Enabling Active Communities

I think the plan of empowering the public is great however this is a massive culture change that is being embarked upon and there are plenty of people who just don't look after themselves and therefore health promotion would fail. In essence a good proportion of our healthcare issue comes from poor education and poor legislation over food products. Therefore awareness and health promotion need to be target accordingly to deal with the future Schools, academies, university and colleges as well as in other areas to try to improve outcomes. Obesity being an example, school PE home economics, people need to understand why they need to look after themselves. Community based services are great where they work but they have to be staffed resourced accordingly, having worked for the hospitals trust for 16 years and seen our service escalate to the level it is now without being able to secure additional funding and staffing my concern would be those services would become overwhelmed. There needs to be an expectation of growth and money set aside to support growth of the services. Hospital service should be provided primarily on one site (unpopular I know) but essentially the 2 main sites are not that far apart and it would certainly allow for patients to benefit from the same continuity of care but would also substantially improving the working lives of staff within my service.
Issues such as diabetes should have a higher priority as tackling this will save a lot of money and improve health outcomes.
I think that promoting self-care and wellness in the community is very important and something that can only be done by joining up health and social care with medical care. I have watched the CCG go down this route for a few years now and I am very pleased to see that the STP is building on the good work done already in the community with things like the Frailty Service in the South Cotswolds and not just chopping and changing and starting new for the sake of it. I have confidence that Glos CCG can actually pull this off to become one of the top STPs in the country.
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.
The NHS, in Gloucestershire and throughout Britain, requires two things: more money and less patients. I suggest below how this may be achieved. Some possibilities lie within Gloucestershire's control, others do not; however, I include them here because I believe we need to approach STP at a national not just local level. FUNDING All food scientifically proven to be unhealthy, such as high-fat, high-sugar, high-salt items, processed meats and red meats, should be subject to VAT. The rate of VAT should correspond to the unhealthiness of the product; for example, the higher the fat content the higher the rate of VAT. This form of taxation would discourage unhealthy eating while producing a revenue stream for the NHS. Given the 2016 and 2021 UK spends on groceries as estimated by the Institute of Grocery Distribution, this revenue would be quite considerable: 'IGD expects the UK grocery market to be worth £179.1bn in 2016, an increase of 0.6% on 2015. We forecast that the UK grocery market value will be

worth £196.9bn in 2021, a 9.9% increase on 2016' (http://www.igd.com/Research/Retail/UK-grocery-retailing/). VAT on food, of course, already exists. I am merely suggesting that the taxation should be based on the principle of healthiness rather than luxury. Tobacco smokers and alcohol consumers already contribute to the Treasury. Shouldn't those who choose to eat unhealthily also contribute? And if the imposition of VAT on unhealthy foodstuffs does lead to healthier eating, thus reducing NHS expenditure, then the policy is a so-called 'win-win'. While I am, personally, not a proponent of cannabis use, I accept the reality that very many people in the UK, against all advice and clinical evidence, insist on using cannabis. Therefore, a government-owned, government-regulated provision of cannabis would make cannabis use safer, would remove the criminal element from the trade, thus husbanding police resources (an estimated £361 million is currently spent every year on policing and treating users of illegally traded and consumed cannabis), and, being state-owned, would constitute a considerable revenue source for the government. It is estimate that the UK cannabis economy is worth approximately £6.8 billion a year, just under half the size of the UK's tobacco industry (http://www.vice.com/en_uk/read/this-is-how-much-the-uk-would-actually-make-if-it-taxed-cannabis). This policy could also be extended to other misused, currently illegal, drugs on the same basis: provide safer usage; eliminate criminality; create a revenue stream. It may be objected that drug use is dangerous, leading in some cases to death. However, the same may be said of sky-diving, snorkelling and mountain biking. If an individual insists on using drugs and does no harm to others, then why shouldn't the practice be legalised, regulated and run by the state? It is estimate that the annual cost to the NHS of foreign-visitor use is £1.8 billion (https://fullfact.org/health/health-tourists-how-much-do-they-cost-and-who-pays/). Rather than antagonise legitimate NHS-users with self-identification (as currently proposed) or waste money chasing recovery from individuals, the NHS should simply recover its costs from the Overseas Aid Budget (currently £12.2 billion). According to Full Fact, the £1.8 billion 'includes the cost of treating [foreign visitors] in A&E, though visitors aren't currently charged for this, and the cost of treating some foreigners resident in England who currently don't incur charges. Only around £500 million per year is estimated to be recoverable or chargeable according to the Department for Health. In reality only £100 million was recovered in 2013/14.' I believe the whole £1.8 billion should be recovered via the OAB. I would argue that treating foreigner visitors is a form of foreign aid. HEALTHIER BRITAIN As the STP indicates, the best way to reduce pressure on the NHS is to make Britain healthier. I would add that a healthier Britain is also a wealthier Britain: healthy people work more efficiently, take less days off through sickness, and have happier lives (including greater mental well-being). In addition to the programmes foregrounded in the STP (e.g. tackling obesity) I would like to see a national campaign for a Healthy Britain, with the government investing in better diets and more exercise for all age groups. For its own programmes Gloucestershire CC should mobilise funding immediately by introducing the Workplace Parking Levy (WPL), a scheme which is already in place for local authorities to implement. Improvements to public transport under WPL should aim at encouraging greater exercise through walking and cycling, especially during the morning/evening commute to and from work and school. Since a healthy adulthood starts with a healthy childhood, I believe GCC should prioritise improving the diet and physical fitness of all children up to the age of 18. Since almost every child in the county attends school, the means and opportunity to achieve this aim clearly exist. I hope these suggestions are helpful, or at least thought-provoking.

Preventative medicine has a huge role to play in planning health care needs for a population. Providing information and educating the people about what is a healthy lifestyle, how to achieve it and the choices to make as well as how the NHS works and how to access it effectively with respect and responsibility is key to the future of Healthcare provision. Such an education programme should start with young children and continue through schooling, college, university and adulthood to enable it to become part of our culture. This will encourage the public to feel more engaged with Healthcare, the NHS and Health care professionals as well as empowering them to be actively involved in their own health and the impact it can have on their quality of life.
There needs to be far greater emphasis on health promotion and prevention of preventable illnesses. There also needs to be better involvement from food and drink manufacturers, who promote unhealthy products to young people and those less well off.
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.
Agree that it is very important to promote healthy workplaces and schools and to develop a programme to tackle obesity. Where I live there are quite a few different exercising apparatus in a couple of the parks which is great. I think we have too many fast food restaurants today which are relatively cheap so easy for people to eat there regularly - not sure what we can do about that though. Education and awareness around healthy eating and physical activity is essential.

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 provsion 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
Communication with patients. Text messages and reminders letters would help reduce the number of missed appointments. This is variable at the moment. Dentists text and some doctors bit not hospitals as far as we know.
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
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.
In emergency care, I agree it’s 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.

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

The NHS clearly has a current finance problem. But it faces an even greater challenge because people are not incentivised to look after their own long term health. Significant investments now are needed in tackling obesity and thus reducing future diabetes type 2, arthritis and other costly to treat consequences of our sugar rich diet. The result would add to the productivity of business as well as quality of life. This needs to be addressed by the whole health community seriously - not just the three trusts but also the county and district councils.
To invest in supporting people to help themselves, through community resources, offering communities opportunities to manage their own needs and work closer together so people know where to go for help and understand their own pathway.
To emphasize primary care - helping people to lead healthy lives; encourage people to take more responsibility regarding their health and to use GPs and A & E when absolutely necessary. I wonder whether some senior staff are overpaid but I don't really know.
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
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.

Response to STP I found this consultation document very biased. It avoids whole subject areas, presumably for political reasons. I applaud the concept of a health plan and how it should be delivered within the context of finite resources. It is important that the community as a whole prioritise funding. Demand reduction One aspect of that strategy is to reduce total demand and an example is given of diet and the impact of increasing levels of obesity. There appeared to be three fundamental omissions from the document. 1. Sex education: The lack of adequate sex education leads to unplanned pregnancies, sexually transmitted diseases, and, as recently revealed, a significant rise in cases of sexual assault where both victim and perpetrator are below the age of 18 and in many cases below the age of consent. All the above drive a demand for health and social care resources. 2. Poverty: The linkage between poverty and health, both physical and mental, is well documented as is the link to domestic abuse and the need to take children into care. Again all the above drive a demand for health and social care resources. 3. Drug abuse: The linkage between drug abuse and health, both physical and mental, is well documented as is the link to domestic abuse and the need to take children into care. Again all the above drive a demand for health and social care resources. The political context To pretend that there is no political context to this consultation, that the consultation takes place in a political vacuum is grossly misleading. This is not to say that the issue of prioritising limited resources to deliver the maximum health benefit should not take place, of course it should. That debate is inevitable given a growing and ageing population. The consultation should clearly outline the political framework that shapes the parameters of the discussion. If the reason the there is no advocacy of compulsory sex education is the fear of being on the front page of the Daily Express or Daily Mail, then this should be stated. Similarly not treating drug abuse as a health issue rather than a criminal one appears to be a knee jerk response to what the tabloids would print. Since 2010 all Local Government budgets have been cut by Osborne and Pickles, this has had a direct impact on the provision of local care services, the budget cuts have been targeted at the most deprived areas of the country. Since 2010 the wealth distribution has continued to widen and there has been a significant increase in families in poverty. That does not mean that this is wrong, people voted for this. Demand Reduction Continued Given the above it would be more transparent within the consultation if all items that would have an impact on demand reduction were clearly identified. If those items are deemed to be outside of the remit of the bodies making up the STP then this should be stated. For example: Demand for health and social care services would be reduced if there were less families living in poverty, however, this cannot be addressed as the democratically elected government is pursuing a course of making the rich richer and the poor poorer. This approach to identifying all demand drivers would make the consultation paper a lot more honest.
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.
The things that are important to me and my family are Improving self-management for those with complex health needs. Improving health promotion to prevent ill health. Services you can access locally, see someone with expertise and limited number of appointments. Improving awareness in schools for children to educate them about how they can stay healthy: physically, mentally and socially. They are the generation that are moving forward & we have a great opportunity about educating them to live healthily and keep well. Joint health and social care assessments. IT systems between health and social that are joined up & accessible detailing information about those with complex health needs to enable prompt decision making about the best way to manage their health and social care needs.
Prevention of diseases are critical and we need to invest more in these areas.
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
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.
You will still need hospital beds no matter how much resources you put into community care. Spending loads of money on self-help is ok but is it cost effective and will you get better outcomes. I'm not convinced. I also believe that trying to tell people how they should live is not working. Diabetes rates are still going up. Also having worked with people with dementia, the amount of people I have seen who have had home care but have lost loads of weight, had falls is astounding. We should utilise care home beds that are free to to patients in hospital who are not complex cases and the staff at the home with some training can look after. We need less home care providers in the county. Concentrate a select few who have good CQC reports and you know give good outcomes for the patients. Invest in them they will attract good carers and you will save time and money checking on checking on loads of additional companies who some quite frankly are not good enough. When employing staff for health promotion forget healthcare professionals, I find it better to hear from someone who has got)had the condition who can tell you first hand. By all means mentor them using an health care professional and train them up
Prevention - lonely people become depressed and anxious. Men alone need HELP. Man in the kitchen or man in the shed. These classes could be men by volunteers as in U3A groups. I feel that that there should be subsidised classes for the over 60's - social masons. Sadly what we have now are thousands of lonely people who due to their circumstances are very alone and become ill as a result.
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.

Possibly more public education about which conditions merit visits to A&E, and which conditions merit 999 calls.
The principles agreed in 2014 are excellent. Extend "healthy living/wellbeing" by encouraging people to walk more, be creative (art classes), take up an allotment - gentle exercise and growing their own healthy fresh food. BAN junk food/sugary things especially for children.
More education should be given on birth control - especially to men as they often refuse to take the easy option - the snip!! Over population causes its own problems!
With a joined up service people could be visited at home and maybe volunteers could meet their reds for shopping / preparing g food or just company
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
People taking responsibility for their own health and the whole economy choosing wisely.
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. Rum
Helping people to remain well and care for themselves as long as possible
The best way for the NHS to save money is if people don't get sick in the first place. Its been estimated that if we were to adopt the level of cycling that they have in Denmark it would save the NHS £17 Billion. http://www.cyclingweekly.co.uk/news/latest-news/cycling-save-nhs-17bn-says-british-cycling-report-140109 Then there is diet, fast food , fizzy pop, smoking, etc all of which impact health. The present government seem reluctant to act on this for fear of any negative impact on the free market economy or being accused of nanny stateism. Only if the cause of ill health is dealt with will health care become sustainable, savings will then just happen. Cutting beds, medication, staff etc will not make people better.
Bring back convalescent homes. Surgeries, where new ones are planned, provision for self- help groups (birth to infant school / health care), physio, new bereaved, redundant / long term unemployed. Groups, initially led by professionals with aim of members becoming active in development of group, involving complementary approaches - Reki, Reflexology , acupuncture, physio. Established practices becoming more open minded and incorporating where possible some of the above.
Preventative services are important. At the moment there is no post-diagnosis psychiatric support for people with autistic spectrum disorders (ASD) or ADHD.
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.
Teach the population to be more self - resilient. Patients could be taught to carry out simple nursing procedures for themselves or family members. And the message needs to be given that this self- help is progress not regression. Families need to be taught to home nurse again. Obviously the very sick are in a different category
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
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.
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
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?
I think more should be made of the benefits of getting outdoors and being active. Here at the Cotswold Conservation Board we offer volunteer opportunities to more than 350 volunteers, who help us look after the Cotswold Way and the wider landscape. We are also working with doctors in Dursley to create prescription walks to encourage people to take small steps to being more active. Is it possible to divert some funding to support more social prescribing? There are a range of environmental organisations who offer health walks, volunteering and skills development courses to get people outdoors and active. The benefits of being out in the fresh air enjoying the environment are well documented for mental and physical wellbeing.
Social prescribing needs to be more rigorously investigated and if shown to be beneficial more widely available.
Some of the questions in this survey are leading questions creating the impression that the survey is just to illicit support for the plans, this does not give me faith that this is anything but a tick box exercise. Having seen other STP plans, there are similar themes which makes me cynical about the political agenda behind this work. I agree that the NHS is beyond capacity but there appears to be little if any discussion about the work that local government could and should be doing to make significant changes to the prevention agenda. By placing the onus on individuals to make changes there needs to be the policy structures in place to make it Easy, Attractive and Sociable for people to change. For decades, emphasising personal responsibility has been the approach to improving health without offering the central government policy approaches to support this very much needed behaviour change. I can guarantee that most STPs will fail because there is not the bravery centrally to take appropriate action (regardless of political leaning). To address the lifestyle issues there needs to be, for example: education in schools that considers the whole child and the pressure taken of academia and more focus on happy and healthy as the route to learning; far more stringent regulation of the food and alcohol industries (tobacco pricing is one of the successes at influencing behaviour change but this has taken decades); A massive step change in

our approach to travel making walking and cycling the preferred norm and financially beneficial option. Most of these cannot be achieved by Gloucestershire alone, so the lifestyle changes needed are likely to be unattainable. The most likely successful initiatives are work on the whole systems obesity approach (although there was little reference to local government, planning for health, housing within this), the daily mile (if implemented carefully and not resulting in some children being turned off physical activity for life) and reducing smoking in pregnancy. Good luck.
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.

One Place, One Budget, One System

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.

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 advise, 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.
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
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. Rum
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.
Social care services should be joined up with health- possibly even form part of the NHS so that services, information and expertise are all in one place and accessible for the public and the professionals working to support them. A more even distribution of finances could be achieved and the budgets more easily managed.
I moved to Gloucestershire a few years ago and was surprised to find two general hospitals only a few miles apart (Cheltenham and Gloucester) - surely one main hospital would be better and more cost effective.
Plans should be properly funded and assessed. community care can cost more

Q 4 - this is impossible to prioritise, of course we do not want a long wait for an appointment, distance might be a problem if one is unable to drive and local transport is not available. One would expect to see an 'expert' in the required field, why would you see someone who is not an expert? Fewer appointments - being able to have appointment and some tests on the same day as in 'one stop shop clinics' would be helpful. Q5 - this is the same as above. Of course one would want to be seen whenever the emergency happens and of course one would expect to see a specialist, prompt assessment and decision making should be the standard that is provide every time and joined up services are required. If a patient no longer required acute treatment then they should not be in an acute hospital bed, however the community needs to provide local beds, I do not know of a community hospital in Cheltenham or Gloucester. Families are not always able to provide the care required at home, they may have jobs to hold down. Looking after someone at home can be a full time job and can be tiring, your question almost sounds accusing.....
Am hugely concerned about the survey - as it does not provide an opportunity to provide proper feedback and the preloaded questions do not provide appropriate ability to answer - for example the section asking about whether acute hospitals should be responsible for people who could be looked after elsewhere, in the community, or if their family wont. Clearly they shouldn't but there should be support for them in the community and it is the responsibility of the state to look after and care for those who cannot. If more money is needed from the government, from taxation to pay for the aging population, then that should happen! Most of the answers to the above are common sense answers that are so vague they can be aligned to any change or plan to the system - it does not mean that the people who have responded have signed up to the plans you haven't yet shared with them. Streamlining care and bringing together organisations that have previously been broken up and competing against each other for funding makes sense, but
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 whatever 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.
It was difficult at times to make just one choice as to preferences for services - e.g. re emergency care, where 7 day a week accessibility is important, but also appropriate skills of staff etc! The link between health and care is crucial as is an emphasis on health prevention and people taking responsibility for their own health. I think the question of distance to treatment centres is problematic for many, and maintaining local services/centres where possible should be an aim (I understand about costs!) I would increase the range of health staff (e.g pharmacists, nurses,

HCA's) taking on more responsibility for aspects of care, where appropriate and safe (many staff are experienced and trained beyond their 'grade'). I hate to say this (!) but maybe patients should be offered treatment dependant on their willingness to cooperate in necessary life-style changes affecting their conditions (e.g. exercise, diet etc).
Communication has to be the most important aspect of any care. All teams need to talk to each other and treat the patient as a whole. We often hear of GP's saying 'the hospital will sort your aftercare'. Forward planning is a priority specifically in elective surgery. Why we need the wait and see protocol when some patients will definitely struggle at home post-surgery surely things need to be put in place before. And of course the big one is care in the community isn't happening.
1) I am very concerned at the apparent downgrading of services at Cheltenham and transferring key services to Gloucester. I can see the benefit in small volume services being focussed in one or other (but not all in Gloucester) but large volume services (like A and E) should be in both locations. 2) Why do we have to travel to hospital for services like having blood taken. Surely these could be done in a cheaper more local location
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 ambulance
Improve and invest in community care. Rationalise hospital services to best meet needs of patients and allow clinicians to provided excellent services into the future
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
There is a tension between health services being provided locally (e.g at Cheltenham General) and the rationalisation of specialist medical expertise in one place in the county (e.g at Gloucestershire Royal). There is not a simple answer
Invest more heavily in GP practices, not more and more inefficient community services
I do think it's wise to look at locating the most specialist and non-urgent services in one place but there are a few services - most obviously A&E and maternity but also children's inpatient services - where distance travelled is really critical. Shifting such services permanently away from a major population centre like Cheltenham is obviously hugely unpopular and that in itself would undermine support for the many worthwhile objectives and strategies contained in the STP. But it also increases risk in cases such as A&E admission for acute appendicitis, perforated ulcers and even acute asthma attacks where every minute counts, and refuses access to services for low income populations without access to private transport in particular, increasing health inequalities (see Nicholl, West et al, EMJ 2007). A medium-term goal if the STP should be to restore 24 hour consultant cover at Cheltenham A&E alongside the important demand resuction strategies outlined in the STP.
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.
The Health Service should have 2 strands 1 Hospitals - where acute and specialist care is needed, eg for operations and when treatment completed patient returned to community care. Do not have patients in wards for longer than necessary. Expensive equipment used to full advantage so 7 days a week but not just doctors but ancillary services as well. 2 Community Hubs To include current doctors surgeries and community care and social services (part of NHS and not LA's) People often have the need of social services as well as medical attention so all should be provided as one joined up service. The hub would have some beds for people discharged from hospital but still needing some care before returning home and those needing respite care for short periods. The aim would be to have people in their own homes rather than in Private Nursing Homes. Specialist homes for eg dementia patients would still need to be under the control of the local Hub. Because there would be staff on duty 24 hours a day to care for the above, they would also act as a minor injury clinic day and night. the Hubs would have doctors, nurses and some routine services available. People would attend these hubs and in first place see a specialist nurse who would assess their needs. They may be able to sort the problem but if not refer them to a doctor. People would not make an appointment to see a doctor unless the doctor had asked them to do so. So many ailments etc can be dealt with by specialist nurses leaving doctors to use their specialist knowledge more efficiently. Routine checks can easily be carried out by specialist technicians or nurses. The hubs would by their nature be quite large so small doctors surgeries disappear. It may be that under existing conditions the hubs may be in a number of building but the aim would be to gradually have in one place. This will be a problem in some country areas but most people have access to a car and a relative or friend but if not, a nurse or doctor would visit them in their own home. (Doctors would have more time because they were not dealing with minor complaints) Seeing a person in their own home is a good way for medical staff to better understand a persons' illness and social situation and be able to arrange whatever help was needed as local homecare services would also operate from the hub. Volunteer services would also liaise with the Hub to support the local communities. There would be coordination between social service and medical staff which would help to keep people healthy and need medical services less. For example people with psychiatric problems they should have a much more joined up approach to their treatment..
Restore cottage hospitals, build another "Delancey" to free up hospital beds and prepare patients properly to allow them to return home. Support GP satellite surgeries. For example, Prestbury residents will be required to take three bus journeys each way in order to reach the new centre near Gotherington, difficult when timing to keep an appointment. Continue to fund our valued village pharmacies. Stop the use of contracted out services, much more economical for the NHS to employ direct. To have centres within a radius of 30 minute drive is excellent - by car yes, public transport no! Congratulations to whoever provided the hospital bus based at the park and ride, this is a much valued and appreciated service. The high cost and poor availability of hospital parking - always adding to an already very stressful situation, where does one begin?
Essential that services work better together, particularly NHS and care services.

If X-rays/medical tests are ok, don't think a consultant's 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 consultant's 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!
Communication within health services and in hospital. There seems very, very little joined up thinking and communication. First hand experience of being passed on here there and everywhere and each time have to explain the same things!!!!
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.
They should be based in the community with a hub round GP practices
Patients in hospital should have access to at least one physio session/day - despite needing to employ a sufficient number of Physios/Physio helpers, this would save vast amounts of money by sending people out as mobile (or better) than when admitted. I have just had experience of an aged person who had to be admitted to GRH because a UTI took him off legs. When admitted he only used a stick @ home & was self-caring but as he didn't have ANY physio at all (after several days in bed with I/V running) he has eventually returned home on a walking frame & needing 2 helper visits/day
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 their ability to work, the family unit and therefore their overall productivity of the economy. Their employers also lose money, so that as whole the country loses 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 huge cost effect on our other public services & institutions. I have recently written the PM on this very point.
Getting access to services 7 days a week EG GP surgeries, Pharmacy in GP practices. Shorter waiting times for outpatients appointments Being able to book for appointments without GP referrals after 1st appointment
It is very important to retain local services in particular in the rural areas where travel is a potential problem and not to concentrate services in the major urban centres unless these are of a specialist nature. In particular, it is important to retain an urgent care facility in two locations in the Forest of Dean, north and south, with adequate diagnostic facilities i.e. x-ray and blood analysis and trained emergency staff to assess the basics needed for on-going treatment possibly elsewhere.
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.
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.
GET TOUGH - Prioritise in A&E. Only treat people who have National Insurance Numbers. Seriously consider a minimum charge. Encourage the public not to expect everything for free. What you don't pay for is not properly valued.
Joined-up care. Medical records available to all professionals. Practical nursing care, more staff needed. More professional help and support for M>H needs, especially with young people.
Rural areas need to be catered for by keeping local hospitals. NHS structure is top-heavy - admin wasting valuable resources.
Reconfiguration of hospital services essential to maintain and improve quality. Current provision on two main hospital sites is not working.
I would like to see a more efficient functioning in our GP practices, with courtesy from reception, and truthful communication.
Healthcare and social care in the community should be real and accessible 24/7. Previous attempts to reduce hospital beds to fund this has only been partially successful, and has led to current under provision of beds. Please do not fund future changes by cutting more beds, even if you anticipate existing beds will be freed up by moving patients home or into residential/ nursing homes. We have had several experiences throughout 2016 of medical emergencies requiring urgent hospital admission, waiting hours in A & E for treatment ,and then yet more hours for a bed.
Close GRH and CGH. Build new hospital on site between Glos and Cheltenham (Golden Valley bypass). Streamline rapid response/choice+/OOHGP to same service provider. Charge ALL patients £10 per contact/visit - that is reclaimable via state insurance policy.
More money needs to be invested quickly to save many practices who are finding sustainability a big problem (acutely)
More funding into primary care, more staff, may then (& only then) enable us to take on further work.
to me it's important to have a local hospital which can provide minor operations and

outpatient appointments
To have a hospital in Cheltenham
Plugging the holes in two outdated hospital buildings in the FOD (Lydney and Dilke) economically for the future of health provision surely one purpose built hospital would be more beneficial for all.
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.
Speaking for our own GP surgery, we receive excellent treatment. We are able to see a doctor the same day especially if mobile and able to be at the surgery when it opens at 8am. We hear stories of people unable to get appointments for weeks.
Although I am critical of a questionnaire that invites one to respond in a pre-conceived manner, I happen to agree with much of it. My focus would be on funding community services but not necessarily by reducing hospital beds which will be needed by a growing population.
I recently attended a GNHSFT members meeting about the STP. I am particularly interested in the development of "hubs" being an ex-carer. I recognise the challenge, but also the potential for much needed change for the NHS and welcome the opportunity to help design the service. as outlined in the meeting. However this form is very limiting and is making people feel channelled along pre-arranged paths. I am concerned about how many members of the public you are reaching and at how early a stage.
More guidance given regarding A&E. It is difficult for older people, perhaps younger too to decide whether symptoms are life threatening
To have good health service, where people can be kept in their homes. You need proper home help services. Not somebody coming for 20 minutes each day. Sick people need confidence with the help they get.
At my age, I care that medical help is available as needed, in a location most suited to my need.
Good to have central services - Consider rural folk. Public transport poor. Local services need to be constant and reliable. Use technology e.g Telemedicine. NHS and Social Care should have a combined budget to give better value for money, aid collaboration and improve communications.
1. Onward facilities like the Delancey should not have gone, hence the older, frail patients who are clinically well are bed blocking and have nowhere to go. 2. More access to emergency GP appointments 3. NHS England being trained better in Triage, instead of sending patients to A&E because they are frightened of comebacks 4. Better home care services 5. More co-ordination between GPs and social care
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.
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.
High quality health Care Seeing the right person at the right time in the right place. Continuity of care
Social care should have better working relationships with medical care
Get rid of duplication - why two hospitals in the Forest of Dean? Join up GHFT and GCS and 2G as One Gloucestershire organisation.
This may not be applicable to this survey but I feel very strongly about all the small hospitals and respite assistance that have been closed down in small towns or villages. These enabled people young or old to have further nursing in their own area before returning home thus easing this bed blocking problem we seemed to be faced with. The few that have remained open or been replaced cater for a very large radius often not being able to cater for those who have lived in the town or village for many years.
I would like to see more joined up care and assisting people in their own homes. There is nothing worse that elderly patients being left to die in hospital as there is nowhere else for them to go or no-one to take care of them at home.
It is very important to have specialist care, people who know about your injury or illness so I think specialist centres are a good idea. Following on from that if work could be done about services outside of hospital to ensure people can be treated and taken care of at home that would help keep them out of hospital. We should all take some responsibility for our own health and more education to do that may help our over- burdened NHS.
More clinics/services available in community hospitals to save having to go to Cheltenham/Gloucester would be good.
Local services for those unable to travel must be a priority. It is also very stressful to be far away from friends and family when you are unwell or need support.
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
Answering the previous 2 questions is difficult e.g. it is no good being seen quickly if the person you see is not adequately competent. Prevention is better than cure. More investment, especially in 2ndry and tertiary prevention is likely to be cost effective in the long term. Treating people effectively at the earliest opportunity reduces representations and readmissions. This MUST include consideration of their psychological and emotional needs e.g. the need for repetition of advice if they were still reeling from a diagnosis or upsetting event.
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.
A reasonably near hospital as travelling can be a problem. A reasonably local hospital helps many people.
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.
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.
improved GP facilities locally with enough nursing staff to work with social care to enable home medical support, so that acute hospital beds are reserved to the most health serious needs
We live in a rural part of Gloucestershire. Up until now we have been very pleased with all our medical services. There is concern that on the future emergency ambulance services will take longer to respond and waiting lists will get longer and operations will be delayed We are part of the aging population and feel very stressed that we are being blamed for all these problems.
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 Pharmacist. 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.
Would like to see easier access to specialist services without GP referrals. Ideally would like to see GPs phased out and the funding directed to home nursing care for the elderly and direct access to more specialised care through regional centres.
This is a large and complex plan. It seems ambitious and appropriate. At the moment there is still a lot of detail that needs adding and consideration. I think an even more ambitious plan should include planning for a new acute hospital centrally placed outside of built up areas, close to good road links. There is nothing in the plan about forward planning for ICU beds to meet population needs and reduce the horrendous effects of the cancellation of urgent operations because such beds are in such short supply. There appears to be nothing concrete about how we plan for projected demand for bed space or learn from others introducing innovative ways of dealing with this especially for complex health and social care needs of the elderly and those with long term conditions. The current waste of staff time in trying to discharge patients and waiting to know if surgery can go ahead must be addressed for both patient and staff benefit. Some of the language is 'management speak' and needs to be in plain English (long version) to avoid the impression that things could be being hidden.

As a retired registered nurse I can appreciate the current problems with the NHS. However, a lot of these have been self-inflicted due 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 managers would mean more money to finance the Plan.
Broaden availability of clinical services and budgets away from GPs.
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
Beds in hospital used for emergency caring. Clear out recovering patients to other more suitable caring locations Stop health tourism
Resources should be targeted at those most in need. Services such as IVF should be given low priority because it is not really a health condition more a life choice. Adoption should be top of the list. I know this requires a culture change and maybe it is only a small percentage of the budget BUT if the choice is between saving a life or helping someone create a new life then there is no choice. No doubt there are other services which should be given a much lower priority and I think this needs some consideration.
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
I found the questions to be very leading and the very act of having to choose one answer in a section when other answers could be equally important, Makes the results pointless. It is obvious the questions are leading people to answer in a certain way to show the results you are aiming for. Ie putting extra emphasis on carers looking after their ill, elderly family members at home, even to the detriment of their own lives as long as it keeps them out of hospitals, while hinting that more local services could be available to care for them. This would free up hospitals to care for ill younger people whose health deemed more important. If you had made better use of the local hospitals in rural areas rather than closing them down or restricting their use we would not have the current overcrowding and overuse of the few large city hospitals that are left.

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.
Make better use of resources; free up hospital beds by providing facilities where people who no longer have medical issues can stay while appropriate care provision is arranged.
Need to focus on stopping people getting too ill that hospital is the only place for them. Why let Chest infections get bad enough that they need IV's etc? Is this because patients cannot get a timely GP appt and so wait until v poorly? Why is there no advertising or encouragement from GP receptionists to access the out of hours provision being made if their appts are not for a further 2 weeks etc. Patients in Gloucester do not know about the late or weekend appts they can access. Primary / secondary care interface is poor - neither really know how the other works. Needs to be more joined up. Patients are also not bringing meds into hospital which is making getting things right for them hard - paramedics etc telling them to keep them at home. Some patients get medication through various means - finding out the whole story is almost impossible and relies upon intuition and detective work - why can't details of some sort be added to SCR's?
Maintain excellent community hospital at Tewkesbury Maintain excellent rapid response service Give more support to independent small home care providers
There's an over reliance on private residential care facilities perhaps we should be investing in some community homes and to reduce GP visits and conditions brought about by loneliness how about some more day facilities for older people or the housebound. Some of the newly retired members of our community have time on their hands and would be willing to be volunteer drivers etc if something were in place.
Such a pity that the small local hospitals that were all around the country were closed. People were transferred to these when they needed a little more nursing thus relieving beds. Such poor long thinking on the powers that be. This is why there is such a bed crisis in main hospitals!! Its never too late to bring them (C.H) back again.

I AGREE THAT PEOPLE SHOULD BE TREATED IN THE COMMUNITY OR AT HOME WHENEVER PRACTICAL. HOWEVER I FEEL THAT THE NHS ARE CONCENTRATING TOO MUCH ON TOO FEW PEOPLE. THE MAJORITY OF PEOPLE NEED PROMPT ASSESSMENT AND TREATMENT TO PREVENT CONDITIONS BECOMING WORSE AND IMPROVING THE SURVIVAL RATES AND PERCENTAGE OF PEOPLE WHO CAN GET BACK TO THEIR PREVIOUS STATE OF HEALTH AND ACTIVITY. ONE SPECIFIC AREA THAT SHOULD BE ADDRESSED TO THAT AIM AND TO REDUCE THE DEMAND FOR HOSPITAL BEDS IS CASE OWNERSHIP - I HEAR OF TOO MANY PEOPLE WHO GO INTO HOSPITAL AND THEN GET PASSED AROUND FROM WARD TO WARD AND DOCTOR TO DOCTOR BEFORE THEY EVEN GET A DIAGNOSIS LET ALONE TREATMENT. AS SOON AS SOMEONE ENTERS HOSPITAL 1 PERSON SHOULD BE RESPONSIBLE FOR THEIR CARE AND TREATMENT UNTIL THEY LEAVE HOSPITAL WHEN CARE SHOULD PASS BACK TO THEIR GP.
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, especially since our bus services have been virtually demolished.
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.
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.
I want to see Cheltenham General hospital kept as a centre of excellence and not to lose services which can be combined in out centre or "super hospital" miles from anywhere, where patients have to travel long distances (ie. having moved the stroke unit to Gloucester Royal!! Cut the corporate jargon so that people fully understand such survey questions!
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.

GP services need to be more responsive to people's health problems; they should not be an administrative obstacle to rapid assessment and treatment.
we need to ensure that an expectation is not put onto GPs to take on secondary care work. GP number are reducing and they struggle to cope with their current workload and patient demand. if community services are required they should be staffed by secondary care not primary care and funded likewise.
I agree with the enclosed, but we do have a difficulty in going for appointments in Gloucester Royal Hospital. Its SO far from the North Cotswolds and when you are OLDER this is a great problem. Also closing ALL our local cottage hospitals was a GREAT MISTAKE so many "bed Blocks" would have used these hospitals on their way to recovery
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.
People should not remain in hospital when treatment is completed and enable our emergency services to be used for the correct people. Alcohol or drug injuries need to be addressed by payment especially at weekends.
Bring back cottage hospitals and make use of volunteers to support them. This would reduce bed use in main hospitals.
Reserving specialist medical health care for patients who need it as a priority is extremely important. Extending specialist medical health care for patients whose urgent need has been met, eg hip replacement, should NOT be available. Where such patients, generally but not exclusively, older adults living alone with no other person devoted to their care, are discharged after immediate clinical treatment, a rehabilitation unit should be offered. Such a unit, similar to the units around the county which house adults with learning difficulties, should be small [4 - 6 bedrooms], with 24 hr care staff whose duty would include caring for and rehabilitating the patients to normal daily activities of living. The staff should be informed of the previous lifestyle of the patient, and be active, friendly with a positive attitude to to persuading the patient to become mobile, confident and active. Such units should be in localities, and provided by the shared budget of the CCG + GCC. Patients should be allocated to a unit within their own locality, and the throughput of the units should be managed in part from the GP base - this could be an addition to the job of an existing administrator within the practice. Such patients can be visited by their friends and family easily, and maintain contacts. Patients will pay for the stay in the rehab unit unless they qualify for state support. Such units should be much more economical to run in comparison with the patient staying in an expensive acute hospital. The staff can be CCG / GCC / NHS pay systems.
Appointment need to be quicker and waiting times shorter
I think the closure & downgrading of small community hospitals has been a disaster for rural outlying areas. I'm in Tetbury & had to wait for 8 hours for an ambulance with an elderly neighbour who collapsed because we are in a "dead" zone now. With the decimation of social services & community care the hospitals are full of "bed blockers" More specialist elderly support needed specifically.
One of the biggest problems facing local communities is the inability to access GPs in a timely fashion. We all know stories from friends and relatives of people who needed urgent care but were either unable to convince the receptionist or had to wait up to 3 weeks for an appointment. Many are refused an appointment until a GP has telephoned back either later in the day or within a few days only to be told " you need to come down for a consultation " This is time wasting and frustrating and solutions

need to be found. Is it capacity? is it time wasters? Is it medically untrained receptionists trying to protect their bosses but over stepping their skill sets?
The integration of Acute, Urgent and Primary healthcare response so that people in rural areas get the support they need within the time they clinically need and might reasonably expect.
Whilst I agree that a lot of care is more beneficial at home, if this is moved to the ' social care' umbrella as it is in the community, then who would pay for this. Current social care would be financially assessed and its very difficult to get continuing healthcare (or the assessment). My concern is that care they should be health and therefore funded would end up being creeping privatization. None of your STP documents seem to answer this.
No forcing care responsibilities on families, who often are ill equipped or unable to provide the appropriate care. So much money is wasted on readmissions due to inappropriate social/ medical care in the community. We also need to review when it is kinder to let people die with dignity, just because you can save someone with medically invasive techniques doesn't mean you should.
Make it easier to see a GP in good time. Greater efficiently in administration areas centring funds on front line services
I believe it is important that Lydney Hospital and Dilke Hospital are important due to ease of access for residents in the locality
1.there is a need for 24 hour community based GP clinics that take the pressure off the hospital 2. GP offices don't cater for people who have to work 3. Being kept waiting for long periods by a GP/Consultant is disrespectful 4. £ in the NHS are still spent on unnecessary extras.
more care for elderly and stop closing hospitals and losing bed space. People shouldn’t have to be waiting so long for appointments and operations. more doctors, 2 weeks is not satisfactory to see your doctor
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.
I don't think it is so easy to state beds only for people that need them, what if the person in the bed has nowhere to go, what if the depressed person in the bed would then be in danger of self-harm. In an ideal world it is easy to make these big statements. Close hospital beds - but what about the emergency needs, on my ward 90% are emergency admittances. If we still had some of the village hospitals we could redirect patients from the beds needed in main hospitals.
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.
longer appointment times at initial doctors’ appointments more beds available in hospitals easier to get care at home, enabling people to get out of hospital beds

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.
It is obvious that hospital based care is expensive and that more activity needs to be moved into primary and community settings so that care can be provided more cost-effectively. HOWEVER this can only take place once there has been a sustained period of investment in primary and community services, so that they have developed the capacity to absorb some of the pressures currently on the acute sector. 90% of today's NHS patient contacts will take place in primary care, yet it only receives 8% of the budget - this has to be increased to 11%. There is some mention in the Gloucestershire STP documentation of investing in primary care but this is not at a level that is going to provide truly sustainable transformation in our health system, and more is desperately needed.
3. Dependent on adequate social care elsewhere for vulnerable and habitation needs. Need to support CARERS! 2. Loath to cut hospital beds - who knows what the future needs. Capacity probably Provision of this survey - Not often available in library. "one Bus" but not known about by many. Suggest more advertisements
I strongly believe that we should consider closing both Cheltenham and Gloucester Hospitals and building a new facility somewhere between the two, concentrating services in one place with maximum specialists available in a modern building which is fit for purpose. The land on which these two hospitals sit is valuable and can be used for housing and similar purposes, thus generating cash to fund the new facility
Important not to transfer certain services to one site only. Eg keep a fully functioning 24hr A&E at Cheltenham as well as Gloucester. 24hr Children's wards are now only available at Gloucester thereby making it there more difficult to access services quickly in an emergency/out of hours if you live the other side of Cheltenham etc.
Should be available 24 hour daily waiting time should be limited
Local hospital should be used for local patients but I have concern about the residents of Gloucester who have no local community hospital 7 day diagnostics needs to be available in the Forest of Dean especially X-ray
Am I correct in thinking the county and yourselves have already submitted your plans to Government? Reduction in beds is not the way forward! Essential - Keep community hospitals such as Stroud (and maternity) as there is already too much pressure on existing centres such as Gloucester and Cheltenham with a growing population these extra spaces will be essential in future with the loss of Standish for instance, there are fewer options for major emergency planning for county. Also any spare capacity at smaller hospitals can be used as half way place before discharge to home or care unit. Centralisation of ambulance service has been a disaster - privatisation even more so. All the publicity lately has been delays at A&E due to lack of beds - and how to accommodate this - so how can a reduction of beds be the right way forward? This also ties up paramedics and so many ambulances and delays

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.
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 goodnight 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 survey 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 government 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 thousands 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.
More services such as x ray, physio etc available at GP surgeries
Merge doctor surgeries who use same building to reduce back office costs and also facilitate additional emergency cover at weekends as more doctors would be available to rota at a combined surgery

Close to home treatment.
More local services. Re-open cottage hospital and use for respite, palliative and terminal care to keep patients from blocking acute beds. Also provide local day care centres for elderly and dementia sufferers.
the forest needs a new community hub/ health centre with a few beds for certain treatments and maternity, this hub should replace Lydney and the Dilke which could become nursing or respite homes. ideally in the Coleford area with NHS dental and optical experts alongside GPs and visiting specialists there might even be a minor injury unit.
Services should be more joined up. It seems that too many times one clinical team do not communicate with each other. We need a system where the patient feels in control of their treatment plans, that they are able to have a dedicated person or hub where they can get advice and where they are not signposted to one service then another. It needs to be more patient focused so they know what when and more importantly why and what their care plan is.
Move cottage hospitals under local authority budget but run as NHS to cater for these discharged but not currently fit to return home. Delaney would have been more useful run that way than a housing development
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
All sections of the community including children are included. Specialist resources are available for all to access. Reduce DNA by telling people how much of the NHS budget they waste Building a new purpose built hospital in the Forest of Dean including facilities for social services, mental health care, and allied HCP, making it a truly integrated health and social care hub Stop wasting money on endless reviews and meetings and get on with it!
I believe that the questions in this survey have been written in a way to promote answers that promote early intervention and move away from local services. While this may seem logical with limited resources, such a model fails to acknowledge the crucial preventative/early intervention roles that local services play. A few weeks ago, I helped a confused and distressed older person with dementia who was lost to Stroud hospital. This vital service was able to quickly and efficiently check out her health needs and return her to safety without any hospital admission. Without this facility, she would have experienced more distress and may have fallen or worse. Closed local facilities mean that help isn't available when it is needed. Finance and geography become barriers to health care. Larger/Super hospitals with greater facilities and expertise sound great and efficient in theory but distance creates barriers. People who are too busy (eg with caring responsibilities or with unkind employers) or too poor to afford transport or are in too much pain or discomfort to face a long journey will miss key opportunities for early help and will end up requiring emergency care. This is happening in other areas. Please stop transforming and

start safeguarding and supporting the sickest and most vulnerable members of our communities - the ones who need services most and face the greatest barriers.
Specialist care should be prioritised for patients that have urgent and emergency need. Patients attending appointments and ED unnecessarily should be charged and also charged for DNAs (to avoid wasting clinicians time). More care centres that patients can just 'walk in' to.
I don't think polyclinics are necessary. I do think that local services with local gp who knows their patients are a priority. Having computerised shareable notes are one thing, having time to read them is another. The NHS is Struggling with day to day running due to the demand on a service that was built some time ago for less people. It can't keep up. Care costs need to be looked at by local councils as between them and the NHS are responsible for the bed blocking delays. Due to an increase in life expectancy there are more older people. Due to an influx of migrants and an increasing population there is a bigger demand for all services. I think it's time for more services to look at sharing the cost and responsibilities of resources.
Better access to GP, wanting your GP to know who you are and be familiar with your health condition and needs. Keep A&E service local and 24/7
Particular focus on Urgent Care
When somebody needs urgent attention emphasis should be on speed. First responders are usually the best for a rapid response but then they should be informed and influence the speed of support services.
You should also look at the efficiency of current services to make savings especially the effective use of GPs, 111 service(waste of time and often giving advice that causes work in areas such as A &E) and effective use of resources in acute services e.g Utopia which adds to blocking at A and E.
Duplicating services, for example A&E, on more than one site is wasteful and dilutes expertise
We cannot afford to have two hospital emergency departments in Gloucestershire and we cannot find the doctors to staff them. The ED department and ACU in Gloucester Royal need to be increased markedly in size and the ones in Cheltenham need to close.
Centralise emergency services on the GRH site. Create a centre of excellence for specialist surgery on the CGH site after investment in estates and infrastructure.
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.

At last, a sensible proposal as to the way forward! I strongly feel that Emergency Care (i.e. Emergency departments etc) should be strictly that - you only go there in an emergency! Communication of the different services is the vital key with reducing overwhelming patient influx in our two county wide Emergency Departments, inappropriate admissions by the public and inappropriate GP and SWAST admissions add to the pressure and causes breaches and additional pressure on an already overburdened x 2 acute Hospitals. There are MIUs etc around the county but often the general public are unaware of the services they provide so default to the "safe" environment of the Emergency Departments, which then conversely renders them "unsafe" due to the high number of patients there!! MIIUs need looking at also, regards the services they provide - if we want to reduce the burden on the EDs as a county, we have to look at other models of urgent care services available to the population and to then advertise this well. OOH services need also to be consistent in their criteria and staffed consistently 7 days a week to again, reduce the burden and release flow in the EDs. Discharge needs to be tightened up across the county, it doesn't feel joined up at all and again, the blocks in the system render patients staying in hospital far longer than they need to / should do, this can be compounded by lack of understanding of social services referral, transport issues and lack of understanding by the public that (particularly) the two acute district general hospitals are for acutely ill patients..... We strive for an all systems approach but we are yet to achieve this in reality as services still fail to fully engage with each other, and don't fully understand the others perspective. There are a lot of services (non-clinical) which could be more joined up - education and development is one of them. There are multiple departments in each Trust all doing the same thing really, and whilst it is acknowledged that each healthcare provider has unique needs regards the education and development of their staff (as an example), a lot of time and energy is wasted doing "a bit of the same, but different". If we are truly striving for a "One Gloucestershire", this needs to also be extended to the collaborative potential for other non-clinical services across the county. There is a lot of repetition and strengthening a more joined up way of working would provide insight and greater understanding, free up time, resources and people to focus on what is truly appropriate - which would ultimately benefit our patients.
Bring back the full 24 hour A&E service at Cheltenham General ! PS well done for closing down Delancey, no wonder you've got beds blocked by people who need a re-cooperation hospital.
I think the most important thing is getting the night A&E in Cheltenham restored. Having had experience of GRH after 8pm it is chaotic most nights the work load is so high for nurses, doctors etc, also the patients that are waiting .They do need one person going round and sorting walking patients as to whether they really need A&E.
I think that we need to have a combined Health And Social care service so we can work as one system to both keep people out of hospital And get them out of hospital faster when their treatment is completed. Many people wouldn't go to hospitals when they are ill if they could have medical care at home and social care at home(including night care if required) until they have recovered from their illness. We need to change the culture of people coming into hospital with the expectation from themselves and their families that the hospital will put care in place for them when they leave or that they can stay in hospital until it is convenient for them to return home. Also that the hospital will pay for an ambulance home if family are unable to collect them. There should be more Walk in drop-in clinics in the county that people with minor in injuries or conditions can access 24/7 instead of going to A&E. also

GPs could use their staff and GPs to cover a 7 day a week service - but have less staff on each day - just like the hospitals have to do.
Support Cheltenham A&E in a 24 hour service or give it, its own funding and, not use it to support Gloucester at the expense of Cheltenham
Have a good a and e unit along with doctors who know whether 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.
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.
Feel the size of Cheltenham justifies the need for emergency services in the town. A good compromise would be a single hospital site for Cheltenham and Gloucester on the Golden Valley
Although self-care is important more money should be invested in A&E to provide a service required by the visitors. We have spent a lot on prevention but people are still attending A&E. Redirect funds to address the reality of the fact that people will go to A&E instead of seeking help elsewhere.
The plan is very good, it should be widely publicised. Keeping "out of hours" centres open in the outer lying areas not just the cities.
There is a worry and concern that question 1 and question 5 could lead to abandonment of any A&E services in Cheltenham. It is a town with a population of over 110,000 people. It must have its own A&E provision.
A greater number of ambulances need to be provided as the current levels are insufficient to meet the community's needs. The majority of the public only call ambulances at times of emergency and to have to wait in excess of 20 minutes for an ambulance to arrive when someone is experiencing breathing difficulties is unacceptable
A&E services should be available 24/7 in ALL Glos hospitals. A rigorous system for combatting "Health Tourism" should be put in place in every Glos hospital-and throughout the UK for that matter. Discharge care procedures need to be tightened up. I have personal experience of a very elderly patient who was discharged from Cheltenham General Hospital without a community care plan. I helped collect her on discharge. Myself and another neighbour had to look after her from then on for several months. She was subsequently re-admitted after a long period of illness-fatigue, weight loss, lack of appetite, generally feeling ill and a fall. At admission we were asked about her hospital aftercare plan- we queried this and were told a district nurse should have been assigned to make periodic checks on her. The plan was subsequently found not to exist. She was transferred after a short stay to Stroud Hospital for rehabilitation. On admission it was found to have Leukaemia-something Cheltenham had missed. She died 3 weeks or so later in Stroud Hospital. Perhaps an isolated incident-but even one is too many. (name etc of this lady available if required).

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.
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.
1. Access to GP appointments need to be improved as at our GP's it can take 2 weeks! On the day appointments are available, but they are very limited in number. 2. A&E services should be available in Cheltenham as they used to be - Gloucester is too far away. 3. Good to have 'out of hours' near A&E services.
Response to emergencies needs to improve. The first responders seem not to be contacted when a 999 call goes out and yet the ambulance takes an age to get to this part of the county. Convalescent homes dotted around in the community could free up hospital beds.
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.

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 advise, 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 ;et 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 Parkinsons 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 Parkinsons 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

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.
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
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
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 date 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
I think there needs to be higher focus around mental health services as this is an increasing area.
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 .
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
Better access to mental health services for children
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
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
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.
Speedy access to services and an appropriate speedy response to presenting needs.
Ability to see an expert Access to my health records Organised services so I can be seen as efficiently as possible, including diagnostics
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 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.

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.

Resources: includes comments on funding and workforce issues

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.
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.
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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 advise, 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.
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

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 date 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
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.
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 whatever 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.
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!
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 their ability to work, the family unit and therefore their overall productivity of the economy. Their employers also lose money, so that as whole the country loses 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 huge cost effect on our other public services & institutions. I have recently written the PM on this very point.
GET TOUGH - Prioritise in A&E. Only treat people who have National Insurance Numbers. Seriously consider a minimum charge. Encourage the public not to expect everything for free. What you don't pay for is not properly valued.
Rural areas need to be catered for by keeping local hospitals. NHS structure is top-heavy - admin wasting valuable resources.
Close GRH and CGH. Build new hospital on site between Glos and Chelt (Golden Valley bypass). Streamline rapid response/choice+/OOHGP to same service provider. Charge ALL patients £10 per contact/visit - that is reclaimable via state insurance policy.
More money needs to be invested quickly to save many practices who are finding sustainability a big problem (acutely)
More funding into primary care, more staff, may then (& only then) enable us to take on further work.
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.

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.
Beds in hospital used for emergency caring. Clear out recovering patients to other more suitable caring locations Stop health tourism
Make better use of resources; free up hospital beds by providing facilities where people who no longer have medical issues can stay while appropriate care provision is arranged.
People should not remain in hospital when treatment is completed and enable our emergency services to be used for the correct people. Alcohol or drug injuries need to be addressed by payment especially at weekends.
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 goodnight 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 survey 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 government 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 thousands 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.
All sections of the community including children are included. Specialist resources are available for all to access. Reduce DNA by telling people how much of the NHS budget they waste Building a new purpose built hospital in the Forest of Dean including facilities for social services, mental health care, and allied HCP, making it a truly integrated health and social care hub Stop wasting money on endless reviews and meetings and get on with it!
Specialist care should be prioritised for patients that have urgent and emergency need. Patients attending appointments and ED unnecessarily should be charged and also charged for DNAs (to avoid wasting clinicians time). More care centres that patients can just 'walk in' to.
I don't think polyclinics are necessary. I do think that local services with local gp who knows their patients are a priority. Having computerised shareable notes are one thing, having time to read them is another. The NHS is Struggling with day to day running due to the demand on a service that was built some time ago for less people. It can't keep up. Care costs need to be looked at by local councils as between them and the NHS are responsible for the bed blocking delays. Due to an increase in life expectancy there are more older people. Due to an influx of migrants and an increasing population there is a bigger demand for all services. I think it's time for more services to look at sharing the cost and responsibilities of resources.
At last, a sensible proposal as to the way forward! I strongly feel that Emergency Care (i.e. Emergency departments etc) should be strictly that - you only go there in an emergency! Communication of the different services is the vital key with reducing overwhelming patient influx in our two county wide Emergency Departments, inappropriate admissions by the public and inappropriate GP and SWAST admissions add to the pressure and causes breaches and additional pressure on an already overburdened x 2 acute Hospitals. There are MIUs etc around the county but often the general public are unaware of the services they provide so default to the "safe" environment of the Emergency Departments, which then conversely renders them "unsafe" due to the high number of patients there!! MIIUs need looking at also, regards the services they provide - if we want to reduce the burden on the EDs as a county, we have to look at other models of urgent care services available to the population and to then advertise this well. OOH services need also to be consistent in their criteria and staffed consistently 7 days a week to again, reduce the burden and release flow in the EDs. Discharge needs to be tightened up across the county, it doesn't feel joined up at all and again, the blocks in the system render patients staying in hospital far longer than they need to / should do, this can be compounded by lack of understanding of social services referral, transport issues and lack of understanding by the public that (particularly) the two acute district general hospitals are for acutely ill patients..... We strive for an all systems approach but we are yet to achieve this in reality as services still fail to fully engage with each other, and don't fully understand the others perspective. There are a lot of services (non-clinical) which could be more joined up - education and development is one of them. There are multiple departments in each Trust all doing the same thing really, and whilst it is acknowledged that each healthcare provider has unique needs regards the

education and development of their staff (as an example), a lot of time and energy is wasted doing "a bit of the same, but different". If we are truly striving for a "One Gloucestershire", this needs to also be extended to the collaborative potential for other non-clinical services across the county. There is a lot of repetition and strengthening a more joined up way of working would provide insight and greater understanding, free up time, resources and people to focus on what is truly appropriate - which would ultimately benefit our patients.
The NHS, in Gloucestershire and throughout Britain, requires two things: more money and less patients. I suggest below how this may be achieved. Some possibilities lie within Gloucestershire's control, others do not; however, I include them here because I believe we need to approach STP at a national not just local level. FUNDING All food scientifically proven to be unhealthy, such as high-fat, high-sugar, high-salt items, processed meats and red meats, should be subject to VAT. The rate of VAT should correspond to the unhealthiness of the product; for example, the higher the fat content the higher the rate of VAT. This form of taxation would discourage unhealthy eating while producing a revenue stream for the NHS. Given the 2016 and 2021 UK spends on groceries as estimated by the Institute of Grocery Distribution, this revenue would be quite considerable: 'IGD expects the UK grocery market to be worth £179.1bn in 2016, an increase of 0.6% on 2015. We forecast that the UK grocery market value will be worth £196.9bn in 2021, a 9.9% increase on 2016' (http://www.igd.com/Research/Retail/UK-grocery-retailing/). VAT on food, of course, already exists. I am merely suggesting that the taxation should be based on the principle of healthiness rather than luxury. Tobacco smokers and alcohol consumers already contribute to the Treasury. Shouldn't those who choose to eat unhealthily also contribute? And if the imposition of VAT on unhealthy foodstuffs does lead to healthier eating, thus reducing NHS expenditure, then the policy is a so-called 'win-win'. While I am, personally, not a proponent of cannabis use, I accept the reality that very many people in the UK, against all advice and clinical evidence, insist on using cannabis. Therefore, a government-owned, government-regulated provision of cannabis would make cannabis use safer, would remove the criminal element from the trade, thus husbanding police resources (an estimated £361 million is currently spent every year on policing and treating users of illegally traded and consumed cannabis), and, being state-owned, would constitute a considerable revenue source for the government. It is estimate that the UK cannabis economy is worth approximately £6.8 billion a year, just under half the size of the UK's tobacco industry (http://www.vice.com/en_uk/read/this-is-how-much-the-uk-would-actually-make-if-it-taxed-cannabis). This policy could also be extended to other misused, currently illegal, drugs on the same basis: provide safer usage; eliminate criminality; create a revenue stream. It may be objected that drug use is dangerous, leading in some cases to death. However, the same may be said of sky-diving, snorkelling and mountain biking. If an individual insists on using drugs and does no harm to others, then why shouldn't the practice be legalised, regulated and run by the state? It is estimate that the annual cost to the NHS of foreign-visitor use is £1.8 billion (https://fullfact.org/health/health-tourists-how-much-do-they-cost-and-who-pays/). Rather than antagonise legitimate NHS-users with self-identification (as currently proposed) or waste money chasing recovery from individuals, the NHS should simply recover its costs from the Overseas Aid Budget (currently £12.2 billion). According to Full Fact, the £1.8 billion 'includes the cost of treating [foreign visitors] in A&E, though visitors aren't currently charged for this, and the cost of treating some foreigners resident in England who currently don't incur charges. Only around £500

million per year is estimated to be recoverable or chargeable according to the Department for Health. In reality only £100 million was recovered in 2013/14.' I believe the whole £1.8 billion should be recovered via the OAB. I would argue that treating foreigner visitors is a form of foreign aid. HEALTHIER BRITAIN As the STP indicates, the best way to reduce pressure on the NHS is to make Britain healthier. I would add that a healthier Britain is also a wealthier Britain: healthy people work more efficiently, take less days off through sickness, and have happier lives (including greater mental well-being). In addition to the programmes foregrounded in the STP (e.g. tackling obesity) I would like to see a national campaign for a Healthy Britain, with the government investing in better diets and more exercise for all age groups. For its own programmes Gloucestershire CC should mobilise funding immediately by introducing the Workplace Parking Levy (WPL), a scheme which is already in place for local authorities to implement. Improvements to public transport under WPL should aim at encouraging greater exercise through walking and cycling, especially during the morning/evening commute to and from work and school. Since a healthy adulthood starts with a healthy childhood, I believe GCC should prioritise improving the diet and physical fitness of all children up to the age of 18. Since almost every child in the county attends school, the means and opportunity to achieve this aim clearly exist. I hope these suggestions are helpful, or at least thought-provoking.
The NHS clearly has a current finance problem. But it faces an even greater challenge because people are not incentivised to look after their own long term health. Significant investments now are needed in tackling obesity and thus reducing future diabetes type 2, arthritis and other costly to treat consequences of our sugar rich diet. The result would add to the productivity of business as well as quality of life. This needs to be addressed by the whole health community seriously - not just the three trusts but also the county and district councils.
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.
Employ more frontline staff Reduce the number of managers Cut the bureaucracy
Definitely more trained nurses and other clinical staff. Less agency staff.
Question 3 very disingenuous. I note the use of the confusing "not". The reason the problems mentioned exist is a lack of hospital beds in general and a paucity of proper care in the community, especially the elderly. Of course people who don't need a hospital bed should not be in hospital. The reason they are there is the endless cuts to other services especially council services. The whole business is now well oiled. Secret plans made behind closed doors, a phoney consultation including the usual on line survey and then the litany of "unavoidable" cuts

rationalised as realignment, coordination, centres of excellence, blah, blah, blah. The fact is we need a massive injection of resources and a return to the principles the NHS was set up with. Anything else is rearranging the deckchairs on the Titanic. We've all had enough of "visions". I await the list of services to close or be privatised.
Most people support paying more tax to provide a better NHS - this could avoid at least some of these difficult decisions about priorities - funding is the real issue! NHS services should not be contracted out - there are very real issues in terms of clinical governance and joint working when non-NHS providers are part of the care pathway.
I would like to see NHS staff well supported and less stressed than currently. Some thought needs to be given to the split between rural residents and those who are town/city based and how best to serve both categories. The use of technology to support home based provision is attractive but may become very expensive and could discriminate against those who do not have access to IT.
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
Recruitment, retention and on-going training of nursing and care staff
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
I note that there is nothing about services for children in this document. Any initiatives need to be evidence based rather than just well-intentioned and over-optimistic, especially with regards to the achievability of changing people's behaviour and attitude towards accessing services. The "elephant in the room" of reducing demand by introducing an element of cost is not discussed at all - see how small 5p charge on plastic bags in supermarkets has worked wonders on reducing demand!
There needs to be more money in the NHS. It’s 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 little short of acquiescing to the political folly- I would have hoped for better from Gloucestershire.
Unified health and social care budget More investment in community services and general practice
Reduce Waste. Charge for missed appointments. stop health tourism. Cosmetic surgery should be paid for (and IVF etc) Keep to basics
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.
Reduce the amount of paperwork
Great concern about the number of agency nurses used. The use of health care assistants instead of trained nurses unsafe and unfair on the said HCA. Get rid of hospital managers and health care managers who have no medical/nursing knowledge or experience and let’s have qualified Doctors/nurses doing this very

important job.
some of the onerous data collection that staff have to do gets in the way of them providing care
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 scrutinised 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.
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.
I think it is vitally important that the staff of a NHS are not being taken into consideration re motivation; health care(?) etc. My contacts within the NHS alerts me to the fact that it is not being addressed.
In the long term the current system is unsustainable. The sooner everyone stops peddling the mantra that everything is free at the point of delivery the better. It is not free now for dentistry and optician services. If everyone paid for prescriptions there would be a reduction in waste. Life threatening conditions should be treated free of charge. Other conditions should be financed in other ways. eg Insurance health care and social care will never work effectively while 2 systems operate. Most of the ideas in this survey are sensible but how do you finance improvements in local services to relieve the acute hospitals while maintaining the latter during the changes?
Considering the projected increase in patient over 65, what is the point of wasting money on new technology that these older patients cannot 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.
Here we go round again. We need to go back to ONE provider of health care - eg. Cheltenham and district health authority - 30 years ago
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!!
One trust organisation on one computer system which enables clinicians/staff to make good, safe decisions at every junction.
The CCG and clinicians need to engage more with secondary care clinicians so that they feel engaged and part of the solution, rather than "done to"
Not sure cannot see purchaser/provider split continuing
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).
Quality of care for British people who genuinely need it
Utilise the existing staff you have - upskill HCA's to do some work that nurses currently do, upskill nurses to do some work that doctors currently do... Value and train the staff you have to retain them - otherwise they will leave to work with the private sector
Without additional funding to support social care the NHS is in danger of breaking under the strain of local government funding decisions. Age is not an illness, but people, young and old often need support at home or in their community to stop them from becoming ill.
Excellent intentions, even if you have trouble implementing it! It all costs MORE money in the short term, not less.
Q.4: The massive issue is being asked to prioritise when it is so clear that ALL services mentioned might be necessary/vital. So I cannot do that. Q3 Not using hospital beds for someone needing care other than purely medical, is ONLY possible if there is somewhere else where they can go! We all know this is true and has been for ages. So surely it shouldn't really have been asked about as an either/or Q for a survey? Q4 there has to be at least 2 answer that are vital - NOT one or the other! So, for me: it is clearly: distance and specialist expertise. This is probably so for everyone I guess. Likewise Q5 in exactly the same way. So I have done as advised: not chosen one over the other = not clicked any.. My strong and distressed view is that what is needed so obviously (and has been for a long time) is a robust request for increased (progressive) taxation so that we can all feel safe again in the NHS! This is not rocket science at all - and I despair, along with many other people - that the Govt. refuses to even hint at this. It is, therefore, about letting the NHS deteriorate so much that it dies. This is not only unnecessary but, in my view, totally tragic and impossible to understand. The majority of the public would go along with this, as has been made clear. There is a very high level of anxiety about what's happening to our NHS and we know UK's GDP re it is lower than other countries! It simply makes no sense and I hope Authorities will stand up against what is happening by design - boldly. They would, for sure, be supported by the public....
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.

Government 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 bureaucratic layers. It's a MAZE. 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 when 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 pay for ££ cabs. Hundreds of people in rural areas affected. Put a BUS icon on their records on database. Then appointments wouldn't keep being made at v. early or late times.. People 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 tarmac 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...
I would like to see more support given to the staff who do their utmost to do their job but do not have the management expertise behind them
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.
more funding and central information
We need joined up health and social care - not a system where there are internal markets preventing or encouraging disputes over the responsibility for costs. We need a properly funded system paid for by tax. We should not be using private companies who will cut costs/services in or make profits and not act in the best interests of the health social care system.
It's not rocket science, it's a production line and funding, skills and resources should be allocated at each stage of the production line to ensure a smooth flow through the system and that should not be tangled up with how the various parts of the production line are organised and who is responsible for them.

Feel that all the bodies involved in providing health care in Gloucestershire should campaign with others to persuade the government to inject further short term funding into NHS and produce longer term plan
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.
Well, it's obvious and it's nothing to do with the Trust asking these questions: Government needs to have the courage to ring-fence (hypothecate) National Insurance and raise the contributions to the level necessary to fund the NHS, Social Care and Pensions adequately!
I believe that every person (user) should have a written "Notional" cost / illustration of the cost of treatment so that individuals can appreciate / value the true cost of "free treatment" and recover costs for all missed appointments.
The key issue is the fracture between NHS Health and local government / private sector care facilities and community services. Central government has starved investment in local government - so you now have chronic bed blocking. A government own goal, but they will blame everyone else!
That central government is held to account for allowing tax cuts for the rich and services cuts for everyone else.
Need to involve politicians Need to be honest Need to hold each organisation to account at STP level. Use the Glos ££ efficiently
Fight for more funding NHS. Better care in the community
The funding for all healthcare services should be from one budget and controlled by one organisation, I suggest this should be the NHS. The current system where medical care is funded by the NHS and social care is funded by local councils is inefficient, wasteful and would be better provided if it were 'joined up'
'The devil is in the detail' and the STP is very high level, lacking sufficient detail and information to make informed choices. It would appear that the focus of the STP is in relation to finance and activity and very little reference to quality and patient safety, therefore presents an imbalance. Any new services should be clinically effective and evidence based, and reduce variation and harm. There is currently a focus on achievement of targets rather than on measuring patient outcomes and quality improvement. The CCG need to adopt a robust performance management system with accurate, timely data to ensure whatever new services are finally agreed, they are of a high quality, safe , effective and value for money given the very tight financial position within the NHS.
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.
I personally think the biggest problem is the lack of funding in social care and this includes funding for care homes including nursing. It is really difficult to recruit and retain staff who are doing a difficult job on low pay and limited time if the provider - whether statutory, voluntary or private are not paid enough to do the task. Managing expectations is another big problem. People think that it is more important to be near an A & E department but it may be better to travel further to get specialist treatment that leads to a better outcome transport to medical services can be difficult for those who do not drive, are unable to use buses, or do not have family of friends to take them. That may be more a matter of community cohesion than "medical" health

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.
You are asking questions based on the principle of the current budget. That is simply insufficient. We need to spend as the continent does. More per person. Anything else is tinkering around the edges. We need an hypothecated NHS tax
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 individual's needs. Honesty regarding mistakes easily accessible to the public domain. Stricter scrutiny and accountability for use of budgets and spending.
Stop making leisure centres profits over health encourage higher takes on healthy food and make healthy food more affordable
I support the plan but am concerned that it will not be as effective as it should be due to inadequate resources
More money for care of people who wish to remain in their own home
We need proper funding, training of staff and no moves on o privatisation or cost cutting
It is easy to agree with the diagnosis of the challenges faced by the health and care services in Gloucestershire as set out in the plan, which were identified in many instances years ago. The problem is in implementation - where is the manpower? The capital funding required to effect changes in facilities? Can investment precede cost saving? Can individually accountable bodies (eg NHS FTs/Trusts)cope with immediate financial pressures demanding cost reduction/service rationalisation whilst community and primary care services are dramatically improved? Can required consultation processes be managed effectively within the plan timeline and still produce required changes/savings given likely public opposition when hard choices have to be made? Good luck!
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.

New technologies

I would like to see NHS staff well supported and less stressed than currently. Some thought needs to be given to the split between rural residents and those who are town/city based and how best to serve both categories. The use of technology to support home based provision is attractive but may become very expensive and could discriminate against those who do not have access to IT.
Considering the projected increase in patient over 65, what is the point of wasting money on new technology that these older patients cannot 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.
One trust organisation on one computer system which enables clinicians/staff to make good, safe decisions at every junction.
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.
Ability to see an expert Access to my health records Organised services so I can be seen as efficiently as possible, including diagnostics
Good to have central services - Consider rural folk. Public transport poor. Local services need to be constant and reliable. Use technology e.g Telemedicine. NHS and Social Care should have a combined budget to give better value for money, aid collaboration and improve communications.
The things that are important to me and my family are Improving self-management for those with complex health needs. Improving health promotion to prevent ill health. Services you can access locally, see someone with expertise and limited number of appointments. Improving awareness in schools for children to educate them about how they can stay healthy: physically, mentally and socially. They are the generation that are moving forward & we have a great opportunity about educating them to live healthily and keep well. Joint health and social care assessments. IT systems between health and social that are joined up & accessible detailing information about those with complex health needs to enable prompt decision making about the best way to manage their health and social care needs.
Explain common sense confidentiality to staff (too many staff still believe they can share absolutely nothing with anyone, unless there's a risk of harm); this would enable simpler joining up of services.
It is important to help people take responsibility for their own health and well being. Provide more support in our local GP practices, use more technology and make sure all services can access all the information they need. It is vital that health and social care are seen as part of the same system which people progress through and not

seen as passing people from one service to another.
It is ridiculous that in this day and age, health and care information is not easily accessible/updateable electronically in the same place, in the same format to all health care professionals and care givers. The time wasted is costly and inefficient, not to mention the stress caused to patients and their relatives through having to constantly re-tell their story. To have a multitude of systems that do not 'talk' to each other, even within departments, is beyond belief!
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.
We need to give all of the clinicians we see the access to all applicable information about the services, what they can offer and how they can be accessed, and to patient records that makes their job and our lives easier. Joined up care across the board!
It needs to be one, modern health service in Gloucestershire. All information joined up, so everyone can see the same information.
The basis of many of these questions seems to be adapting services so that they conform to current budgets - that means that the response options you have given in the survey are already biased. I don't think local services can really meet health needs unless there is action at a governmental level about communicating the need for greater health taxation to the general public and implementing it.

Rehabilitation

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.
Government 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 bureaucratic layers. It's a MAZE. Try to get the Consultants to talk in a multi-disciplinary way i.e. the Shoulder specialist with the Neck specialist. This would Save separate appointments and different singular decisions when 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 pay for ££ cabs. Hundreds of people in rural areas affected. Put a BUS icon on their records on database. Then appointments wouldn't keep being made at v. early or late times.. People 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 tarmac 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...
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.
Patients in hospital should have access to at least one physio session/day - despite needing to employ a sufficient number of Physios/Physio helpers, this would save vast amounts of money by sending people out as mobile (or better) than when admitted. I have just had experience of an aged person who had to be admitted to GRH because a UTI took him off legs. When admitted he only used a stick @ home & was self-caring but as he didn't have ANY physio at all (after several days in bed with I/V running) he has eventually returned home on a walking frame & needing 2 helper visits/day
1. Onward facilities like the Delancey should not have gone, hence the older, frail patients who are clinically well are bed blocking and have nowhere to go. 2. More access to emergency GP appointments 3. NHS England being trained better in Triage, instead of sending patients to A&E because they are frightened of comebacks 4. Better home care services 5. More co-ordination between GPs and social care
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
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 Pharmacist. 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.
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.
More local services. Re-open cottage hospital and use for respite, palliative and terminal care to keep patients from blocking acute beds. Also provide local day care centres for elderly and dementia sufferers.
I think that we need to have a combined Health And Social care service so we can work as one system to both keep people out of hospital And get them out of hospital faster when their treatment is completed. Many people wouldn't go to hospitals when they are ill if they could have medical care at home and social care at home (including night care if required) until they have recovered from their illness. We need to change the culture of people coming into hospital with the expectation from themselves and their families that the hospital will put care in place for them when they leave or that they can stay in hospital until it is convenient for them to return home. Also that the hospital will pay for an ambulance home if family are unable to collect them. There should be more Walk in drop-in clinics in the county that people with minor in injuries or conditions can access 24/7 instead of going to A&E. also GPs could use their staff and GPs to cover a 7 day a week service - but have less staff on each day - just like the hospitals have to do.
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.
You will still need hospital beds no matter how much resources you put into community care. Spending loads of money on self-help is ok but is it cost effective and will you get better outcomes. I'm not convinced. I also believe that trying to tell people how they should live is not working. Diabetes rates are still going up. Also having worked with people with dementia, the amount of people I have seen who have had home care but have lost loads of weight, had falls is astounding. We should utilise care home beds that are free to to patients in hospital who are not complex cases and the staff at the home with some training can look after. We need less home care providers in the county. Concentrate a select few who have have good CQC reports and you know give good outcomes for the patients. Invest in them they will attract good carers and you will save time and money checking on checking on loads of additional companies who some quite frankly are not good enough . When employing staff for health promotion forget healthcare professionals, I find it better to hear from someone who has got) had the condition who can tell you first hand. By all means mentor them using an health care professional and train them up
Bring back convalescent homes. Surgeries, where new ones are planned, provision for self- help groups (birth to infant school / health care), physio, new bereaved, redundant / long term unemployed. Groups, initially led by professionals with aim of members becoming active in development of group, involving complementary approaches - Reki, Reflexology , acupuncture, physio. Established practices becoming more open minded and incorporating where possible some of the above.
Delayed discharge of medically fit patients is almost invariably caused by the lack of community hospital places. Such provision in alternative placements such as nursing homes needs to be addressed if "bed blocking" is to improve.
More emphasis on rehabilitation. For people to be able to self-care they need a bridge from acute to that point and rehabilitation is the key.
Hoping that the impact on Social Care funding isn't even more polarised by this. People are in hospital in my area of work that are constantly DTOC because of funding/placement/capacity issues. The impact goes on not just for them and their families but for other service users that NEED to be utilising the services and that can't access them.
There is a balance between accessibility of services and sufficient volume to ensure up to date expertise; I am concerned that the former may be lost to gain the latter. It is also very apparent that acute beds are blocked for want of rehabilitation or intermediate care facilities.
My experience of healthcare in Gloucestershire has been very good - but I haven't needed anything very unusual or urgent - so far! I do think it is a pity that we no longer use the little cottage hospitals, as they were once so good for people needing to convalesce for a bit before going home.
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
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.
Bring back convalescent homes. Train more nurses. Bring back the district nurses

This survey is not an honest or open way of collecting opinions as very few of the choices offered show realistic options from which to choose - for example opting for more resources in one area does not say which areas would lose out. If bed blocking is a major factor in providing acute care, could the NHS and the local social services make use of an external supplier such as a hotel or the community hospitals to take people who don't need hospital standards of care?
Having spent almost 40 years designing adaptions for the clients of the Social Services Department of a London Borough to get speedy discharge from hospital to reduce bed blocking by using reusable equipment that can be transferred to future patients eg shower systems, ramps, rails, stairlifts and door entry systems. I have a patent (pending) for a remote control access system to enhance "Telecare"
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.
There urgently needs to be community hospitals or respite centres that can take elderly vulnerable people who are being left in main stream large hospital and thus blocking beds
Be quicker to recognise future pressure for NHS (demo graph of increase in elderly people has been known for many years) ill health, effect of diesel fumes. Develop convalescent hospitals for chronic non acute patients who are currently bed blocking. Identifying Trusts which are working well and share best practice.
you need to open state run care homes which are not for profit, and get a flow of patients out of hospital. You need to de privatise all services which are now privatised, thus keeping funds in the NHS

Comments relating to the publication, plan and questionnaire

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.
This survey is not an honest or open way of collecting opinions as very few of the choices offered show realistic options from which to choose - for example opting for more resources in one area does not say which areas would lose out. If bed blocking is a major factor in providing acute care, could the NHS and the local social services make use of an external supplier such as a hotel or the community hospitals to take people who don't need hospital standards of care?
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 advise, 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.
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 whatever 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.
Question 3 very disingenuous. I note the use of the confusing "not". The reason the problems mentioned exist is a lack of hospital beds in general and a paucity of proper care in the community, especially the elderly. Of course people who don't need a hospital bed should not be in hospital. The reason they are there is the endless cuts to other services especially council services. The whole business is now well oiled. Secret plans made behind closed doors, a phoney consultation including the usual on line survey and then the litany of "unavoidable" cuts rationalised as realignment, coordination, centres of excellence, blah, blah, blah. The fact is we need a massive injection of resources and a return to the principles the NHS was set up with. Anything else is rearranging the deckchairs on the Titanic. We've all had enough of "visions". I await the list of services to close or be privatised.
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 nowhere 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).

Q.4: The massive issue is being asked to prioritise when it is so clear that ALL services mentioned might be necessary/vital. So I cannot do that. Q3 Not using hospital beds for someone needing care other than purely medical, is ONLY possible if there is somewhere else where they can go! We all know this is true and has been for ages. So surely it shouldn't really have been asked about as an either/or Q for a survey? Q4 there has to be at least 2 answer that are vital - NOT one or the other! So, for me: it is clearly: distance and specialist expertise. This is probably so for everyone I guess. Likewise Q5 in exactly the same way. So I have done as advised: not chosen one over the other = not clicked any.. My strong and distressed view is that what is needed so obviously (and has been for a long time) is a robust request for increased (progressive) taxation so that we can all feel safe again in the NHS! This is not rocket science at all - and I despair, along with many other people - that the Govt. refuses to even hint at this. It is, therefore, about letting the NHS deteriorate so much that it dies. This is not only unnecessary but, in my view, totally tragic and impossible to understand. The majority of the public would go along with this, as has been made clear. There is a very high level of anxiety about what's happening to our NHS and we know UK's GDP re it is lower than other countries! It simply makes no sense and I hope Authorities will stand up against what is happening by design - boldly. They would, for sure, be supported by the public....
'The devil is in the detail' and the STP is very high level, lacking sufficient detail and information to make informed choices. It would appear that the focus of the STP is in relation to finance and activity and very little reference to quality and patient safety, therefore presents an imbalance. Any new services should be clinically effective and evidence based, and reduce variation and harm. There is currently a focus on achievement of targets rather than on measuring patient outcomes and quality improvement. The CCG need to adopt a robust performance management system with accurate, timely data to ensure whatever new services are finally agreed, they are of a high quality, safe , effective and value for money given the very tight financial position within the NHS.
It is easy to agree with the diagnosis of the challenges faced by the health and care services in Gloucestershire as set out in the plan, which were identified in many instances years ago. The problem is in implementation - where is the manpower? The capital funding required to effect changes in facilities? Can investment precede cost saving? Can individually accountable bodies (eg NHS FTs/Trusts) cope with immediate financial pressures demanding cost reduction/service rationalisation whilst community and primary care services are dramatically improved? Can required consultation processes be managed effectively within the plan timeline and still produce required changes/savings given likely public opposition when hard choices have to be made? Good luck!
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.
From the document I struggle to understand the first part of the plan. I have Parkinsons and the PD nurses have provided a very good service. They are more knowledgeable and accessible than GPs. Please retain this service.

Q 4 - this is impossible to prioritise, of course we do not want a long wait for an appointment, distance might be a problem if one is unable to drive and local transport is not available. One would expect to see an 'expert' in the required field, why would you see someone who is not an expert? Fewer appointments - being able to have appointment and some tests on the same day as in 'one stop shop clinics' would be helpful. Q5 - this is the same as above. Of course one would want to be seen whenever the emergency happens and of course one would expect to see a specialist, prompt assessment and decision making should be the standard that is provide every time and joined up services are required. If a patient no longer required acute treatment then they should not be in an acute hospital bed, however the community needs to provide local beds, I do not know of a community hospital in Cheltenham or Gloucester. Families are not always able to provide the care required at home, they may have jobs to hold down. Looking after someone at home can be a full time job and can be tiring, your question almost sounds accusing.....
Am hugely concerned about the survey - as it does not provide an opportunity to provide proper feedback and the preloaded questions do not provide appropriate ability to answer - for example the section asking about whether acute hospitals should be responsible for people who could be looked after elsewhere, in the community, or if their family wont. Clearly they shouldn't but there should be support for them in the community and it is the responsibility of the state to look after and care for those who cannot. If more money is needed from the government, from taxation to pay for the aging population, then that should happen! Most of the answers to the above are common sense answers that are so vague they can be aligned to any change or plan to the system - it does not mean that the people who have responded have signed up to the plans you haven't yet shared with them. Streamlining care and bringing together organisations that have previously been broken up and competing against each other for funding makes sense, but
Although I am critical of a questionnaire that invites one to respond in a pre-conceived manner, I happen to agree with much of it. My focus would be on funding community services but not necessarily by reducing hospital beds which will be needed by a growing population.
I recently attended a GNHSFT members meeting about the STP. I am particularly interested in the development of "hubs" being an ex-carer. I recognise the challenge, but also the potential for much needed change for the NHS and welcome the opportunity to help design the service. As outlined in the meeting. However this form is very limiting and is making people feel channelled along pre-arranged paths. I am concerned about how many members of the public you are reaching and at how early a stage.
Answering the previous 2 questions is difficult e.g. it is no good being seen quickly if the person you see is not adequately competent. Prevention is better than cure. More investment, especially in 2ndry and tertiary prevention is likely to be cost effective in the long term. Treating people effectively at the earliest opportunity reduces representations and readmissions. This MUST include consideration of their psychological and emotional needs e.g. the need for repetition of advice if they were still reeling from a diagnosis or upsetting event.

This is a large and complex plan. It seems ambitious and appropriate. At the moment there is still a lot of detail that needs adding and consideration. I think an even more ambitious plan should include planning for a new acute hospital centrally placed outside of built up areas, close to good road links. There is nothing in the plan about forward planning for ICU beds to meet population needs and reduce the horrendous effects of the cancellation of urgent operations because such beds are in such short supply. There appears to be nothing concrete about how we plan for projected demand for bed space or learn from others introducing innovative ways of dealing with this especially for complex health and social care needs of the elderly and those with long term conditions. The current waste of staff time in trying to discharge patients and waiting to know if surgery can go ahead must be addressed for both patient and staff benefit. Some of the language is 'management speak' and needs to be in plain English (long version) to avoid the impression that things could be being hidden.
I found the questions to be very leading and the very act of having to choose one answer in a section when other answers could be equally important, makes the results pointless. It is obvious the questions are leading people to answer in a certain way to show the results you are aiming for i.e. putting extra emphasis on carers looking after their ill, elderly family members at home, even to the detriment of their own lives as long as it keeps them out of hospitals, while hinting that more local services could be available to care for them. This would free up hospitals to care for ill younger people whose health deemed more important. If you had made better use of the local hospitals in rural areas rather than closing them down or restricting their use we would not have the current overcrowding and overuse of the few large city hospitals that are left.
I want to see Cheltenham General hospital kept as a centre of excellence and not to lose services which can be combined in out centre or "super hospital" miles from anywhere, where patients have to travel long distances (ie. having moved the stroke unit to Gloucester Royal!! Cut the corporate jargon so that people fully understand such survey questions!
I believe that the questions in this survey have been written in a way to promote answers that promote early intervention and move away from local services. While this may seem logical with limited resources, such a model fails to acknowledge the crucial preventative/early intervention roles that local services play. A few weeks ago, I helped a confused and distressed older person with dementia who was lost to Stroud hospital. This vital service was able to quickly and efficiently check out her health needs and return her to safety without any hospital admission. Without this facility, she would have experienced more distress and may have fallen or worse. Closed local facilities mean that help isn't available when it is needed. Finance and geography become barriers to health care. Larger/Super hospitals with greater facilities and expertise sound great and efficient in theory but distance creates barriers. People who are too busy (eg with caring responsibilities or with unkind employers) or too poor to afford transport or are in too much pain or discomfort to face a long journey will miss key opportunities for early help and will end up requiring emergency care. This is happening in other areas. Please stop transforming and start safeguarding and supporting the sickest and most vulnerable members of our communities - the ones who need services most and face the greatest barriers.

Response to STP I found this consultation document very biased. It avoids whole subject areas, presumably for political reasons. I applaud the concept of a health plan and how it should be delivered within the context of finite resources. It is important that the community as a whole prioritise funding. Demand reduction One aspect of that strategy is to reduce total demand and an example is given of diet and the impact of increasing levels of obesity. There appeared to be three fundamental omissions from the document. 1. Sex education: The lack of adequate sex education leads to unplanned pregnancies, sexually transmitted diseases, and, as recently revealed, a significant rise in cases of sexual assault where both victim and perpetrator are below the age of 18 and in many cases below the age of consent. All the above drive a demand for health and social care resources. 2. Poverty: The linkage between poverty and health, both physical and mental, is well documented as is the link to domestic abuse and the need to take children into care. Again all the above drive a demand for health and social care resources. 3. Drug abuse: The linkage between drug abuse and health, both physical and mental, is well documented as is the link to domestic abuse and the need to take children into care. Again all the above drive a demand for health and social care resources. The political context To pretend that there is no political context to this consultation, that the consultation takes place in a political vacuum is grossly misleading. This is not to say that the issue of prioritising limited resources to deliver the maximum health benefit should not take place, of course it should. That debate is inevitable given a growing and ageing population. The consultation should clearly outline the political framework that shapes the parameters of the discussion. If the reason the there is no advocacy of compulsory sex education is the fear of being on the front page of the Daily Express or Daily Mail, then this should be stated. Similarly not treating drug abuse as a health issue rather than a criminal one appears to be a knee jerk response to what the tabloids would print. Since 2010 all Local Government budgets have been cut by Osborne and Pickles, this has had a direct impact on the provision of local care services, the budget cuts have been targeted at the most deprived areas of the country. Since 2010 the wealth distribution has continued to widen and there has been a significant increase in families in poverty. That does not mean that this is wrong, people voted for this. Demand Reduction Continued Given the above it would be more transparent within the consultation if all items that would have an impact on demand reduction were clearly identified. If those items are deemed to be outside of the remit of the bodies making up the STP then this should be stated. For example: Demand for health and social care services would be reduced if there were less families living in poverty, however, this cannot be addressed as the democratically elected government is pursuing a course of making the rich richer and the poor poorer. This approach to identifying all demand drivers would make the consultation paper a lot more honest.

Some of the questions in this survey are leading questions creating the impression that the survey is just to illicit support for the plans, this does not give me faith that this is anything but a tick box exercise. Having seen other STP plans, there are similar themes which makes me cynical about the political agenda behind this work. I agree that the NHS is beyond capacity but there appears to be little if any discussion about the work that local government could and should be doing to make significant changes to the prevention agenda. By placing the onus on individuals to make changes there needs to be the policy structures in place to make it Easy, Attractive and Sociable for people to change. For decades, emphasising personal responsibility has been the approach to improving health without offering the central government policy approaches to support this very much needed behaviour change. I can guarantee that most STPs will fail because there is not the bravery centrally to take appropriate action (regardless of political leaning). To address the lifestyle issues there needs to be, for example: education in schools that considers the whole child and the pressure taken of academia and more focus on happy and healthy as the route to learning; far more stringent regulation of the food and alcohol industries (tobacco pricing is one of the successes at influencing behaviour change but this has taken decades); A massive step change in our approach to travel making walking and cycling the preferred norm and financially beneficial option. Most of these cannot be achieved by Gloucestershire alone, so the lifestyle changes needed are likely to be unattainable. The most likely successful initiatives are work on the whole systems obesity approach (although there was little reference to local government, planning for health, housing within this), the daily mile (if implemented carefully and not resulting in some children being turned off physical activity for life) and reducing smoking in pregnancy. Good luck.
All of the choices in the 'choose one' questions should exist - you should not be choosing close OR expert OR short waits
For what it's worth - your survey questions are necessarily unsubtle, and probably designed to reinforce decisions already made. There must be a need - and a place - for nuanced argument. Let's see if the proposed focus groups allow this to happen.
The options presented for selection and selecting of priorities do not represent a full set of possible options but seem to be limited only to those which you wish to pursue. NOT covering many which would give better health outcomes. Health facilities should be delivered to ensure good health outcomes against measureable targets are achieved. Any outcome which reduces the previous outcome achievement level should be not be considered. Trying to legitimise your poor options by means of this false form of consultation fools no one.
I think many of the questions are too simplistic. The plan is complex and having read it through I struggle to remember the key points. I fail to see how answers to the questions will provide sufficient insight into what people in Gloucestershire understand the options to be and to make informed choices about the way forward. Closing hospital beds can't be achieved until beds/care in the community is sufficiently in place. Moving patients out who are eg isolated and feeling depressed can't be achieved satisfactorily unless there is care and support available. We may have to experience high set up costs to get the right beds/ the right care/ the right services in the right place before costs can be reduced by removing what is no longer needed.
It is aspirational and light on detail. We will have to see how it works out. The priorities for me are not outlined on the questions.

A tricky selection of options to choose from, with some questions needing further clarification. I only learned of this survey through a link from a reply from my MP after emailing them to support a 38Degrees campaign - how can you promote it more widely so that more people can have a say?
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?
idea is very good but end of the day is idea and never have action .so the best is come to hospital and talk with patient and staff so u will sum up the idea or come work with us as a worker like some tv show hide you self and become one of us so your will know what idea you need
Although I have answered your questions overleaf and prioritised, I actually believe most of them require a balanced approach between all of the options given other than question 3. For example, in question 4 and 5, the distance travelled would also play an important part except for some really unusual procedure.
Too little information about what is really going to happen
I think that the expectation that it will transform and sustain services is illusional/delusional
The questions are loaded so that the responses look as though we support the cuts in the NHS when clearly that isn't the case.
This questionnaire is shocking in making people respond to a number of questions that force them into making choices between equally undesirable outcomes. The emphasis of our Healthcare professionals should be on getting support to fight the vile Central Government policies that are systematically dismantling the NHS. The design of this questionnaire means that, in fact, our Healthcare managers are colluding with those disgraceful policies. Shame on you!
Not to have too initiatives at the same time for the public to take on board.
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.

I recognize this survey may be useful for raising awareness of problems, dilemmas and possible or probable compromises. In other respects I find the survey very questionable. For example, question 1 is unclear with regard to whether it concerns a factual or a normative (should) matter (seems factual at the start, but normative ['should'] in the following parts. It follows that any enumeration of responses will be worthless because different respondents may be answering different questions, factual or normative, and it will not be possible to know which type they are answering. I find the forced-choice questions are unfair and misleading in that they do not take account of relevant contexts, situations and personal conditions that different respondents will have in mind. If these background conditions were made explicit, more consistency between respondents would probably be evident. As they are suppressed, the survey in effects generates an impression of greater inconsistency, thus interfering with the situation it purports to be representing. This need not be an intended use of a strategy of 'divide and rule', but something like 'divide and rule' seems likely to be an unintended consequence. Many would agree that, where possible, building trust through openness is, in various respects, a better strategy. Moreover, the survey does not give the assumptions being made in asking these questions in this way. As a research-instrument, this would, in my judgement, not be acceptable as a source of enumerable, reliable and valid data. For consciousness raising, it may be useful, so long as it does not simply confuse and irritate people by its avoidance of the key questions (and known and unknown factors) about HM government intentions, policies and funding. However, CCGs find themselves in very difficult situations, to put it mildly, calling for empathy rather than more negative responses. So far as I can see and understand, our CCG is so far doing an excellent job, all things considered - though with the exception of this survey, sadly. Thank you for all the better work you are doing on our behalf. (NB This is a personal response, and not made on behalf of any others).
I would like the plan to be realistic and not hope for unrealistic financial and efficiency gains. It is unlikely the number of hospital beds can be reduced. The recent National Audit Office report demonstrated efficiency goals were not realised.
Some of the previous questions do not merit ranking or agree / disagree responses. e.g Q 1, 2 and 5.
I am concerned about the framing of some of these questions - they are not neutral - there is little scope for scaling preferences and some of the choices appear designed to deliver answers which support an already agreed agenda. There is also no scope for tailoring choices. For example I might be most concerned about the expertise of a consultant if I have a particularly complex or potentially life changing condition but may not be so concerned about this if my condition requires relatively routine treatment and the potential impact on my life is likely to be relatively minor. In those circumstances I might well prioritise one of the other options. So in conclusion I believe this survey is flawed and that the inferences that can be drawn from the results, contestable.
Invidious set of questions , all of them, but especially Q2 , Q5 . You should have included a question re our thoughts on this governments attempts to Slash, Trash & Privatise our NHS ! When one is cognisant of how much of their GDP other countries supply to their Health Services then one is angry at the fact that we don't match the likes of France, Germany and Holland . Forever the Tory governments have been underfunding OUR NHS ! Contemptible . Similarly re the fact that we don't match the likes of France, Germany and Holland in the number of beds per 1,000 of the population. Mind you it's clearly OK for the government to effectively kill people

against all the efforts of a fantastic set of medical professionals - dies of a bleed on the brain because could not find a bed at 3 different hospitals !

Comments relating to "bed blocking", explicit mention of cutting/reducing beds

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.
This survey is not an honest or open way of collecting opinions as very few of the choices offered show realistic options from which to choose - for example opting for more resources in one area does not say which areas would lose out. If bed blocking is a major factor in providing acute care, could the NHS and the local social services make use of an external supplier such as a hotel or the community hospitals to take people who don't need hospital standards of care?
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 advise, 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.
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 whatever 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.
Q.4: The massive issue is being asked to prioritise when it is so clear that ALL services mentioned might be necessary/vital. So I cannot do that. Q3 Not using hospital beds for someone needing care other than purely medical, is ONLY possible if there is somewhere else where they can go! We all know this is true and has been for ages. So surely it shouldn't really have been asked about as an either/or Q for a survey? Q4 there has to be at least 2 answer that are vital - NOT one or the other! So, for me: it is clearly: distance and specialist expertise. This is probably so for everyone I guess. Likewise Q5 in exactly the same way. So I have done as advised: not chosen one over the other = not clicked any.. My strong and distressed view is that what is needed so obviously (and has been for a long time) is a robust request for increased (progressive) taxation so that we can all feel safe again in the NHS! This is not rocket science at all - and I despair, along with many other people - that the Govt. refuses to even hint at this. It is, therefore, about letting the NHS deteriorate so much that it dies. This is not only unnecessary but, in my view, totally tragic and impossible to understand. The majority of the public would go along with this, as has been made clear. There is a very high level of anxiety about what's happening to our NHS and we know UK's GDP re it is lower than other countries! It simply makes no sense and I hope Authorities will stand up against what is happening by design - boldly. They would, for sure, be supported by the public....

Q 4 - this is impossible to prioritise, of course we do not want a long wait for an appointment, distance might be a problem if one is unable to drive and local transport is not available. One would expect to see an 'expert' in the required field, why would you see someone who is not an expert? Fewer appointments - being able to have appointment and some tests on the same day as in 'one stop shop clinics' would be helpful. Q5 - this is the same as above. Of course one would want to be seen whenever the emergency happens and of course one would expect to see a specialist, prompt assessment and decision making should be the standard that is provide every time and joined up services are required. If a patient no longer required acute treatment then they should not be in an acute hospital bed, however the community needs to provide local beds, I do not know of a community hospital in Cheltenham or Gloucester. Families are not always able to provide the care required at home, they may have jobs to hold down. Looking after someone at home can be a full time job and can be tiring, your question almost sounds accusing.....
Although I am critical of a questionnaire that invites one to respond in a pre-conceived manner, I happen to agree with much of it. My focus would be on funding community services but not necessarily by reducing hospital beds which will be needed by a growing population.
This is a large and complex plan. It seems ambitious and appropriate. At the moment there is still a lot of detail that needs adding and consideration. I think an even more ambitious plan should include planning for a new acute hospital centrally placed outside of built up areas, close to good road links. There is nothing in the plan about forward planning for ICU beds to meet population needs and reduce the horrendous effects of the cancellation of urgent operations because such beds are in such short supply. There appears to be nothing concrete about how we plan for projected demand for bed space or learn from others introducing innovative ways of dealing with this especially for complex health and social care needs of the elderly and those with long term conditions. The current waste of staff time in trying to discharge patients and waiting to know if surgery can go ahead must be addressed for both patient and staff benefit. Some of the language is 'management speak' and needs to be in plain English (long version) to avoid the impression that things could be being hidden.
I think many of the questions are too simplistic. The plan is complex and having read it through I struggle to remember the key points. I fail to see how answers to the questions will provide sufficient insight into what people in Gloucestershire understand the options to be and to make informed choices about the way forward. Closing hospital beds can't be achieved until beds/care in the community is sufficiently in place. Moving patients out who are eg isolated and feeling depressed can't be achieved satisfactorily unless there is care and support available. We may have to experience high set up costs to get the right beds/ the right care/ the right services in the right place before costs can be reduced by removing what is no longer needed.
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?
I would like the plan to be realistic and not hope for unrealistic financial and efficiency gains. It is unlikely the number of hospital beds can be reduced. The recent National Audit Office report demonstrated efficiency goals were not realised.
Invidious set of questions , all of them, but especially Q2 , Q5 . You should have included a question re our thoughts on this governments attempts to Slash, Trash & Privatise our NHS! When one is cognisant of how much of their GDP other countries supply to their Health Services then one is angry at the fact that we don't match the likes of France, Germany and Holland . Forever the Tory governments have been underfunding OUR NHS ! Contemptible . Similarly re the fact that we don't match the likes of France, Germany and Holland in the number of beds per 1,000 of the population. Mind you it's clearly OK for the government to effectively kill people against all the efforts of a fantastic set of medical professionals - dies of a bleed on the brain because could not find a bed at 3 different hospitals !
Government 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 bureaucratic layers. It's a MAZE. Try to get the Consultants to talk in a multi-disciplinary way i.e. the Shoulder specialist with the Neck specialist. This would Save separate appointments and different singular decisions when 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 pay for ££ cabs. Hundreds of people in rural areas affected. Put a BUS icon on their records on database. Then appointments wouldn't keep being made at v. early or late times.. People 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 tarmac 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...
1. Onward facilities like the Delancey should not have gone, hence the older, frail patients who are clinically well are bed blocking and have nowhere to go. 2. More access to emergency GP appointments 3. NHS England being trained better in

Triage, instead of sending patients to A&E because they are frightened of comebacks 4. Better home care services 5. More co-ordination between GPs and social care
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
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 Pharmacist. 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.
More local services. Re-open cottage hospital and use for respite, palliative and terminal care to keep patients from blocking acute beds. Also provide local day care centres for elderly and dementia sufferers.
Delayed discharge of medically fit patients is almost invariably caused by the lack of community hospital places. Such provision in alternative placements such as nursing homes needs to be addressed if "bed blocking" is to improve.
There is a balance between accessibility of services and sufficient volume to ensure up to date expertise; I am concerned that the former may be lost to gain the latter. It is also very apparent that acute beds are blocked for want of rehabilitation or intermediate care facilities.
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
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.
Having spent almost 40 years designing adaptions for the clients of the Social Services Department of a London Borough to get speedy discharge from hospital to reduce bed blocking by using reusable equipment that can be transferred to future patients eg shower systems, ramps, rails, stairlifts and door entry systems. I have a patent (pending) for a remote control access system to enhance "Telecare"
There urgently needs to be community hospitals or respite centres that can take elderly vulnerable people who are being left in main stream large hospital and thus blocking beds
Be quicker to recognise future pressure for NHS (demo graph of increase in elderly people has been known for many years) ill health, effect of diesel fumes. Develop convalescent hospitals for chronic non acute patients who are currently bed blocking. Identifying Trusts which are working well and share best practice.
Considering the projected increase in patient over 65, what is the point of wasting money on new technology that these older patients cannot 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.
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.
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.
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!

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.
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.
Beds in hospital used for emergency caring. Clear out recovering patients to other more suitable caring locations Stop health tourism
Make better use of resources; free up hospital beds by providing facilities where people who no longer have medical issues can stay while appropriate care provision is arranged.
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 goodnight 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 survey 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 government 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 thousands 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.
I don't think polyclinics are necessary. I do think that local services with local GP who knows their patients are a priority. Having computerised shareable notes are one thing, having time to read them is another. The NHS is Struggling with day to day running due to the demand on a service that was built some time ago for less people. It can't keep up. Care costs need to be looked at by local councils as between them and the NHS are responsible for the bed blocking delays. Due to an increase in life expectancy there are more older people. Due to an influx of migrants and an increasing population there is a bigger demand for all services. I think it's time for more services to look at sharing the cost and responsibilities of resources.
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 scrutinised 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.
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 key issue is the fracture between NHS Health and local government / private sector care facilities and community services. Central government has starved investment in local government - so you now have chronic bed blocking . A government own goal, but they will blame everyone else!
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.
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.
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
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.
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
The Health Service should have 2 strands 1 Hospitals - where acute and specialist care is needed, eg for operations and when treatment completed patient returned to community care. Do not have patients in wards for longer than necessary. Expensive equipment used to full advantage so 7 days a week but not just doctors but ancillary services as well. 2 Community Hubs To include current doctors surgeries and community care and social services (part of NHS and not LA's) People often have the need of social services as well as medical attention so all should be provided as one joined up service. The hub would have some beds for people discharged from hospital but still needing some care before returning home and those needing respite care for short periods. The aim would be to have people in their own homes rather than in Private Nursing Homes. Specialist homes for eg dementia patients would still need to be under the control of the local Hub. Because there would be staff on duty 24 hours a day to care for the above, they would also act as a minor injury clinic day and night. the Hubs would have doctors, nurses and some routine services available. People would attend these hubs and in first place see a specialist nurse who would assess their needs. They may be able to sort the problem but if not refer them to a doctor. People would not make an appointment to see a doctor unless the doctor had asked them to do so. So many ailments etc can be dealt with by specialist nurses leaving doctors to use their specialist knowledge more efficiently. Routine checks can easily be carried out by specialist technicians or nurses. The hubs would by their nature be quite large so small doctors surgeries disappear. It may be that under existing conditions the hubs may be in a number of building but the aim would be to gradually have in one place. This will be a problem in some country areas but most people have access to a car and a relative or friend but if not, a nurse or doctor would visit them in their own home. (Doctors would have more time because they were not dealing with minor complaints) Seeing a person in their own home is a good way for medical staff to better understand a persons' illness and social situation and be able to arrange whatever help was needed as local homecare services would also operate from the hub. Volunteer services would also liaise with the Hub to support the local communities. There would be coordination between social service and medical staff which would help to keep people healthy and need medical services less. For example people with psychiatric problems they should have a much more joined up approach to their treatment..
Restore cottage hospitals, build another "Delancey" to free up hospital beds and prepare patients properly to allow them to return home. Support GP satellite surgeries. For example, Prestbury residents will be required to take three bus journeys each way in order to reach the new centre near Gotherington, difficult when timing to keep an appointment. Continue to fund our valued village pharmacies. Stop the use of contracted out services, much more economical for the NHS to employ direct. To have centres within a radius of 30 minute drive is excellent - by car yes, public transport no! Congratulations to whoever provided the hospital bus based at the park and ride, this is a much valued and appreciated service. The high cost and poor availability of hospital parking - always adding to an already very stressful situation, where does one begin?

Healthcare and social care in the community should be real ,and accessible 24/7. Previous attempts to reduce hospital beds to fund this has only been partially successful, and has led to current under provision of beds. Please do not fund future changes by cutting more beds, even if you anticipate existing beds will be freed up by moving patients home or into residential/ nursing homes. We have had several experiences throughout 2016 of medical emergencies requiring urgent hospital admission, waiting hours in A & E for treatment ,and then yet more hours for a bed.
This may not be applicable to this survey but I feel very strongly about all the small hospitals and respite assistance that have been closed down in small towns or villages. These enabled people young or old to have further nursing in their own area before returning home thus easing this bed blocking problem we seemed to be faced with. The few that have remained open or been replaced cater for a very large radius often not being able to cater for those who have lived in the town or village for many years.
As a retired registered nurse I can appreciate the current problems with the NHS. However, a lot of these have been self-inflicted due 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 managers would mean more money to finance the Plan.
Such a pity that the small local hospitals that were all around the country were closed. People were transferred to these when they needed a little more nursing thus relieving beds. Such poor long thinking on the powers that be. This is why there is such a bed crisis in main hospitals!! It’s never too late to bring them (C.H) back again.
I agree with the enclosed, but we do have a difficulty in going for appointments in Gloucester Royal Hospital. Its SO far from the North Cotswolds and when you are OLDER this is a great problem. Also closing ALL our local cottage hospitals was a GREAT MISTAKE so many "bed Blocks" would have used these hospitals on their way to recovery
I think the closure & downgrading of small community hospitals has been a disaster for rural outlying areas. I'm in Tetbury & had to wait for 8 hours for an ambulance with an elderly neighbour who collapsed because we are in a "dead" zone now. With the decimation of social services & community care the hospitals are full of "bed blockers" More specialist elderly support needed specifically.
more care for elderly and stop closing hospitals and losing bed space. People shouldn’t have to be waiting so long for appointments and operations. more doctors, 2 weeks is not satisfactory to see your doctor
I don't think it is so easy to state beds only for people that need them, what if the person in the bed has nowhere to go, what if the depressed person in the bed would then be in danger of self-harm. In an ideal world it is easy to make these big statements. Close hospital beds - but what about the emergency needs, on my ward 90% are emergency admittances. If we still had some of the village hospitals we could redirect patients from the beds needed in main hospitals.
longer appointment times at initial doctors’ appointments more beds available in hospitals easier to get care at home, enabling people to get out of hospital beds

3. Dependent on adequate social care elsewhere for vulnerable and habitation needs. Need to support CARERS! 2. Loath to cut hospital beds - who knows what the future needs. Capacity probably Provision of this survey - Not often available in library. "one Bus" but not known about by many. Suggest more advertisements
Am I correct in thinking the county and yourselves have already submitted your plans to Government? Reduction in beds is not the way forward! Essential - Keep community hospitals such as Stroud (and maternity) as there is already too much pressure on existing centres such as Gloucester and Cheltenham with a growing population these extra spaces will be essential in future with the loss of Standish for instance, there are fewer options for major emergency planning for county. Also any spare capacity at smaller hospitals can be used as half way place before discharge to home or care unit. Centralisation of ambulance service has been a disaster - privatisation even more so. All the publicity lately has been delays at A&E due to lack of beds - and how to accommodate this - so how can a reduction of beds be the right way forward? This also ties up paramedics and so many ambulances and delays
Bring back the full 24 hour A&E service at Cheltenham General ! PS. well done for closing down Delancey, no wonder you've got beds blocked by people who need a re-cooperation hospital.
The best way for the NHS to save money is if people don't get sick in the first place. Its been estimated that if we were to adopt the level of cycling that they have in Denmark it would save the NHS £17 Billion. http://www.cyclingweekly.co.uk/news/latest-news/cycling-save-nhs-17bn-says-british-cycling-report-140109 Then there is diet, fast food , fizzy pop, smoking, etc all of which impact health. The present government seem reluctant to act on this for fear of any negative impact on the free market economy or being accused of nanny stateism. Only if the cause of ill health is dealt with will health care become sustainable, savings will then just happen. Cutting beds, medication, staff etc will not make people better.
More community and hospital beds
There are insufficient hospital beds. An increase in beds and qualified staff is needed. Dramatically reduce waiting times for Cardiology appointments please
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?
Health promotion should not be funded at the expense of cutting hospital beds. We don't have enough hospital beds so until the health of the nation is greatly improved don't cut hospital beds., stop advertising high fat / sugar at time (on TV) such as 5pm to 9pm
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