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