Comments relating to the publication, plan and questionnaire

Very loaded questions here which seem to suggest centralisation of services. This would be fine IF more local care was available eg. in Fairford there is a Cottage Hospital - beds closed some years ago and these have been much missed. Was (and would still be) ideal for care of 'bed blocking' patients + providing respite care - much cheaper than keeping in a general hospital and much better for the patients. Fairford is right at the other side of the county from Gloucester and Cheltenham (why are the 2 general hospitals located so near to one another in such a large county?) so there are issues with visiting in-patients + getting there for appointments (parking is a nightmare) which really need to be addressed rather than just leaving it up to the patient to cope somehow. Am keen to see money spent up front on new (possibly genetically based) treatments as these could save money and improve treatment in the long run.
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?
Several points - I feel your survey could be better. I feel it is worded in such a way that you will get the responses you're wanting and then when people complain you will say 'this is what you said you wanted'. It could be improved by giving space for free text after each question. Having read the summary: I note in my area there are walking groups - which is great but they are mainly in the working week and daytime. As I work I need weekend and evening groups. Tackling obesity: all GPs should offer slimming clubs and exercise groups/ gym sessions on prescription and at a reduced rate. They don't currently - I am obese and have asked. GPs- I rarely need to see my GP fortunately but when I wanted to recently I could not get through on the phone and was prompted to get an appointment online. I tried to do this but needed to go to the surgery before I could register. Then I had to wait for them to contact me, 3 weeks, so that I could use the online service which then didn't work! I visited the surgery to make an appointment- got one with my 3rd choice of GP- the website was out of date and my first 2 choices had left the practice. I saw a very kind and compassionate GP who left the practice the next week. I went for my blood results and was told all was ok and was sent on my way. I had not resolved any of the issues I went with. My feeling - a very poor service. GPs should work in conjunction with complimentary/ alternative practitioners to offer a wider range of treatments. Last year I had an over 50's annual check that was so basic it wasn't worth it. I am a health professional. The health check was done by a HCA and I don't have an issue with HCAs but surely time and efficiency would be improved if a person's details were checked prior to the invite and the service tailored to the patient. I was referred to podiatry service at Rikenel. Lovely practitioner but humiliating to have to walk barefoot through a, not that clean, communal area as part of the assessment. Given questionable advise, inaccurate information about being able to obtain supplies through the local chemist and follow up delayed because of an inefficient admin system. I was given 'Blue Peter' type orthotics but was rationed to 1 pair - I'd have happily paid to have another pair but that option was not available. Again - my feeling- a poor service. Hospital beds are necessary. Acute and Community. However, Community Hospitals deal with far more complexity these days and the

services are not there to back this up. For instance- poor dietician input, poor pain management access, virtually no health psychology. This poor provision sets the hospital up to fail. IT - one system should be used across all GPs, hospital trusts, social care. It's crazy that they all have different systems that don't link with each other. Joined up services: you need someone to coordinate a patient's care if they are being seen by several specialists. Treating people's issues in isolation doesn't work. Dementia: sight is affected. There should be improved links with specialist opticians. Workforce: make pre-retirement courses mandatory and see if people who are considering retirement can be recruited to work more flexibly post retirement. This will give more time to up-skill the younger, less experienced workforce.
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 whatever 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.
Question 3 very disingenuous. I note the use of the confusing "not". The reason the problems mentioned exist is a lack of hospital beds in general and a paucity of proper care in the community, especially the elderly. Of course people who don't need a hospital bed should not be in hospital. The reason they are there is the endless cuts to other services especially council services. The whole business is now well oiled. Secret plans made behind closed doors, a phoney consultation including the usual on line survey and then the litany of "unavoidable" cuts rationalised as realignment, coordination, centres of excellence, blah, blah, blah. The fact is we need a massive injection of resources and a return to the principles the NHS was set up with. Anything else is rearranging the deckchairs on the Titanic. We've all had enough of "visions". I await the list of services to close or be privatised.
Probably the most contrived survey I have ever seen - it is guaranteed to give you the result you have already decided upon. How about asking about "wasted" staff such as bed managers who simply hassle A&E doctors to discharge patients when there is nowhere to discharge them to (daughters experience as a Junior Doctor). Or vastly overpaid managers who could not manage their way out of a paper bag and have only got the position because they have been "promoted" to get them out of the way (personal experience).

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, along with 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 unnecessary 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 against what is happening by design - boldly. They would, for sure, be supported by the public....
'The devil is in the detail' and the STP is very high level, lacking sufficient detail and information to make informed choices. It would appear that the focus of the STP is in relation to finance and activity and very little reference to quality and patient safety, therefore presents an imbalance. Any new services should be clinically effective and evidence based, and reduce variation and harm. There is currently a focus on achievement of targets rather than on measuring patient outcomes and quality improvement. The CCG need to adopt a robust performance management system with accurate, timely data to ensure whatever new services are finally agreed, they are of a high quality, safe , effective and value for money given the very tight financial position within the NHS.
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!
The elephant in the room is the assumption that "resources are limited" In one of the richest countries in the world? I have designed a few surveys / questionnaires in my time and this one is particularly poor and will yield poor results.
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.

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 whenever 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.....
Am hugely concerned about the survey - as it does not provide an opportunity to provide proper feedback and the preloaded questions do not provide appropriate ability to answer - for example the section asking about whether acute hospitals should be responsible for people who could be looked after elsewhere, in the community, or if their family wont. Clearly they shouldn't but there should be support for them in the community and it is the responsibility of the state to look after and care for those who cannot. If more money is needed from the government, from taxation to pay for the aging population, then that should happen! Most of the answers to the above are common sense answers that are so vague they can be aligned to any change or plan to the system - it does not mean that the people who have responded have signed up to the plans you haven't yet shared with them. Streamlining care and bringing together organisations that have previously been broken up and competing against each other for funding makes sense, but
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.
Answering the previous 2 questions is difficult e.g. it is no good being seen quickly if the person you see is not adequately competent. Prevention is better than cure. More investment, especially in 2ndry and tertiary prevention is likely to be cost effective in the long term. Treating people effectively at the earliest opportunity reduces representations and readmissions. This MUST include consideration of their psychological and emotional needs e.g. the need for repetition of advice if they were still reeling from a diagnosis or upsetting event.

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.
I found the questions to be very leading and the very act of having to choose one answer in a section when other answers could be equally important, makes the results pointless. It is obvious the questions are leading people to answer in a certain way to show the results you are aiming for i.e. putting extra emphasis on carers looking after their ill, elderly family members at home, even to the detriment of their own lives as long as it keeps them out of hospitals, while hinting that more local services could be available to care for them. This would free up hospitals to care for ill younger people whose health deemed more important. If you had made better use of the local hospitals in rural areas rather than closing them down or restricting their use we would not have the current overcrowding and overuse of the few large city hospitals that are left.
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!
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 acknowledge 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 quickly 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 services most and face the greatest barriers.

Response to STP I found this consultation document very biased. It avoids whole subject areas, presumably for political reasons. I applaud the concept of a health plan and how it should be delivered within the context of finite resources. It is important that the community as a whole prioritise funding. Demand reduction One aspect of that strategy is to reduce total demand and an example is given of diet and the impact of increasing levels of obesity. There appeared to be three fundamental omissions from the document. 1. Sex education: The lack of adequate sex education leads to unplanned pregnancies, sexually transmitted diseases, and, as recently revealed, a significant rise in cases of sexual assault where both victim and perpetrator are below the age of 18 and in many cases below the age of consent. All the above drive a demand for health and social care resources. 2. Poverty: The linkage between poverty and health, both physical and mental, is well documented as is the link to domestic abuse and the need to take children into care. Again all the above drive a demand for health and social care resources. 3. Drug abuse: The linkage between drug abuse and health, both physical and mental, is well documented as is the link to domestic abuse and the need to take children into care. Again all the above drive a demand for health and social care resources. The political context To pretend that there is no political context to this consultation, that the consultation takes place in a political vacuum is grossly misleading. This is not to say that the issue of prioritising limited resources to deliver the maximum health benefit should not take place, of course it should. That debate is inevitable given a growing and ageing population. The consultation should clearly outline the political framework that shapes the parameters of the discussion. If the reason the there is no advocacy of compulsory sex education is the fear of being on the front page of the Daily Express or Daily Mail, then this should be stated. Similarly not treating drug abuse as a health issue rather than a criminal one appears to be a knee jerk response to what the tabloids would print. Since 2010 all Local Government budgets have been cut by Osborne and Pickles, this has had a direct impact on the provision of local care services, the budget cuts have been targeted at the most deprived areas of the country. Since 2010 the wealth distribution has continued to widen and there has been a significant increase in families in poverty. That does not mean that this is wrong, people voted for this. Demand Reduction Continued Given the above it would be more transparent within the consultation if all items that would have an impact on demand reduction were clearly identified. If those items are deemed to be outside of the remit of the bodies making up the STP then this should be stated. For example: Demand for health and social care services would be reduced if there were less families living in poverty, however, this cannot be addressed as the democratically elected government is pursuing a course of making the rich richer and the poor poorer. This approach to identifying all demand drivers would make the consultation paper a lot more honest.

Some of the questions in this survey are leading questions creating the impression that the survey is just to illicit support for the plans, this does not give me faith that this is anything but a tick box exercise. Having seen other STP plans, there are similar themes which makes me cynical about the political agenda behind this work. I agree that the NHS is beyond capacity but there appears to be little if any discussion about the work that local government could and should be doing to make significant changes to the prevention agenda. By placing the onus on individuals to make changes there needs to be the policy structures in place to make it Easy, Attractive and Sociable for people to change. For decades, emphasising personal responsibility has been the approach to improving health without offering the central government policy approaches to support this very much needed behaviour change. I can guarantee that most STPs will fail because there is not the bravery centrally to take appropriate action (regardless of political leaning). To address the lifestyle issues there needs to be, for example: education in schools that considers the whole child and the pressure taken of academia and more focus on happy and healthy as the route to learning; far more stringent regulation of the food and alcohol industries (tobacco pricing is one of the successes at influencing behaviour change but this has taken decades); A massive step change in our approach to travel making walking and cycling the preferred norm and financially beneficial option. Most of these cannot be achieved by Gloucestershire alone, so the lifestyle changes needed are likely to be unattainable. The most likely successful initiatives are work on the whole systems obesity approach (although there was little reference to local government, planning for health, housing within this), the daily mile (if implemented carefully and not resulting in some children being turned off physical activity for life) and reducing smoking in pregnancy. Good luck.
All of the choices in the 'choose one' questions should exist - you should not be choosing close OR expert OR short waits
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.
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 achieved. Any outcome which reduces the previous outcome achievement level should be not be considered. Trying to legitimise your poor options by means of this false form of consultation fools no one.
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.
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.

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?
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?
idea is very good but end of the day is idea and never have action .so the best is come to hospital and talk with patient and staff so u will sum up the idea or come work with us as a worker like some tv show hide you self and become one of us so your will know what idea you need
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.
Too little information about what is really going to happen
I think that the expectation that it will transform and sustain services is illusional/delusional
The questions are loaded so that the responses look as though we support the cuts in the NHS when clearly that isn't the case.
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!
Not to have too initiatives at the same time for the public to take on board.
The voice of the public should be taken into consideration and not just commissioners who try to save money but in the long term cost the NHS more money and adverse publicity. Common sense should prevail.

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).
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.
Some of the previous questions do not merit ranking or agree / disagree responses. e.g Q 1, 2 and 5.
I am concerned about the framing of some of these questions - they are not neutral - there is little scope for scaling preferences and some of the choices appear designed to deliver answers which support an already agreed agenda. There is also no scope for tailoring choices. For example I might be most concerned about the expertise of a consultant if I have a particularly complex or potentially life changing condition but may not be so concerned about this if my condition requires relatively routine treatment and the potential impact on my life is likely to be relatively minor. In those circumstances I might well prioritise one of the other options. So in conclusion I believe this survey is flawed and that the inferences that can be drawn from the results, contestable.
Invidious set of questions , all of them, but especially Q2 , Q5 . You should have included a question re our thoughts on this governments attempts to Slash, Trash & Privatise our NHS ! When one is cognisant of how much of their GDP other countries supply to their Health Services then one is angry at the fact that we don't match the likes of France, Germany and Holland . Forever the Tory governments have been underfunding OUR NHS ! Contemptible . Similarly re the fact that we don't match the likes of France, Germany and Holland in the number of beds per 1,000 of the population. Mind you it's clearly OK for the government to effectively kill people

against all the efforts of a fantastic set of medical professionals - dies of a bleed on the brain because could not find a bed at 3 different hospitals !