

Responses from Forest Locality

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

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.

In the long term the current system is unsustainable. The sooner everyone stops peddling the mantra that everything is free at the point of delivery the better. It is not free now for dentistry and optician services. If everyone paid for prescriptions there would be a reduction in waste. Life threatening conditions should be treated free of charge. Other conditions should be financed in other ways. eg Insurance health care and social care will never work effectively while 2 systems operate. Most of the ideas in this survey are sensible but how do you finance improvements in local services to relieve the acute hospitals while maintaining the latter during the changes?

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.

I would like to see a more efficient functioning in our GP practices, with courtesy from reception, and truthful communication.

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

One trust organisation on one computer system which enables clinicians/staff to make good, safe decisions at every junction.

Plugging the holes in two outdated hospital buildings in the FOD (Lydney and Dilke) economically for the future of health provision surely one purpose built hospital would be more beneficial for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.

Probably the most contrived survey I have ever seen - it is guaranteed to give you the result you have already decided upon. How about asking about "wasted" staff such as bed managers who simply hassle A&E doctors to discharge patients when there is nowhere to discharge them to (daughters experience as a Junior Doctor). Or vastly overpaid managers who could not manage their way out of a paper bag and have only got the position because they have been "promoted" to get them out of the way (personal experience).

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.

A greater number of ambulances need to be provided as the current levels are insufficient to meet the communities 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

The questions are loaded so that the responses look as though we support the cuts in the NHS when clearly that isn't the case.

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.

Govt discussed Community & Established NHS services linking in 60s..Without politicians strong support you will not get far. Families UNABLE to give complex health care and a lack of NURSING Homes is a huge problem plus TRAINED staff. More Recruitment & ££.needed. U cannot discharge a lonely vulnerable person back to a NO HOME CARE and free up a bed. They'll just come back to A&E. More flexible Nurses. We respect this profession but since degree culture that are apt to stop taking care of other details like cleanliness and making sure patients are eating & drinking etc. MORE trained on the JOB Nursing staff. More men attracted into prof. Definitely bring back a properly trained MATRON Not an office computer based manager..Has anyone tried pulling in MOD trained medics and MASH units to help? Drop down Hospital accommodation with simple beds etc. There must be many orgs that have trained staff to send out. British Red Cross etc. Commandeer Empty/ suitable buildings for beds? If it's that urgent you need to think outside box & regs. Thin out the AMONT of organisations often duplicating each other. Nightmare bueurocratic layers. It's a MAIZE. Try to get the Consultants to talk in a multi disciplinary way i.e. the Shoulder specialist with the Neck specialist. This wd Save separate appointments and different singular decisions whe one illness joins with another- esp. in orthopaedics and neurology. ASK patients at FIRST out patients or consultation DO YOU HAVE FAMILY/CARE AT HOME/ DO you have TRANSPORT? It is essential people ALL ages but esp. elderly, are treated knowing that they are alone for instance and cannot easily GET TO ANY MEDICAL CENTRE by BUS or apy for ££ cabs. Hundreds of people in rural areas affected. Put a BUS icon on their records on database. Then appointments wdn't keep being made at v. early or late times.. Ppeople then have to change the apt & MORE weeks wait. The Pavement & road leading to Gloucester Royal Hospital from London Road - there should be a zebra safe crossing at the entrance to this busy road. The state of the 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...

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.

There is a need to support patients / carers who have advanced dementia. Carers get left feeling no one cares as there appears to be little or no professional input

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

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.P.S 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 suvery Qs are slanted to not have that vote. If you have heard of wartime MASH units why can't we approach the M.O.D and ask for help with some of their huge medical staff and drop down med hubs? There are countless empty contemporary office blocks with full services that might be possible to use as extra bed space. Think Outside BOX time? The amount of money govt spend on overseas aid or NHS salaries cd be put to better bed use. Rural Hospitals v. unlikely to have facilities like MRIs this means hundreds of patients if not 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.

Close to home treatment.

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

Speedy access to services and an appropriate speedy response to presenting needs.

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 restbite homes. ideally in the coleford area with nhs dental and optical experts alongsideGPs and visiting specialists there might even be a minor injury unit.

I support the plan but am concerned that it will not be as effective as it should be due to inadequate resources

I recently visited Gloucester Hospital hearing services dept to have a replacement hearing aid fitted but was told this could not be done because my ears were totally blocked with wax. I found this surprising having recently attended my surgery for treating over a 2 month period to have them syringed and have been advised they were now clear. The hearing specialist recommend that I visit a private clinic in Cheltenham to have a different type of treatment which would be more effective. This would have to be paid for privately. Having given this some thought I decided to revisit my surgery to find out why they had said my ears were clear off wax whereas the specialist said they were blocked. My GP checked my ears again and said there no significant quantity of wax in my ears and could not understand why the specialist said there was or why he would recommend I go private. My GP said he would write to the hospital and I am currently waiting to "hear" what to do next. When I originally received a letter from the hospital advising me of my appointment, it made it quite clear that "wasted appointments cost the NHS £160.00 therefore I should advise them as soon as possible if I could not attend. Surely this was a wasted appointment but not caused by me! I would suggest better communication between NHS services could save the NHS money and added stress to its patients which in its self can lead to additional medical costs

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

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!

Invidious set of questions , all of them, but especially Q2 , Q5 . You should have included a question re our thoughts on this governments attempts to Slash, Trash & Privatise our NHS ! When one is cognisant of how much of their GDP other countries supply to their Health Services then one is angry at the fact that we don't match the likes of France, Germany and Holland . Forever the Tory governments have been underfunding OUR NHS ! Contemptible . Similarly re the fact that we don't match the likes of France, Germany and Holland in the number of beds per 1,000 of the population. Mind you it's clearly OK for the government to effectively kill people against all the efforts of a fantastic set of medical professionals - dies of a bleed on the brain because could not find a bed at 3 different hospitals !

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.