds
Stopping people attending GP for minor ailments or to get free otc 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.
I think it will take a long time to get people to change their view on how they access services, and this will need communicating very clearly and effectively to each community. There are numerous voluntary and community services that people can be referred to or made aware of that can support people in their communities in many ways to improve overall health and wellbeing (social prescribing model). However, it is likely that these services/organisations will also become relied upon by individuals/communities, and therefore they need to be sustainably funded and flexible enough to evolve as demand changes. GPs will also need a broad knowledge of the services available within the community, which I think could work very well amongst each cluster as long as they are kept up to date. I think investing in prevention is key to reducing people accessing services unnecessarily, and social prescribing will hugely benefit this, however, as a VSC organisation, it is very difficult to state exactly how this benefits individuals (as it's so varied) and how much money it saves the NHS. VSC groups can do a lot with very little investment, and the effects can be huge.
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?
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.
Have a good a and e unit along with doctors who know wether to send people there or treat locally Everyone I visit a and e the unit is rammed with a lady last time stood near the front desk who was meant to do triage but realistically didn't talk just had headphones in and I'm hoping wasn't being paid. When have provided comments on where care can be improved it's taken 3 months to get a reply and the responses quite frankly don't inspire any confidence.
The plan all looks good in theory but will it work in practise. There is a lot of wasted resource and individuals abusing the services. However I would hate to see a clamp down affecting vulnerable people in need that do not feeling comfortable speaking up. As a support worker I am seeing an increase in people needing our service in order to access other services. We have to almost fight and argue for people today to receive the care they need. Without us a lot of people would just go without because they do not have the skills or strength to speak up and insist. Then we get those at the other end of the scale who have no trouble demanding from services whereas actually there is a lot more they could do for themselves. We need to better identify and manage the two.
More support for older people, who are in between needing medical support and feeling lonely to be able to live happily and independently in later life. It's not always clear what support is available for these people, and where is best to get it.
Joined up care for me is the key and most importantly service users know about the services available to them. I have come across many people who had no idea what MIU was and the services it provided and had gone to A&E when they could have gone to MIU.

For a long time the partners in providing health care in this county have paid lip service to joined up care. The amount of people in acute hospital beds because of a complete lack of social care and infrastructure to support rehab and treatment at home grows every day. GPs are sometimes guilty of giving their patients false hope - promising convalescence or respite when people don't meet the criteria. Consultants in acute hospitals think they are above needing to engage in changes to service delivery. And social work is a joke - the bureaucracy that encompasses packages of care or placement is ridiculous - it's no wonder people die in hospital waiting for care at home.

Quality of care for British people who genuinely need it

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.

All Social Care and NHS Care needs to be joined up, so that a holistic approach can be taken to help support someone in need. This will help mean that any stepped care transitions happen seamlessly. I also think that it is important to allow the services that have been commissioned time to settle in and do their job. 4 year commissioning periods do not allow this. If there is any way that the STP can work with the CCG to prevent this, I think this would be good. Of course services who are not delivering a good enough service need to be investigated, however by changing the names of services every few years this disengages the community as they do not know who they are seeing for what and what each service does. It is also not healthy for staff, who will be more stressed by the process. I would like to see some research carried out as to how cost effective re-commissioning is. If each service has so many months to prepare, then this is time not spent delivering the service. The CCG spend time and money advertising and interviewing. Then if a service is decommissioned, the new organisation has to update or build a new website, print new leaflet, advertise their service, advertise for new staff, network with existing organisations, etc.

It needs to be one, modern health service in Gloucestershire. All information joined up, so everyone can see the same information.

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

We believe that access to nature is a critical driver of wellbeing and there is a broad peer reviewed evidence base to support this. Local natural assets are massively underused when it comes to healthcare and we would like to see tackling health and environmental priorities together becoming normalised across the system. While much of this is implicit in the initial draft of the STP for Gloucestershire, we would like a clearer and more explicit commitment to the value of natural assets in the document.

I think there needs to be higher focus around mental health services as this is an increasing area.

N/A

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