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.