Responses from South Cotswolds

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

I think that promoting self care and wellness in the community is very important and something that can only be done by joining up health and social care with medical care. I have watched the CCG go down this route for a few years now and I am very pleased to see that the STP is building on the good work done already in the community with things like the Frailty Service in the South Cotswolds and not just chopping and changing and starting new for the sake of it. I have confidence that Glos CCG can actually pull this off to become one of the top STPs in the country.

Duplicating services, for example A&e, on more than one site is wasteful and dilutes expertise

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.

Invest more heavily in GP practices, not more and more inefficient community services

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 what ever 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..

Unified health and social care budget More investment in community services and general practice

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.

Ready access to hospital facilities and specialist treatment when required
Self Reliance should be encouraged and facilitated wherever possible, so as not to allow services to be overwhelmed by the demands of the over greedy
Much more money needs to go into mental health provision. Our 8 year old grandson has anger management issues and apparently CAMHS is very over stretched and under funded
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.
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.
High quality health Care Seeing the right person at the right time in the right place. Continuity of care
Drop in clinics for dementia for patients and their carers to be able to talk and exchange ideas.
More clinics/services available in community hospitals to save having to go to Cheltenham/Gloucester would be good.
Nothing addresses the appalling appointment/booking system in secondary care where you are expected to attend at a time and date that doesn't suit you, in a location that may not suit you, to wait for hours on end to see a consultant who then may not even be available.
Stop using NHS HOSPITALS for Botox treatments-Sex change operations- Tatoo Removal
I think that the expectation that it will transform and sustain services is illusional/delusional
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
more funding and central information
It's not rocket science, it's a production line and funding, skills and resources should be allocated at each stage of the production line to ensure a smooth flow through the system and that should not be tangled up with how the various parts of the production line are organised and who is responsible for them.
Retain facility for utilising services out of county. ie Cirencester but for family reasons, in emergency, at Gt Western hospital is preferred.
Cut the waist! 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.
Feel that all the bodies involved in providing health care in Gloucestershire should campaign with others to persuade the government to inject further short term funding into NHS and produce longer term plan
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

Joined up thinking,would be a good start. The use of resources better, better value for money. Getting beds freed up quicker, stop bed blocking, preventing others from being treated.

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.

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.

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

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.

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.

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.

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.

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 am concerned about the framing of some of these questions - they are not neutral - there is little scope for scaling preferences and some of the choices appear designed to deliver answers which support an already agreed agenda. There is also no scope for tailoring choices. For example I might be most concerned about the expertise of a consultant if I have a particularly complex or potentially life changing condition but may not be so concerned about this if my condition requires relatively routine treatment and the potential impact on my life is likely to be relatively minor. In those circumstances I might well prioritise one of the other options. So in conclusion I believe this survey is flawed and that the inferences that can be drawn from the results, contestable.

The plan appears to say little about how the changes will be made - which, I believe is the biggest challenge in healthcare. There is talk of pathways, but little on how these will be delivered and the measures against which the changes will be judged.- except, perhaps, a reduction in costs. Clearly the focus has to be on reducing costs as well as improving outcomes; however the current way in which the NHS is designed, organised and funded - namely in silos - makes the biggest challenge to be working across silos. This needs to be acknowledged and explained. An example of this is the national work on pathology and other diagnostics services; Lord Carter's productivity work in pathology is focussed on reducing the cost of the service, through reducing the variability of costs to the average. This completely ignores the benefits of pathology in relation to care pathways: there is no consideration of the fact that the benefit or value of using a pathology service accrues to other silos - NOT to pathology.. I would welcome the opportunity to read, and comment on, the diagnostics review.