

## Responses from Tewkesbury, Newent & Staunton 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**

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I suggest seeing the most experienced and a specialist around the presenting complaint will save further unnecessary costs. Waiting to see a GP who knows very little about your problem and then tries various solutions before a generic referral is a waste of many resources and leads to a general deterioration for the patient. Lots of resources are wasted or used inappropriately by people who have mental health issues or social problems - greater support for them will help address this eg adult support centers for these issues

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Comment: 1. I can't seem to respond to q.2 - it doesn't allow tick to be entered permanently; 2. If people aren't to die from cancer or cardio vascular disease, what should they die from?

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It appears that people are being listened to and ideally, if it works, it will be great. I do wonder though how all of these impending changes will be communicated to the more vulnerable of our society who have no contact with technological equipment and therefore can so easily slip through the net.

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It is ridiculous that in this day and age, health and care information is not easily accessible/updateable electronically in the same place, in the same format to all health care professionals and care givers. The time wasted is costly and inefficient, not to mention the stress caused to patients and their relatives through having to constantly re-tell their story. To have a multitude of systems that do not 'talk' to each other, even within departments, is beyond belief!

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Communication within health services and in hospital. There seems very very little joined up thinking and communication. First hand experience of being passed on here there and everywhere and eachtime have to explain the same things!!!!

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Reduce Waste. Charge for missed appointments. stop health tourism. Cosmetic surgery should be paid for (and IVF etc) Keep to basics

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The use of more staff at a lower level than GP's such as Sisters who can deal with conditions like chest infections, & give out the antibiotics. They can also call on the GP if there is need too. These Sisters would obviously become specialists in their own little field of expertise. Health needs to be available 24/7 but those on duty need the backup staff to go with it. I feel we should pay a health tax towards it. Also the ineffective secretary of state for health needs to do the maths regarding his departments failure to recognise the knock on cost of people not getting the medical care when they need it for things like mental health care, etc. When people cannot get the treatment they need quickly, it impacts on there ability to work, the family unit and therefore their overall productivity of the economy. Their employers also loose money, so that as whole the country looses out. The Health secretary needs to up his game and fully understand the effect of people not being able to work & contribute to the country & the huge cost effect on our other public services & institutions. I have recently written the the PM on this very point.

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Whilst I completely understand that funding is tight, I'm not sure I agree that a reduction in hospital beds is the way to fund additional community services. With an increasing population and an ability to treat ever more complicated conditions, we need all the beds we can get. Watching "Hospital" on BBC1 last night highlighted in the most stark fashion what happens when beds are in short supply. The key is to get people out of hospital who don't need to be in there. If that eventually (once the system is right) means that beds can be reduced, great, but I can't see that happening within the life of the STP. As an aside, I nearly didn't go into the Information Bus yesterday - I couldn't immediately see it was a consultation on NHS service provision. Indeed, on first glance, I thought it said Transportation rather than Transformation! Is the programme's identity strong enough?

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Strongly agree that people should be encouraged to take more care of their physical and mental health.

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I find this difficult to complete due to lack of knowledge and facts.

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Had to have a flexible sigmoidoscopy two weeks ago. An absolute debacle and a total waste of everyone's time and resources. I had to give my own enema (GI and not agreement) Waited a while, washed and dressed and caught the bus to Cheltenham. Found clinic by 2.15. Waited for my 3.00pm appointment. Went in NG 5.25. Home by 7.00. The procedure didn't work because the toast that I had at 7.30am had worked its way through my system. I have to rely on public transport to get anywhere - I don't have a car and can't afford taxis. There is no acknowledgment of this. This is not the only time that my appointments have been very late. Thank God I didn't have to go to London or Oxford.

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Prompt assessment for critical illnesses is very important as waiting adds to people's stress. It would also be helpful and more cost effective if people could be treated as a whole entity and dealt with more effectively Rather than having separate appointments on different days to deal with illnesses. E.g. Cancer clinics and having chemotherapy treatment.

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Considering the projected increase in patient over 65, what is the point of wasting money on new technology that these older patients can not or will not access. Money should be spent on providing care in hospital and more beds for patients who need medical treatment. (Incidentally, if your projected figures are based on extra population, that is little more than guesswork and can be affected by any number of variables such as obesity, disease etc.

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Apply massive effort in reducing waste and making best use of resources. Total review of purchasing in all areas.

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I believe we are so privileged to have the NHS and I always defend it. I have worked in the developing world and know we have a lot to be thankful for in comparison.

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to me it's important to have a local hospital which can provide minor operations and outpatient appointments

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Although I have answered your questions overleaf and prioritised, I actually believe most of them require a balanced approach between all of the options given other than question 3. For example, in question 4 and 5, the distance travelled would also play an important part except for some really unusual procedure.

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Communications between OP clinics -1 day doctor appointments - less ambulance required

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Without additional funding to support social care the NHS is in danger of breaking under the strain of local government funding decisions. Age is not an illness, but people, young and old often need support at home or in their community to stop them from becoming ill.

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That private care providers are encouraged to work together with therapists. Carers are given training in how to aid and assist with people gaining Independence and being able to do things for themselves however limited. That patients are not just written off because one person cannot see a solution. Encouragement and training for relations who are caring on how to assist with rehabilitation. The formation of community 'hubs' where everything can be under one 'roof', therapists together saving time and transport costs. Listen and learn from the experiences of individuals.

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Make better use of resources; free up hospital beds by providing facilities where people who no longer have medical issues can stay while appropriate care provision is arranged.

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Maintain excellent community hospital at Tewkesbury Maintain excellent rapid response service  
Give more support to independent small home care providers

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I am sure it makes financial sense to gather all medical expertise into one large centre or hospital, but I am dismayed to see the loss of all the local cottage hospitals who dealt with A&E, all sorts of medical advice and treatments including operations. I am 72 now and find it increasingly hard to get anywhere, especially since our bus services have been virtually demolished.

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Helping people to remain well and care for themselves as long as possible

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The plan talks a good story but is not real. Everyone is different and in particular health needs. I have M.S which is progressing to a bad place. I am lucky because I have an excellent husband, my carer also doctor and consultant but sometimes I still feel I am struggling for answers but everyone is different and requirements also vary

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longer appointment times at initial doctors appointments more beds available in hospitals easier to get care at home, enabling people to get out of hospital beds

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Local hospital should be sued for local patients but I have concern about the residents of Gloucester who have no local community hospital 7 day diagnostics needs to be available in the Forest of Dean especially X-ray

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Stop making leisure centres profits over health encourage higher takes on healthy food and make healthy food more affordable

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it is vital that arrangements for people with mental ill-health are improved. Young people particularly can fall through the gap if they spend part of their year at home and then the rest away at university. It is difficult to get continuity of care. young people are our future and we need them to be resilient with strong mental health.