Responses from Stroud & Berkeley Vale 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

Definitely more trained nurses and other clinical staff. Less agency staff.
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.
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 when ever 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.....
The options presented for selection and selecting of priorities do not represent a full set of possible options but seem to be limited only to those which you wish to pursue. NOT covering many which would give better health outcomes. Health facilities should be delivered to ensure good health outcomes against measureable targets are acheived.Any outcome which reduces the previous outcome acheivment level should be not be considered. Trying to legitimise your poor options by means of this false form of consultation fools no one.
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.
it is important to consider how the workforce are going to be educated about the developments especially sessional GPs- who represent more of the workforce
Stopping people attending GP for minor ailments or to get free otc medication eg canesten cream or paracetamol would free up more appts for chronic problems. No point reducing hospital beds until more community services including social care are available. This will need more funding- the money needs to come with the patients, you can't just shut down acute beds and hope care will be providing in the community when there are not enough district nurses, GPs or carers and social services are stretched so far that pts are waiting weeks to get to the appropriate place.
There needs to be more money in the NHS. Its not acceptable to identify a huge shortfall, yet try to plan for addressing one that means the NHS being in even less receipt of the average European health service funding. Be brave Health Officials, and tell the political and senior civil servants that the cuts planned represent the biggest threat to the security of the nation. To fail to address that is litle short of acquiescing to the political folly- I would have hoped for better from Gloucestershire.
A tricky selection of options to choose from, with some questions needing further clarification. I only learned of this survey through a link from a reply from my MP after emailing them to support a 38Degrees campaign - how can you promote it more widely so that more people can have a say?
some of the onerous data collection that staff have to do gets in the way of them providing care
To invest in supporting people to help themselves, through community resources, offering communities opportunities to manage their own needs and work closer together so people know where to go for help and understand their own pathway.

I cannot see how the increasing demand for services can be met without greatly increased funding. The heroic efforts of the staff cannot deliver timely treatment close to the patients' homes. I have personally suffered deteriorating health whilst waiting for treatment. I have resorted at times to private treatment and self education to take more responsibility for my own health, which has saved the NHS some money, but it is too expensive for me to rely on for all my healthcare needs. Even the 'free at the point of use' NHS incurs costs in travelling to obtain it at the increasingly centralised hospitals. The free transport offered by Arriva is too unreliable and prone to delays. There is not enough education about the importance of diet in preventing chronic illness, and healthcare professionals are themselves not adequately trained in this. For example, many patients could avoid obesity and diabetes if their doctors were aware of the benefits of low carbohydrate diets and intermittent fasting. The official NICE guidance on diet is almost entirely the opposite of what is proven to work for me and for thousands of others.

I would like the plan to be realistic and not hope for unrealistic financial and efficiency gains. It is unlikely the number of hospital beds can be reduced. The recent National Audit Office report demonstrated efficiency goals were not realised.

You are asking questions based on the principle of the current budget. That is simply insufficient. We need to spend as the continent does. More per person. Anything else is tinkering around the edges. We need an hypothecated NHS tax

Social prescribing needs to be more rigourously investigated and if shown to be beneficial more widely available.

All of the choices in the 'choose one' questions should exist - you should not be choosing close OR expert OR short waits

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.

Explain common sense confidentiality to staff (too many staff still believe they can share absolutely nothing with anyone, unless there's a risk of harm); this would enable simpler joining up of services.

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.

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.

IDT approach currently used in GHT being trialled in 2gether hospitals Closer working with GPs, MHICT and 2gether for mental health services 2gether more closely with GPs over physical health care of patients

The choices you are asking us to make are showing that the current system has been run into the ground. With this government's austerity, whilst they assured us the cuts wouldn't affect front line services, they obviously have!

Issues such as diabetes should have a higher priority as tackling this will save a lot of money and improve health outcomes.

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.

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.

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.

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.

For what it's worth - your survey questions are necessarily unsubtle, and probably designed to reinforce decisions already made. There must be a need - and a place - for nuanced argument. Let's see if the proposed focus groups allow this to happen.

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 what ever 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).

Most people support paying more tax to provide a better NHS - this could avoid at least some of these difficult decisions about priorities - funding is the real issue! NHS services should not be contracted out - there are very real issues in terms of clinical governance and joint working when non-NHS providers are part of the care pathway.

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 Glioucester) 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 ambula

I would like to see NHS staff well supported and less stressed than currently. Some thought needs to be given to the split between rural residents and those who are town/city based and how best to serve both categories. The use of technology to support home based provision is attractive but may become very expensive and could discriminate against those who do not have access to IT.

the integration of health with social care is a falsehood if you are not planning on harmonising staff pay if this is the case, then you are clearly planning on undermining staff terms with NHS workers the cheapest way to integrate the 2 is to bring social care back in to council and stop contracting out having looked at the ST plans, it seems you are intent on contracting for services that used to be done by established NHS services if you insist on this line, one can only assume it is in order to narrow down the business version/professional remit of staff as much as possible so services can be tendered/contracted over and over this is a complete waste of money you have already spent more money on the layers of tendering the NEPTs than the savings you made and the service is still dire

I welcome the proposals to co=operate/co-ordinate NHS and social care services. I would like to see full A and E services restored to Cheltenham. I would like to see parity of service for mental and physical health. I do not welcome the underlying assumption of this questionnaire that resources must be reduced. Clearly, more resources are required. so ;et us explore ways of increasing resources. e.g. increase in taxes, hypothecated if necessary.

I think many of the questions are too simplistic. The plan is complex and having read it through I struggle to remember the key points. I fail to see how answers to the questions will provide sufficient insight into what people in Gloucestershire understand the options to be and to make informed choices about the way forward. Closing hospital beds can't be achieved until beds/care in the community is sufficiently in place. Moving patients out who are eg isolated and feeling depressed can't be achieved satisfactorily unless there is care and support available. We may have to experience high set up costs to get the right beds/ the right care/ the right services in the right place before costs can be reduced by removing what is no longer needed.

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

The NHS, in Gloucestershire and throughout Britain, requires two things: more money and less patients. I suggest below how this may be achieved. Some possibilities lie within Gloucestershire's control, others do not; however, I include them here because I believe we need to approach STP at a national not just local level. FUNDING All food scientifically proven to be unhealthy, such as high-fat, high-sugar, high-salt items, processed meats and red meats, should be subject to VAT. The rate of VAT should correspond to the unhealthiness of the product; for example, the higher the fat content the higher the rate of VAT. This form of taxation would discourage unhealthy eating while producing a revenue stream for the NHS. Given the 2016 and 2021 UK spends on groceries as estimated by the Institute of Grocery Distribution, this revenue would be quite considerable: 'IGD expects the UK grocery market to be worth £179.1bn in 2016, an increase of 0.6% on 2015. We forecast that the UK grocery market value will be worth £196.9bn in 2021, a 9.9% increase on 2016' (http://www.igd.com/Research/Retail/UK-grocery-retailing/). VAT on food, of course, already exists. I am merely suggesting that the taxation should be based on the principle of healthiness rather than luxury. Tobacco smokers and alcohol consumers already contribute to the Treasury. Shouldn't those who choose to eat unhealthily also contribute? And if the imposition of VAT on unhealthy foodstuffs does lead to healthier eating, thus reducing NHS expenditure, then the policy is a so-called 'win-win'. While I am, personally, not a proponent of cannabis use, I accept the reality that very many people in the UK, against all advice and clinical evidence, insist on using cannabis. Therefore, a government-owned, government-regulated provision of cannabis would make cannabis use safer, would remove the criminal element from the trade, thus husbanding police resources (an estimated £361 million is currently spent every year on policing and treating users of illegally traded and consumed cannabis), and, being state-owned, would constitute a considerable revenue source for the government. It is estimate that the UK cannabis economy is worth approximately £6.8 billion a year, just under half the size of the UK's tobacco industry (http://www.vice.com/en_uk/read/this-is-how-much-the-uk-would-actually-make-if-it-taxed-cannabis). This policy could also be extended to other misused, currently illegal, drugs on the same basis: provide safer usage; eliminate criminality; create a revenue stream. It may be objected that drug use is dangerous, leading in some cases to death. However, the same may be said of sky-diving, snorkeling and mountain biking. If an individual insists on using drugs and does no harm to others, then why shouldn't the practice be legalised, regulated and run by the state? It is estimate that the annual cost to the NHS of foreign-visitor use is £1.8 billion (https://fullfact.org/health/health-tourists-how-much-do-they-cost-and-who-pays/). Rather than antagonise legitimate NHS-users with self-identification (as currently proposed) or waste money chasing recovery from individuals, the NHS should simply recover its costs from the Overseas Aid Budget (currently £12.2 billion). According to Full Fact, the £1.8 billion 'includes the cost of treating [foreign visitors] in A&E, though visitors aren't currently charged for this, and the cost of treating some foreigners resident in England who currently don't incur charges. Only around £500 million per year is estimated to be recoverable or chargeable according to the Department for Health. In reality only £100 million was recovered in 2013/14.' I believe the whole £1.8 billion should be recovered via the OAB. I would argue that treating foreigner visitors is a form of foreign aid. HEALTHIER BRITAIN As the STP indicates, the best way to reduce pressure on the NHS is to make Britain healthier. I would add that a healthier Britain is also a wealthier Britain: healthy people work more efficiently, take less days off through sickness, and have happier lives (including greater mental well-being). In addition to the programmes foregrounded in the STP (e.g. tackling obesity) I would like to see a national campaign for a Healthy Britain, with the government investing in better diets and more exercise for all age groups. For its own programmes Gloucestershire CC should mobilise funding immediately by introducing the Workplace Parking Levy (WPL), a scheme which is already in place for local authorities to implement. Improvements to public transport under WPL should aim at encouraging greater exercise through walking and cycling, especially during the morning/evening commute to and from work and school. Since a healthy adulthood starts with a healthy childhood, I believe GCC should prioritise improving the diet and physical fitness of all children up to the age of 18. Since almost every child in the county attends school, the means and opportunity to achieve this aim clearly exist. I hope these suggestions are helpful, or at least thought-provoking.

Recruitment, retention and on-going training of nursing and care staff

People with Parkinson's Disease need quicker access to see a Parkinson's nurse, neurologist, physio, movement disorder specialist, exercise provision, and psychological care.

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

I note that there is nothing about services for children in this document. Any initiatives need to be evidence based rather than just well-intentioned and over-optimistic, especially with regards to the achievability of changing people's behaviour and attitude towards accessing services. The "elephant in the room" of reducing demand by introducing an element of cost is not discussed at all - see how small 5p charge on plastic bags in supermarkets has worked wonders on reducing demand!

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 refuces 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.

Restore cottage hospitals, build another "Delancy" 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 Gotherinton, 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.

Bring back the full 24 hour A&E service at Cheltenham General ! p.s. 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.

It is aspirational and light on detail. We will have to see how it works out. The priorities for me are not outlined on the questions.

They should be based in the community with a hub round GP practices

The NHS is failing on a massive scale by not getting across to people that they have a responsibility to look after their own health. The majority of hospital beds are occupied by people who have become ill through lifestyle choices such as the following - Smoking Drinking to excess Drugs Obesity Lack of Exercise Type 2 Diabetes and its effects such as amputations Eating too much red meat despite warnings that it is unhealthy It has never been easier to keep fit and the correct weight than it is today. The shops are full of healthy foods and there are keep-fit clubs. Children should be encouraged to take part in sports activities and not to play computer games all day With regard to the Gloucestershire Hospitals, residents of the county should be encouraged to see that having two General Hospitals so close together and both providing exactly the same services in not necessary. If we do need Hospitals in Cheltenham and Gloucester then the services they provide should not be duplicated. Parts of Cheltenham Hospital are very old and in a poor state of repair and as many services as possible should be located elsewhere. Standards of cleanliness and hygiene fall well below those you would find in your own homes as the buildings are so old. I am not in favour of restoring 24-hour emergency care to Cheltenham as this would be a waste of money and in fact I query whether we need emergency care at all in Cheltenham if it can be provided better elsewhere The model I would prefer in the long term would be one where there is just one General Hospital for the whole County. It is unproductive having two so close together. I have seen modern hospitals such as the QE in Birmingham and Great Western in Swindon and these are the way forward. Cheltenham General was built in the 19th Century and it is not fit for purpose for 21st Century care and its future should be kept under review The medical model in the UK today is failing from top to bottom. Huge amounts of money are being spent on bureaucracy and the cost of top management, who are being paid more than their equivalents in other sectors of the economy. The standard of care in areas such as cancer falls well below the level of other European countries and mental health provsion is a national disgrace. More money is going in all the time but outcomes are worse than ever MPs are only concerned with having a hospital in their constituency even if the greater good would be served by combining resources with a neighbouring town and consolidating health care

I assume that with a fixed budget these little exercises that a lot of people a lot of time which is funded from the budget that should be used for actually dealing with people rather than talking about it.

Communication with patients. Text messages and reminders letters would help reduce the number of missed appointments. This is variable at the moment. Dentists text and some doctors bit not hospitals as far as we know.

While I am all for prevention where possible, I am concerned about proposals concerning self care and the reduction of hospital beds which may mean patients are unable to get the care they need. The Autumn budget is coming up, might local NHS services be able to secure a larger share of it?

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.

Reduce the amount of paperwork

I have had to answer 'Don't know' to some of the questions, not because I 'don't know', but because NONE of the answers reflect my thoughts. I am generally in favour of investing in helping people to live more healthily and look after themselves and their families and friends more effectively. IF this results in less demand for some services, then I have no objection to those services being reduced. However, if people live healthier lives and live longer, they are likely to develop more serious and more complex conditions as they get older, so the need for acute services may not be reduced by helping people to live longer.

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

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

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 important that the NHS is properly funded, not fragmented and private health providers are not allowed to cherry pick the services they offer. If there is private provision the contracts need to be carefully written and scutinised to ensure that they deliver all the services promised. The number of hospital beds need to be maintained so that routine operations are not cancelled at the last minute creating yet more problems and delays.

The plan all looks good in theory but will it work in practise. There is a lot of wasted resource and individuals abusing the services. However I would hate to see a clamp down affecting vulnerable people in need that do not feeling comfortable speaking up. As a support worker I am seeing an increase in people needing our service in order to access other services. We have to almost fight and argue for people today to receive the care they need. Without us a lot of people would just go without because they do not have the skills or strength to speak up and insist. Then we get those at the other end of the scale who have no trouble demanding from services whereas actually there is a lot more they could do for themselves. We need to better identify and manage the two.

More support for older people, who are in between needing medical support and feeling lonely to be able to live happily and independently in later life. It's not always clear what support is available for these people, and where is best to get it.

I think it is vitally important that the staff of a NHS are not being taken into consideration re motivation; health care(?) etc. My contacts within the NHS alerts me to the fact that it is not being addressed.

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.

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.

GET TOUGH - Prioritise in A&E. Only treat people who have National Insurance Numbers. Seriously consider a minimum charge. Encourage the public not to expect everything for free. What you don't pay for is not properly valued.

Rural areas need to be catered for by keeping local hospitals. NHS structure is top-heavy - admin wasting valuable resourses.

The NHS clearly has a current finance problem. But it faces an even greater challenge because people are not incentivised to look after their own long term health. Significant investments now are needed in tackling obesity and thus reducing future diabetes type 2, arthritis and other costly to treat consequences of our sugar rich diet. The result would add to the productivity of business as well as quality of life. This needs to be addressed by the whole health community seriously - not just the three trusts but also the county and district councils.

Drug costs are escalating and the NHS organisations need to ensure they are able to access their drugs at the correct prices for all their patients

Reconfiguration of hospital services essential to maintain and improve quality. Current provision on two main hospital sites is not working.

Here we go round again. We need to go back to ONE provider of health care - eg. Cheltenham and district health authority - 30 years ago

To emphasize primary care - helping people to lead healthy lives; encourage people to take more responsibility regarding their health and to use GPs and A & E when absolutely necessary. I wonder whether some senior staff are over paid but I don't really know.

Health care is an emotive subject, perhaps the most as it relates directly to death! I do not agree in funding going towards eg. drugs designed to prolong life. We cannot afford this approach. We all have a shelf life, some shorter than others. Would however invest in an analgesic with limited side effects that could improve quality of life. Quality NOT quantity. If you take a statin to avoid a heart attack you are just going to die later of something else eg. dementia. Common sense MUST prevail over emotion.

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.

The CCG and clinicians need to engage more with secondary care clinicians so that they feel engaged and part of the solution, rather than "done to"

Close GRH and CGH. Build new hospital on site between Glos and Chelt (Golden Valley bypass). Streamline rapid response/choice+/OOHGP to same service provider. Charge ALL patients £10 per contact/visit - that is reclaimable via state insurance policy.

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

More money needs to be invested quickly to save many practices who are finding sustainability a big problem (acutely)

Not sure cannot see purchaser/provider split continuing

My ideas are: 1). Quality Cheching 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.

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?

I believe it is vital that we keep the Parkinson's Disease Nurse Specialist service in Gloucestershire as since its inception it has provided vital support to people with Parkinson's with help and advice as regards the management of the condition, including medication, often saving consultants' time. Their referrals to Occupational therapists and physiotherapists can keep people fitter, active and better able to cope with the condition, giving a better quality of life and avoiding the need for the services of GP's or hospital admissions.

To have a hospital in cheltenham

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 hosp-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.

Separate submission given

Mental Health services are under resources and grossly inadequate and should be prioritised for improvement. Mental Health is not mentioned once in this survey of principles!

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.

From the document I struggle to understand the first part of the plan. I have Parkinsons and the PD nurses have provided a very good service. They are more knowledgeable and accessible than GPs. Please retain this service.

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.

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"

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.

The Breast Cancer centre of excellence is great and very important for women. Prostate Cancer is a serious problem for men in the same way as breast cancer for women. I would like to see a centre of excellence for Prostate cancer, diagnosis and treatment specialist services taken out of general urology.

1. Onward facilities like the Delancey should not have gone, hence the older, frail patients who are clinically well are bed blocking and have no where 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.

Social care should have better working relationships with medical care

A realistic approach to care of elderly in nursing homes and end of life care. The greatest percentage of the budget should be spent on the young and improving mental health. Mental health care is so very important. It enables us to take care of own physical health.

The NHS is in need of a national IT system for clinical records not a back end join up of data from different systems. Joining up health care is fine, it would have been better if it had not been allowed to be so fragmented in the first place but will not make much difference long term if we cannot get social care to match the needs of our community.

Utilise the existing staff you have - upskill HCA's to do some work that nurses currently do, upskill nurses to do some work that doctors currently do... Value and train the staff you have to retain them - otherwise they will leave to work with the private sector

Get rid of duplication - why two hospitals in the FoD? 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.

Excellent intentions, even if you have trouble implementing it! It all costs MORE money in the short term, not less.

The things that are important to me and my family are Improving self management for those with complex health needs. Improving health promotion to prevent ill health. Services you can access locally, see someone with expertise and limited number of appointments. Improving awareness in schools for children to educate them about how they can stay healthy: physically, mentally and socially. They are the generation that are moving forward & we have a great opportunity about educating them to live healthily and keep well. Joint health and social care assessments. IT systems between health and social that are joined up & accessible detailing information about those with complex health needs to enable prompt decision making about the best way to manage their health and social care needs.

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.

Q.4: The massive issue is being asked to prioritise when it is so clear that ALL services mentioned might be necessary/vital. So I cannot do that. Q3 Not using hospital beds for someone needing care other than purely medical, is ONLY possible if there is somewhere else where they can go! We all know this is true and has been for ages. So surely it shouldn't really have been asked about as an either/or Q for a survey? Q4 there has to be at least 2 answer that are vital - NOT one or the other! So, for me: it is clearly: distance and specialist expertise. This is probably so for everyone I guess. Likewise Q5 in exactly the same way. So I have done as advised: not chosen one over the other = not clicked any.. My strong and distressed view is that what is needed so obviously (and has been for a long time) is a robust request for increased (progressive) taxation so that we can all feel safe again in the NHS! This is not rocket science at all - and I despair, alongwith many other people - that the Govt. refuses to even hint at this. It is, therefore, about letting the NHS deteriorate so much that it dies. This is not only unecessary but, in my view, totally tragic and impossible to understand. The majority of the public would go along with this, as has been made clear. There is a very high level of anxiety about what's happening to our NHS and we know UK's GDP re it is lower than other countries! It simply makes no sense and I hope Authorities will stand up aganst what is happening by design - boldly. They would, for sure, be supported by the public....

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.

Please consider long term conditions like Duchenne Muscular Dystrophy and provide more local, ongoing support such as trained neuromuscular physiotherapists who visit bi-monthly or more regularly, this would reduce hospital visits long term and other occupational therapy codts.

A reasonably near hospital as travelling can be a problem. A reasonably local hospital helps many people .

Prevention of diseases are critical and we need to invest more in these areas.

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.

I had difficulty in ranking the priority for care issues where there wasn't a category for consideration of past chosen lifestyle. Important to me:- Opening up the debate on the care and treatment of dementia patients - and the care of their relatives. Personal experience within my extended family of Parkinsons with early onset dementia (10 years from diagnosis to death) I observed how trying to care at home can break the health of the most willing relatives. Worse - it puts their lives 'on hold' for an indeterminate time, including those of children. At times during those 10 years, and including in the final weeks of 'life' of my sister-in-law, valuable hospital resources were used to keep alive what was so clearly a terminal, hopeless medical case, despite a 'do not resuscitate' request having been signed by the 2 closest relatives, husband and daughter, at the end of the 5th year. This was NOT in Gloucestershire. As a result of my experience with early onset dementia, I believe a serious and open discussion needs to take place about the care of such patients. I accept the wishes of relatives will vary greatly, and will need to be respected. If the wishes of my relatives had been taken into account, the health service in their county would have been saved at least 3 years of occasional emergency in-hospital treatment (for pneumonia etc) daily sedating medication, and a immeasurable amount of stress for the close relatives concerned. We are sure a much loved wife, mother, grandmother, and sister-in-law would not have wished to have been kept alive once she could no longer communicate or feed herself - but she was. It took a very strong challenge to the doctors by

her daughter (an only child) to arrange for transfer from a large general hospital to a hospice - and peaceful death of my sister-in-law after 9 days of non-intrusive care. Doreen Hansen

Funding needs to find its way down to local district & community level to develop Preventative approaches and Healthy Lifestyles programmes ..... takes time, sustained effort and dedicated capacity that increasingly organisations do not have - so need to fund posts that give capacity to work with communities to develop local activities and solutions We could be a key player in developing community based support programmes at Cheltenham, Tewkesbury, County level - but need to work collaboratively with Health Commissioning to see what it needed and what works best

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.

There should be a national tax to support Care services so that there is not a postcode lottery. I would wish to go to the best location with well qualified Nurses Doctors/ specialists & Care Workers wherever in Gloucestershire with transport supplied for carers There should be local authority or charitable organisations to provide not for profit services. An after care unit to be a follow on from acute hospitals. Families should take more responsibility for their relatives and be informed of what care and support they should provide.

Sseervviiceesaare. Very. Selectti e. Ii was ddiaaggnoosed with ffouur. Cconndditions thteen left tto ggeet on. With throngs...nnoo hheelpp ggiven!!!

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 Pharmecist. 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.

Existing mental health services to be improved and promoted. Social prescribing, singing yourself better, painting yourself better and other watered down therapies are in my opinion going to prove to be dangerous. Drop the emphasis on drug therapies. The NHS has been ripped off for years by the pharmaceutical giants. I personally am still seething over the yellow card scheme for doctors. Most drugs are ineffective, especially in mental health. Where is the mention of talking therapies, and I am not just thinking CBT. What about psychology. The plan is too Bio-medical and follows a medical model. Obviously written by doctors.

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.

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 ilness-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 Leukemia-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).

As a retired registered nurse I can appreciate the current problems with the NHS. However, a lot of these have been self-inflicteddue 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 anagers woud 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

Consider the population making a contribution to their care / doctor's visits.

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.

Possibly more public education about which conditions merit visits to A&E, and which conditions merit 999 calls.

I would like to see more support given to the staff who do their utmost to do their job but do not have the management expertise behind them

This questionnaire is shocking in making people respond to a number of questions that force them into making choices between equally undesirable outcomes. The emphasis of our Healthcare professionals should be on getting support to fight the vile Central Government policies that are systematically dismantling the NHS. The design of this questionnaire means that, in fact, our Healthcare managers are colluding with those disgraceful policies. Shame on you!

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.

It needs to be one, modern health service in Gloucestershire. All information joined up, so everyone can see the same information.

The basis of many of these questions seems to be adapting services so that they conform to current budgets - that means that the responce options you have given in the survey are already biased. I don't think local services can really meet health needs unless there is action at a governmental level about communicating the need for greater health taxation to the general public and implementing it.

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

Strongly agree with workforce plan and better joined up-ness between organisations and staff. We could be so much more efficient if this was achieved.More mobility for clinical staff and recognising things like transferable skills would also be good.I am old enough to remember that working for an organisation that spans services and gave people opportunities to work appropriately between services was attractive and good for professional development and recruitment too.

We need joined up health and social care - not a system where there are internal markets preventing or encouraging disputes over the responsibility for costs. We need a properly funded system paid for by tax. We should not be using private companies who will cut costs/services in or make profits and not act in the best interests of the health social care system.

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 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!

Not to have too initiatives at the same time for the public to take on board.

The principles agreed in 2014 are excellent. Extend "healthy living/wellbeing" by encouraging people to walk more, be creative (art classes), take up an allotment - gentle exercise and growing their own healthy fresh food. BAN junk food/sugary things especially for children.

More education should be given on birth control - especially to men as they often refuse to take the easy option - the snip!! Over population causes its own problems!

GP services need to be more responsive to people's health problems; they should not be an administrative obstacle to rapid assessment and treatment.

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.

With a joined up service people could be visited at home and maybe volunteers could meet their reds for shopping / preparing g food or just company

Response to emergencies needs to improve. The first responders seem not to be contacted when a 999 call goes out and yet the ambulance take an age to get to this part of the county. Convalesant homes dotted around in the community could free up hospital beds.

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.

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

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.

The best way for the NHS to save money is if people don't get sick in the first place. Its been estimated that if we were to adopt the level of cycling that they have in Denmark it would save the NHS £17 Billion. http://www.cyclingweekly.co.uk/news/latest-news/cycling-save-nhs-17bn-says-british-cycling-report-140109 Then there is diet, fast food , fizzy pop, smoking, etc all of which impact health. The present government seem reluctant to act on this for fear of any negative impact on the free market economy or being accused of nanny statism. Only if the cause of ill health is dealt with will health care become sustainable, savings will then just happen. Cutting beds, medication, staff etc will not make people better.

Well, it's obvious and it's nothing to do with the Trust asking these questions: Government needs to have the courage to ring-fence (hypothecate) National Insurance and raise the contributions to the level necessary to fund the NHS, Social Care and Pensions adequately!

I believe that every person (user) should have a written "Notional" cost / illustration of the cost of treatment so that individuals can appreciate / value the true cost of "free treatment" and recover costs for all missed appointments.

That central govt is held to account for allowing tax cuts for the rich and services cuts for everyone else.

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

The most important is the patient in need of care and attention.

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?

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.

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.

fight for more funding NHS. Better care in the community

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.

The funding for all healthcare services should be from one budget and controlled by one organisation, I suggest this should be the NHS. The current system where medical care is funded by the NHS and social care is funded by local councils is inefficient, wasteful and would be better provided if it were 'joined up'

Make it easier to see a GP in good time. Greater efficiently in administration areas centring funds on front line services

Teach the population to be more self - resilient. Patients could be taught to carry out simple nursing procedures for themselves or family members. And the message needs to be given that this self help is progress not regression. Families need to be taught to home nurse again. Obviously the very sick are in a different category

more care for elderly and stop closing hospitals and losing bed space. people shouldnt have to be waiting so long for appointments and operations. more doctors, 2 weeks is not satisfactory to see your doctor

I recognize this survey may be useful for raising awareness of problems, dilemmas and possible or probable compromises. In other respects I find the survey very questionable. For example, question 1 is unclear with regard to whether it concerns a factual or a normative (should) matter (seems factual at the start, but normative ['should'] in the following parts. It follows that any enumeration of responses will be worthless because different respondents may be answering different questions, factual or normative, and it will not be possible to know which type they are answering. I find the forced-choice questions are unfair and misleading in that they do not take account of relevant contexts, situations and personal conditions that different respondents will have in mind. If these background conditions were made explicit, more consistency between respondents would probably be evident. As they are suppressed, the survey in effects generates an impression of greater inconsistency, thus interfering with the situation it purports to be representing. This need not be an intended use of a strategy of 'divide and rule', but something like 'divide and rule' seems likely to be an unintended consequence. Many would agree that, where possible, building trust through openness is, in various respects, a better strategy. Moreover, the survey does not give the assumptions being made in asking these questions in this way. As a research-instrument, this would, in my judgement, not be acceptable as a source of enumerable, reliable and valid data. For consciousness raising, it may be useful, so long as it does not simply confuse and irritate people by its avoidance of the key questions (and known and unknown factors) about HM government intentions, policies and funding. However, CCGs find themselves in very difficult situations, to put it mildly, calling for empathy rather than more negative responses. So far as I can see and understand, our CCG is so far doing an excellent job, all things considered - though with the exception of this survey, sadly. Thank you for all the better work you are doing on our behalf. (NB This is a personal response, and not made on behalf of any others).

As a person with parkinsons I strongly feel that funding should be cotinued for parkinsons nurses, whose expertise I have found extremely valuable in the past .

There should be more for mental health in the whole of the county. ie groups and social events in the county to get rid of the stigma

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

So much money and time is wasted because GPs only look for one answer at a time. I know its costly but scans and x rays which can give correct diagnosis straight away, would in the long run be more cost effective. Also pills etc, need to be monitored, so often they are unnecessarily changed, cause problems and the person ends up in hospital, taking up a needed bed and again not cost effective

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 puposes, thus generating cash to fund the new facility

We need better diagnosis as my friend has had about 20 visits to A& E and no-one knows what is wrong with her.She is still waiting on a cardiology appointment to see if it is a heart oroblem

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

I personally think the biggestprobelm is the lack of funding in social care and this includes funding for care homes including nursring. It is really difficult to recruit and retain staff who are doing a difficult job on low pay and limited time if the provider - wheether statutory, voluntary or private are not paid enough to do the task. managing expectations is another big problem. people think that it is more important to be near an A & E department but it may be better to travel further to get specialist tgreatment that leads to a better outcome transport to medical services can be difficult for those who do not drive, are unable to use buses, or do not have family of friends to take them. That may be more a matter of community cohesion than "medical" health

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

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

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

Gloucestershire NHS is an efficient, compassionate, and geographically spread organisation, which serves a modest population demographic. Nevertheless it is still able to look outwards, to source valuable, scarce, and skilled human resources.

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

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

I think more should be made of the benefits of getting outdoors and being active. Here at the Cotswold Conservation Board we offer volunteer opportunities to more than 350 volunteers, who help us look after the Cotswold Way and the wider landscape. We are also working with doctors in Dursley to create prescription walks to encourage people to take small steps to being more active. Is it possible to divert some funding to support more social prescribing? There are a range of environmental organisations who offer health walks, volunteering and skills development courses to get people outdoors and active. The benefits of being out in the fresh air enjoying the environment are well documented for mental and physical well being.

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 ackowledge 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 qickly 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 sevices most and face the greatest barriers.

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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.

It is easy to agree with the diagnosis of the challenges faced by the health and care services in Gloucestershire as set out in the plan,which were identified in many instances years ago.The problem is in implementation - where is the manpower?The capital funding required to effect changes in facilities?Can investment precede cost saving?Can individually accountable bodies (eg NHS FTs/Trusts)cope with immediate financial pressures demanding cost reduction/service rationalisation whilst community and primary care services are dramatically improved?Can required consultation processes be managed effectively within the plan timeline and still produce required changes/savings given likely public opposition when hard choices have to be made?Good luck!

Better access to GP, wanting your GP to know who you are and be familiar with your health condition and needs. Keep Aand E service local and 24/7