Fit for the Future 2: Developing specialist services in Gloucestershire

Member of the public responses

1. Please tell us what you think about our ideas for Benign Gynaecology.

Answer Choices		Response Percent	Response Total
1	Strong support	29.63%	16
2	Support	42.59%	23
3	Oppose	3.70%	2
4	Strongly oppose	0.00%	0
5	No opinion	24.07%	13
		answered	54
		skipped	8

Please tell us why you think this e.g. the information you would like us to consider. (25)

1	It seems to make sense to spread out the service and to put most of the focus in Cheltenham where it can be managed separately from emergency medicine. This might help free up Gloucester for Emergency medicine.
2	It makes total sense.
3	Please change the name to something different to benign. I have suffered so much from being menopausal with hypermobile joints and pelvic floor issues and being treated purely in mental health terms rather than services being integrated. I feel like I'm kind of lucky to to able to navigate the system others may flounder with lack of support and being expected to self refer and self manage.
4	It releases women from worry over a long period of time.
5	Should be offered locally
6	If the intention is to make Cheltenham the main day-case site, then it would seem an appropriate to relocate this service to Cheltenham.
7	please see comments at end of survey
8	Useful to centralise system but transport will always be a problem if you expect day cases to arrive by 7.30am
9	Had planned oophorectomy and bilateral salpingectomy in Cheltenham as a day case (Avening ward) just over 5 weeks ago and the team were amazing and my care felt very well organised.
10	Being a male, may I skip this question?
11	Excellent plan Benefits outweigh drawbacks
12	The case makes sense
13	From what i have read on page 13 it seems to be a good step forward
14	The potential benefits as listed on page 15 far outweigh any drawbacks
15	No idea what it means Unsure how that would improve patient care which is at crisis point in Gloucestercestershire No access to GP services A&e overflowing understaffed hospitals ambulances stuck outside Gloucester Royal .very part time / retired consultantd
16	I've been waiting 3 years for gyne surgery

1. Please tell us what you think about our ideas for Benign Gynaecology.

17	I had surgery for benign gynaecology, its really important and I was in the old Orchard Unit which I thought was lovely, we were all hysterectomy ladies together.
18	Even benign conditions cause stress which can impact on other health issues, if other health condition get worse it costs the NHS more to deal with thise
19	I think that the day case unit at CGH will be good for this, and having it at a site where there is less likely to be cancellations is good, but I am particularly worried about transport. It isn't just the travel times, it is also the costs. And this sort of surgery, any sort of surgery, means that the person can't drive themselves home. This means two trips, one to get to hospital and one to get home. And this assumes that there would be no need of a further appointment in case of complications. If transport could be sorted out not just for those that will have to drive further, both those in Gloucester and the Forest, but across the entire county.
20	It's pretty rubbish at the moment.
21	As an elderly male, these things were not discussed with me and any opinions i may have may be on inadequate knowledge.
22	Fewer cancellations Shorter waiting
23	It is sad that it has come to this but we understand there needs to be centralisation of resources with the decreasing number of qualified personnel and funds etc Privacy and lack of fear of constant cancellation are far more important than the inconvenience of a longer journey
24	Women need to feel they are being seen speedily, by a professional who will listen and expedite treatment, in the near future.
25	Individual rooms esp for those with disabilities etc. Less cancellations beneficial to all. Use of new s-o-t-art Day Case Unit.

2. Please tell us what you think about our ideas for Diabetes and Endocrinology.

	Answer Choices	Response Percent	Response Total
1	Strong support	33.96%	18
2	Support	43.40%	23
3	Oppose	0.00%	0
4	Strongly oppose	0.00%	0
5	No opinion	22.64%	12
		answered	53
		skipped	9

Please tell us why you think this e.g. the information you would like us to consider. (23)

1	I think it's good to centralize a specialty in one place however I do think that you need to think outside of the box and make more use of technology eg virtual monitoring and video calls to outpatients. Are there potentially ways of taking bloods etc outside of the hospital eg in the patient's home or at a GPs surgery? Could facilitated video calls be arranged with GPs and patients at the same time to help diagnose and treat? This could apply to other services too, thus freeing up time and enabling faster referrals and better outcomes.
2	The Centres of Excellence approach should bring patient benefits

2. Please tell us what you think about our ideas for Diabetes and Endocrinology.

3	I'm sure this is important to those who are affected. Does endocrinology include women's hormonal health issues like menopause ? Impact of burnout / stress on people?
4	Need for this to get it right at start. Then there needs to be follow up, and contact yearly.
5	This seems to be the most efficient way to organise services, but continued support to patients with diabetes or endocrine conditions located on other wards is essential and must be provided in a timely way. From my experience inpatients with more complex needs are not always reviewed promptly by Consultants from across specialties.
6	please see comments at end of survey
7	My grandson (diagnosed Jan 2020) unable to access suitable, timely help with ongoing problems. Messages left up to 5 times before any response. Dietician didn't attend eventual face to face meeting. Reliant on me to help keep him on an even keel. 2.5 years from diagnosis to any consultant contact.
8	Again I have neither, so skip again
9	Excellent Benefits far outweigh drawbacks
10	Again the case made is good
11	I feel that all the questions I would need to ask, have been answered on page 17 providing people are helped if they need to travel further. Taxis, mini buses etc
12	Overall the potential benefits listed far outweigh the apparent drawbacks
13	Would just like any services focusing on patient care
14	More support needed for long-term diabetics.
15	I have type 2 and speak on the phone with the practice nurse, the GP HCA does all the checks for feet etc, takes blood. All the practice nurse needs to do is look at the results and advise, initially all her advice was around a book, sometimes its very clear she has not looked at my results and has not given them to me unless i specifically request these, she seems oblivious to the idea that fact are better for motivation than broad statements, I would be in favour of developing specialist services.
16	Again, having the team under one roof is a good thing, but the transport problem is still there. It is a large county and anything that makes moving from hospital to hospital, or home to hospital, needs to have proper transport support for patients and their carers.
17	It would be nice to see someone who SPECIALISES in Parathyroid disorders and who properly understands it, not the myths that have surrounded it for many years. It is always said that it is a rare disease, in fact rarely diagnosed is closer to the truth. Even when a patient can persuade their GP to test them as soon as GP speaks to endocrinology, even with a lab report that supports the diagnosis, it's dismissed, no further action. And with thyroid they need to pay more attention to how peoole feel, not just acceptable numbers. It seems to me that most people with type 2 diabetes never get seen by a specialist no matter how much they are struggling with sugar control. Unless sweeping changes are made re-organising location has little meaning
18	I would not want to change me Endo (Alison Evans) as I not only have Diabetes but also Addisons Disease. I do believe their needs to be more awareness of Addisons crisis especially in A&E . A protocol for treating Addisons Crisis and patients being "red flagged" for urgent treatment There seems to be a growing number of patients in Gloucestershire with Addisons.
19	It seems to make sense that in-patient care should be as efficient as possible. However I was a little concerned to see so much emphasis on inpatient care and diabetes rather than care of other endocrine patients on an ongoing outpatient basis. I took liothyronine for over 40 years before it was arbitrarily withdrawn, and my prescriptions were only reinstated following consultations with an endocrinologist at GRH. In order to continue to receive this vital lifeline, I must have regular consultations. Following a phone appointment last autumn, I should have had another six months later in February but, when I phoned to enquire, I was told that they were "a bit behind" and an appointment would be sent. When I'd heard nothing by the end of April, I phoned again and was given an appointment for the beginning of June. Your document makes no reference to improving care for outpatients, other than in relation to specialist diabetic nurses, and I'm worried that those of us needing outpatient care for other conditions may be regarded as "the poor relations". My GP practice would love an excuse to withdraw my liothyronine again;

2. Please tell us what you think about our ideas for Diabetes and Endocrinology.

	if I can't get appointments at the right times this will happen, and my quality of life will become non-existent.
20	I think life style is very important and self control of healthy eating is a better option than reliance on medication. Healthy exercise is also vital. I have used this approach to avoid being more than borderline diabetic for several decades.
21	Again we live in the real world not the ideal world. the service needs to be streamlined and some inconvenience will result but the benefit should outweigh it for the health of the patient and I hope they all understand that!
22	This is a complex area, patients have varied condition's ,which can result in the need for hospitalisation. The staff need to be trained and competent, to deal with patients who have complex needs.
23	Service at both hospitals, but concentration and emphasis (?) at GRH for (i) resilient staff model (ii) community clinic (iii) experts on site (which also benefits training etc!)

3. What do you think are the most important things to be considered in improving Frailty services?

Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	55

1	Freeing beds. You many bed blocking.
2	Family framework
3	Social care and working with local organizations to reduce loneliness is essential. I think the key to reducing the stress on the acute hospital care is to ensure that there is support in the community for elderly and frail people. More use of technology in the community to keep people in their own homes is required eg using smart speakers to remind people to take medicine and to check they are OK. Having regular contact with at those that might be on their own or at risk of loneliness and self neglect or injury. Looking at options to help people stay in their own homes for longer but also get out eg use of self driving cars, stairlifts, devices to help people get up in the morning or make meals more easily, or get out of chairs or move around in safety. Could loans be made available of equipment or money to get necessary equipment? Equipment to keep people in touch and to help them wash, dress, get out of the house and socialise.
4	Care at home is not always the best option- social care support is not fit for purpose
5	Everything should be done to continue the good work in joining up and investing in community health and care services so that hospital care is only needed when absolutely necessary to treat acute illness.
6	Needs to be easy to access the service in a timely way. Consider needs of younger frail people with conditions like Hypermobile Spectrum Disorders and Hypermobile Ehlers Danlos syndrome as currently seem to need to go private for diagnosis and little coordination in support that they need. Local GPS or MSK service use GP toolkit to diagnose and refer on for support rather than told to learn to live with it https://gptoolkit.ehlers-danlos.org/ Better access to occupational therapy, longer term face to face physiotherapy and hydrotherapy
7	Elderly prefer to be kept nearer to their homes. This provides easier access to their families & provides peace of mind. This rhetoric of improving services for the elderly has been constantly on the agenda but in reality nothing changes. Somebody somewhere gets a browny point for writing something in a different way but essentially it has all been heard before. ACTION is what is needed & not this empty rhetoric!
8	Adequate support in provided when they are moved into the community
9	At present how things are, difficulty in contacting GPS, who do you contact?. 111.999. You've just got somebody who is steadily getting worse, many things wrong.

3. What do you think are the most important things to be considered in improving Frailty services?	
	Being able to talk, get help, would prevent the frail patient coming into hospital in the first place. Save money.
10	Holistic approach - physical and mental health well being
11	Need to improve rehab and get people home asap as hospitals are detrimental to metal health and recovery long term
12	Early identification and action for issues that lead to increased frailty. Keeping people in their own environment for as long as possible and a personalised approach to care. The NHS is very good at putting people "in a box" and treating them in a particular, but not always most appropriate, way.
13	Putting the patient in charge of their care
14	Getting this information to 'the frail' before they are frail!
15	The ambition to reduce average length of stay in hospital for frail patients is admirable. However, it will still be the case that many patients will have a LOS beyond the average. Carers and family members will unsurprisingly want to visit their loved ones regularly and the plans need to recognise the stresses and strains of having to travel significant distances, often every day, which can be very time-consuming and increasingly expensive (fuel and parking).
16	Wellbeing sessions to include activities which reduce frailty. Such sessions would have a beneficial effect on holistic health.
17	Trying to recruit staff who care about the elderly and frail and ensure that they have time and patience to listen to and communicate with those who are deaf, nervous, confused and have questions etc: staff who can discern when a short caring chat is worth more than an expert and brilliant medical, surgical or surgical intervention.
18	My only comment or question is :- when delivering assistance aides for older, disabled and vulnerable people why are you not taking back unused or redundant apparatus? I understand that during covid you possibly couldn't but why can't equipment be sterilised after someone is no longer in need of these items. It seems an awful waste of money to me. I have been told that you send them abroad if they are returned but surely we in this country can make use of them as well. I am referring to walking aides, commodes, and other large expensive items in particular.
19	Not keeping people I hospital when they don't need clinical treatment. A d more prevention in place
20	please see comments at end of survey
21	Proper information to patient / family / carers
22	Agree with proposals to care for patients from hospital whilst stilll in their homes. This will reduce admissions and help the A and E bottleneck. I have for many years been hearing that there needs to be an interim process to allow for medically fit for discharge to be cared for whilst the process for home is carried out. I do feel that the time has come to start some joint communication and put in the “old fashioned” convalescent. Closing nursing homes is not the answer. These need to be used for patients to be discharged from hospital and to stay for a few days or weeks whilst their home care is arranged or a permanent nursing home place is found. This will cost money but that needs to be found, this needs to be taken at local vet and at government. It has been talked about for many years but the joined up communication and funding has never happened. This is a simple solution and will relieve the pressure on the acute services and the ambulance service. It will also prevent deaths, traumatised patients and relatives and prevent complaints. The wider picture needs to be looked at and the long term finance rather than shorter savings. Waiting lists may also be reduced by allowing more admissions in the beds taken up by medically fir patients. I am a retired nurse and know this has been suggested over and over again in my 35 years
23	I am approaching this condition rapidly and have attempted to make my views clear by completing PoA documents with a solicitor and completing the NHS Advanced Care Planning documents, a new one called Respect has also been completed. My surgery has not been very helpful, so contacted PALS only to be told they are in disarray do to a new organisation taking over in July 22, when it is hoped to improve the service. I do not relish the care home path for my future, so would appreciate the NHS exploring more immediate remedies of any persuasion and hoped to discuss with PALS along these lines and develop them. My surgery has been overwhelmed with the Covid epidemic which looks to continue with new outbreaks for the foreseeable future.

3. What do you think are the most important things to be considered in improving Frailty services?

24	Excellent . My experience in this field has been complicated and long winded.
25	Ensure plenty of community services so people can stay in their own homes for as long as possible with as much dignity as possible. Ready access to GP and more specialised services. Access to GPs currently poor and very difficult to see face to face to ensure a quality assessment and examination of the patient and to enable discussion with the patient and their family. and yes I do know what I am talking about as I am a retired medical practitioner
26	A traige Servise, to access and treat at home wear possible. At the moment, how things are, you try to cope, you are saying how ill are they. For Contact and help you have to make the case. Get it wrong and they end up in hospital. If can get there. Patient and carer eventually collapse.
27	Joined up services to keep people in their homes if possible
28	Being at home and having support to do this
29	Thankfully i have not had to use any of these services yet!! I particularly like the suggestion of the direct admission pathway and feel this would also help take the pressure off A&E departments. These ideas will only work if adequate staffing levels are achieved
30	More consideration about how the spouse or relatives of the patient will be treated / will be able to visit.
31	Improving care of the elderly is essential at the moment services are completely failing
32	Person centred care and involvement with the family
33	Where appropriate services need to discharge to nursing/care homes with full access to services and families able to visit daily.
34	Most important is more support staff. It is important to keep people in their own homes if possible but they need the social care support and the govt has cut that spending so much we are now seeing the results. I realise that isn't your responsibility but ....
35	Support for families. Someone to talk to.
36	Access to all wherever they are.
37	 Having sat with my mother in a ward in GRH till she died, I was so upset not to be able to dim the bright lighting in the single room. It was horrible. I brought in a night light and plugged it in. Another issue was the blankets, awful things heavy and no warmth. Old people feel the cold. I bought two light blankets for Mother but these should have been available. Simple matters but important. The care shown by most staff was excellent for which I am grateful. Thank you
38	Far more consideration must be given to people living in Glos with the long term chronic and/or the very severe form of ME/CFS under Frailty services. The new NICE Guideline NG206 published Oct 2021 and Implementation Statement released May 2022 provides further ‘best practice’ information. https://www.nice.org.uk/guidance/ng206/resources/impact-on-nhs-workforce-and-resources-11070684685 I am aware of people living alone, with no assistance or family nearby able to help, struggling to obtain any sort of necessary care in order to maintain independent living. Help is needed with batch cooking (often a specialist diet need, eg FODMAP or gluten or diary free), administrative tasks, shopping, housework. Sometimes also personal care assistance is required. There are also families in the County, left to cope alone with their family member with very severe ME, with no help from medical or social care to even give their unpaid family Carers support or respite. These patients require knowledgeable Carers who can accommodate their very severe sensitivities to light, sound, smell and touch
39	Help for patients once in own home

3. What do you think are the most important things to be considered in improving Frailty services?	
40	Having a service provided that enables patients to go home quickly with adequate care packages in place. During Covid an elderly neighbour was very poorly with leg ulcers he could not manage the stairs in his home and was sleeping in a reclining chair. He had no downstairs bathroom facilities and did not wish to go to hospital. Getting an assessment for equipment to keep him in his home safely was extremely difficult and it seemed that no departments communicated. We ended up borrowing equipment from Nursing homes. Perhaps improving social care system is the best place to start!!!
41	That frailty is identified in good time and care provided accordingly, its no good worrying about slips and trips after they have happened, expert assessment and planning would probably provide a better targeted service and might save pain, suffering and money in the long run. Care these days is reactive some issues are predictable and outcomes may be improved for patient and service costs by intervening sooner with people who work specifically with this client group.
42	The Hospital at Home service really needs to be developed and expanded. Having a separate pathway for direct admission to the COTE wards will be important too. These are Good Things. However, there is also a need for community step down services in the local hospitals. So many beds have been removed which means the choice is either home which for some will be on their own and therefore isolated, and acute hospital, which is not good for people's health. There should be an additional number of step down beds in community hospitals where family and carers can visit the frail person as some carers are elderly themselves and struggle to attend the acute hospitals. Just pushing people out of hospital because staying in hospital isn't good for people generally doesn't address individual people's needs where staying in a step down bed might be the right thing to do.
43	Communication in every part of the chain
44	Keeping fit and trying to move more, shortage of these facilities
45	Improving? I didn't even know it existed. How about talking to us elderly as if we had half a brain cell, not as if our brains automatically deteriorated along with our bodies If you want to assess our capabilities ask us openly, not sideways questions which we don't understand the purpose of.
46	When being discharged need for proper access ends of needs and care
47	I don’t imagine that virtual services will feel like positive solutions to most elderly patients. As they have not spent as much time around technology as younger people have, it is my experience that the elderly far prefer things done in person
48	I don't know. My elderly mother received appalling treatment at CGH nearly 25 years ago, but I have little experience of it since then.
49	The most helpful resource was fro GRH Physiotherapy Unit advice with exercise and frequent swimming these last ten years
50	Joined up care
51	Prevent bed blocking
52	the need for home based care the need for maintaining some activity rather than being stuck in a bed the need to make the most of limited resources the likelihood of increasing numbers needing care. understanding some families are less willing to help in a crisis than others. Anything to reduce A&E visits Hospital at home can work brilliantly (I have been at the receiving end 18 months ago) and it frees up scarce and precious hospital beds There needs to be ongoing care so the proposed 4 weeks is generous and then there is possibly social services care?? (have to pay)
53	The staff need to be trained to deal with patients who have complex needs. They need to be empathetic, and be able to talk to relatives with sensibility and care. The most important factor is the staffing ratio to patients, because the elderly feel they are often neglected and not listened to.
54	Timely discharge. Multi disciplinary approach
55	I find this v difficult having witnesses both of my parents being sent home to early. Main concerns - family not in Gloucestershire. You are underfunded. This must be improved.

answered	55
skipped	7

4. Please tell us what you think about our ideas for Non-interventional Cardiology.

	Answer Choices	Response Percent	Response Total
1	Strong support	32.69%	17
2	Support	34.62%	18
3	Oppose	0.00%	0
4	Strongly oppose	0.00%	0
5	No opinion	32.69%	17
		answered	52
		skipped	10

Please tell us why you think this e.g. the information you would like us to consider. (19)

1	It makes sense to rationalize the beds and have them at one location. As with previous comments I do think that as much use of technology to reduce referral times e.g. patient/ GP/ specialist video calls and portable ultrasound and ecg equipment that can be used to provide diagnostic information to specialists could be made available in more locations. Does a consultant need to physically see each patient face to face in the first instance and could more of the diagnosis be done through remote data and remote contact?
2	I can see the logic in moving the remaining non-interventional beds to be under the care of the centralised inpatient cardiology team.
3	I can't understand why the remaining eight inpatients beds haven't been relocated already!
4	Concentrating expertise in one hospital is important
5	please see comments at end of survey
6	Transport over the county is appauling
7	Would love to add to this topic but again I have no direct experience.
8	Excellent
9	I had personal experience of a 9 day stay at GRH waiting for angioplasty at CGH. Hopefully all at GRH would stop this happening (2020)
10	The benefits appear to outweigh the drawbacks and since the drawbacks appear to apply to only 8 inpatient beds at CGH i see this as being of low Significance
11	Any cardiac services would be a bonus including services across GRH & Cgh talking to each other and any services across the adult paediatric boundary and much less outsourcing of testing and reporting and then adequate staffing to read and act on reports received such services have been no existent this year
12	Currently experiencing excellent care from local hospital outpatients from consultant attached to Gloucester Hospital.
13	I don't have an opinion
14	Having all cardiology beds in one place makes sense from a consultant and staffing side, and yes, it would decrease the number of transfers from CGH to GRH, however, this would only shift the transfer from after admission to before, because it will mean people travelling further to GRH. Again, the county wide transport problem needs to be sorted out before this is implemented.
15	Try giving patients information about their conditions, not just dishing out pills and waving them goodbye.
16	My first symptoms were over 65 years ago and I am truly grateful for the NHS support I had since! I still enjoy life.
17	Makes sense but it is the traveling that could be a problem for those without their own

4. Please tell us what you think about our ideas for Non-interventional Cardiology.

18	Good out patient clinics, with qualified staff. Not too long waiting times for appointments. Investigations carried out in clinics, were possible, or waiting times for these mot too long. In patient beds available for investigations if required, good follow up, to be seen by the same clinician.
19	Reduce length of stays. All diff specialists under one roof, better 4 care and training more likely to get correct specialists.

5. Please tell us what you think about our ideas for Respiratory care.

Answer Choices		Response Percent	Response Total
1	Strong support	32.00%	16
2	Support	40.00%	20
3	Oppose	4.00%	2
4	Strongly oppose	2.00%	1
5	No opinion	22.00%	11
		answered	50
		skipped	12

Please tell us why you think this e.g. the information you would like us to consider. (20)

1	I think that respiratory care needs to be spread between Gloucester Royal and Cheltenham General. Those specialists that provide such care have skills required across a wide range of patients in for different reasons e.g. surgery or respiratory disease or other ailments affecting respiration. I don't think it makes sense unless Cheltenham General is to be downgraded further to not have respiratory wards and specialists based at both sites.
2	From a personal point of view I receive outpatient care from respiratory & am pleased this would continue on both sites.
3	Only if you take into account the needs of the children with life limiting and complex diagnosis. Currently missing from your plans. Do you even know how many children in County you have requiring support, with a life limiting diagnosis.
4	Again sounds a sensible idea, but you need to ensure that patients on these wards with other health conditions receive good support from other specialties. Recent experiences tell me staff on specialist wards aren't good with managing issues that are specific to their own area of expertise
5	Individualised care plans to cover primary, secondary and inpatient care Care plan which includes co morbidities More opportunities for self referral and annual pulmonary rehab
6	please see comments at end of survey
7	Large numbers of elderly in county will always lead to bed shortages / blocking - lack of community support is a huge problem
8	refer to previous comments
9	Hope you secure investment rightly justified
10	The case made is good
11	The suggested changes sound very favourable
12	Any improvement in services from the current chaos would be appreciated

5. Please tell us what you think about our ideas for Respiratory care.

13	Currently receiving excellent help from my choice of hospital but it took over a year for help with breathing post-Covid.
14	On the whole this idea should be supported however the wards in Gloucester Hospital are poorly ventilated and understaffed. I have been a regular on 8B for elective care, elective patients are not seen as acute and therefore often don't get the help they need with washing etc. bathrooms are outdated and not clean. Patients with respiratory problems often feel exhausted, wards are crowded with 6 beds and often the middle bed feels claustrophobic especially at visiting times, with drip stands being an added obstacle in which you often need to move visitors to be able to leave your bed for the toilet. Also having less space means it's uncomfortable and humiliating to need to use a commode when someone is just the other side of a curtain. Extending visiting times makes it more difficult to rest when you need to. Having Knightsbridge ward for elective admissions was a huge improvement! As a patient I was able to get more rest and recover quicker. It was easier to get Assisstance when needed, more ventilation and more space for drip stands and other monitors and also as an elective on Knightsbridge I was able to manage my normal medication by myself.
15	From the details it isn't clear if all respiratory beds are going to be removed from CGH, but if they are then this would make things more difficult for those that don't have covid-19. SARs-CoV-2 is constantly evolving and making decisions based on how things are now might not be the right way to approach things.
16	I haven't had any experience here, thankfully. I can only comment on those areas where I have personal experience.
17	When young a surgeon said my lungs were ten times more effective than normal lungs and I believe this has been very important when i faced other health problems.
18	Makes good sense and has been 'trialed' through the pandemic agin we need to acknowledge limited resources. and the distance is manageable but could be costly for some
19	Complex need patients who need to be seen quickly, to prevent further complications in future or to commence treatment asap-. Review by same practitioners maintain continuity of care. This gives the patient confidence in their care. Community involvement may be needed and it is important to introduce them as soon as possible, to maintain quality care
20	I agree with your improvement statements.

6. Please tell us what you think about our ideas for Stroke care.

	Answer Choices	Response Percent	Response Total
1	Strong support	38.18%	21
2	Support	34.55%	19
3	Oppose	0.00%	0
4	Strongly oppose	1.82%	1
5	No opinion	25.45%	14
		answered	55
		skipped	7

Please tell us why you think this e.g. the information you would like us to consider. (21)

1	I am not sure about strokes and where they should be treated. It is important to have the specialists available and perhaps one location is the best option.
2	From what I can see the environment at Cheltenham is better suited.

6. Please tell us what you think about our ideas for Stroke care.

3	Enough support is put into the rehabilitation of stroke so that the best possible outcome is achieved on discharge
4	Yes help them, but you will need to fix the ambulance Servise first, to get them there in time.
5	I'm very unsure about this. No mention made of thrombectomy
6	please see comments at end of survey
7	Transport / cross county problems. MDTs need to be better to enable appropriate care and discharge.
8	see previous comments.
9	Excellent - good analysis of potential drawback
10	- the benefits of having a service with the right specialist staff at the right time outweighs the drawbacks - it is important to get the right care and the right time
11	Makes sense to have all in one hospital
12	The communication and transfer protocols between GRH - CGH need to be effective
13	Any improvements from the current dereliction of any firm of patient care much appreciated .
14	Research shows early intervention with stroke reduces adverse outcomes for patients, specialists services are therefore vital.
15	It makes sense to have both the HASU and ASU on the same site, but also that they are separated so as to have the ASU in the quieter area. There will still be transfers required, but there would be anyway if it was all located at GRH. However, as ever the issues of patient transport need to be addressed, especially walk-ins to GRH which are subsequently transferred to CGH. Carers and patients need to be able to access subsidised transport at all hours of the day.
16	I am concerned that, with the often time critical nature of strokes, the move of in-patient stroke to CGH might lengthen the time before a patient received a necessary thrombolytic agent. In addition, given the sometimes patchy performance of the ambulance service, this may be problematic. There needs to be a publicity effort to try and avoid someone being taken by car (when a stroke is suspected) to GRH instead of CGH potentially lengthening the time to initial diagnosis and treatment.
17	I have had ischaemic attacks where my first defence and protection was my GP. but I believe there are not enough GPs available these days.
18	Same site for both makes sense and if transport between the 2 hospitals if needed is in place that should cover the unusual cases
19	Need for a good team approach, for the patient, so they receive quality care, either in their homes, hospital or residential setting. Co orientation and planning is essential to give optimism planned care and support. The family should always be involved in all care plans. Because it needs to be an holistic approach.
20	Vital to have prompt effective assessment and treatment. Good to have a therapy areas on Woodmancote Ward.
21	happy that CGH has control of stroke admissions. I agree with potential benefits.

7. Please tell us about any impact, either positive or negative, that you think any of these ideas for services could have on you and your family (please tell us which service your feedback relates to e.g. Stroke care)?

Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	38

7. Please tell us about any impact, either positive or negative, that you think any of these ideas for services could have on you and your family (please tell us which service your feedback relates to e.g. Stroke care)?	
1	Think about initiating an Expert by Experience programme similar to GHC where there are 140+ and it has been developed over the last 10 - 15 years. They are a powerful body for real change. Experts by Experience could be identified in your chosen subject discipline. I am not convinced that you really know what is going wrong at grass roots level and also what should be celebrated for being successful. Listening to Experts by Experience views are so important if you really want to improve. We attended GHC/CGH twice over the last few months and there is room for improvement eg. Poor signage at GRH.....do a 25 Steps Challenge to endoscopy and you will see that the signage stops. Smart surveys are only one tool to get views. Lots of work to be done GHC.
2	I think it is really important that when there is acute illness that whether I am closer to Cheltenham or Gloucester I will be able to receive an equal standard of care and have the same predicted outcome. Once diagnosed I think it may be a good idea to split the specialties. However this is tricky as from experience I know that especially as you get older you can have multiple medical issues so there is no perfect solution. I don't think there are specific positive or negative impacts of the proposed changes.
3	There may be some additional travel required, but if it delivers better care and better experience then I am supportive.
4	Gynaecology…currently accessing private menopause clinic as not sure how long it would take to get timely appointment with NHS menopause clinic
5	Generically travel is the most affecting issue. We are much closer to CGH than GRH & this has big impacts at certain times of the day. The stress & anxiety of someone who has a long term condition having to worry about the journey & leave far more time to get to an appointment should be considered in this age when ‘personal well-being’ is said to be very important!!
6	We are unsure of the impact, As we have no current knowledge of our future needs, but only know that we are getting older and therefore possible in need of any of these services.
7	I am looking for evidence of attention to the needs of children with a life limiting diagnosis, complex disability and profound needs. Can't see any.
8	Frailty Servise. To have it up and running would be good. Reach into the community help early to prevent hospital addmittence.
9	Potentially a positive impact if benefits set out in the booklet are realised. Whilst we might have to travel further for some services the inconvenience of this is not significant and we would be happy to do this for an improved quality of care.
10	Positive impact - the fragility service. Having recently had to take my elderly neighbour to AandE for 'support' I can totally see what a difference 'virtual wards' would make. the wider the understanding is in the community the better.
11	The biggest issue for those of us living in the Cheltenham area is the impact of being admitted to GRH for care rather than CGH and the knock-on consequence on carers and family members wanting to visit. I have fewer concerns about the location of the care itself as I understand the need to concentrate expertise in single locations to improve the robustness and resilience of the services.
12	Stroke care and bedridden patients in particular.
13	The provision of Centres of Excellence is an aim that should (ideally) benefit all patients through better services
14	Transport and Distance has always led to delayed discharges. Lack of community beds to release acute beds. Reduced Nursing Home beds also causing problems.
15	I do think that patients should be cared for by a care of excellence team and understand that there is a shortage of nurses and doctors, so separating the specialities to one hospital or the other is a good idea.
16	Again I imagine it would be horrendous and have I have some experience of this in my own family, but luckily the Doctor in attendance intervened so minimising the impact on the family
17	Feel benefits all around
18	Main concerns generally: - transport to then get home after hospital stay

7. Please tell us about any impact, either positive or negative, that you think any of these ideas for services could have on you and your family (please tell us which service your feedback relates to e.g. Stroke care)?	
	- not being in Gloucester would affect my family and friends' ability to come and visit me, which worries me - sharing of medical notes across specialties, especially if my other conditions are managed in Gloucester
19	So long as it is known where the "service" is placed GRH or CGH either is fine for where we live at present
20	Travel time is a factor for some people. Also being moved about when you feel unwell from one place to another can cause stress also visiting if you are having far away
21	Proposed changes to all of these services could have a positive effect on me and my family
22	Better joined up care. Co-location of specialist services
23	I can drive so location isn't vital but in years to come travel to and from hospital will be a significant issue. There are NO public transport options from my town to Cheltenham or Gloucester Hospital.
24	as long as people understand which hospital has the specalised area e.g. Cheltenham for strokes I think it will work, better than trying to double up in 2 places so close together.
25	Both of us are diabetic. Type 1. No support, not seen consultant in years. Type 2 seen if wanted more.
26	Elderly care is overworked
27	Currently I have no need of these services but I very much welcome the organisation now listening to people with Lived Experience and providing services and care that are appropriate to their long term chronic condition
28	Respiratory The idea on the whole has my support. However as already stated wards in Gloucester Royal are not ventilated enough and are too clogged up, there needs to be less beds in each bay, to help with rest and to save staff having too many patients allowing them to help ALL patients, it would also assist with the humiliation you feel when using a commode if you are in the middle bed. Visiting should be restricted.
29	Diabetes care - GP practice nurse care is patchy in terms of how useful it is , my practice nurse responds to my letter by text, while this might save time I don’t like it and feel it’s inappropriate and it also takes her a week to respond to a letter handed into the surgery regarding stopping medication due to side effects, this is poor practice in my view. Specialist services might take time to respond to issues but are likely to be more knowledgeable about all aspects of care rather than taking on a speciality attached to a broader job description.
30	I think generally separating out acute and planned medicine is a good idea, but that separation doesn't have to be on separate sites. However, Gloucestershire is a large county and passing one hospital to travel to another for acute services may lead to delays in treatment. Likewise, being discharged from hospital at any time of the night or day, without transport, can leave vulnerable people with no way of getting home. This also applies to those carers and visitors.
31	See comments in stroke section response
32	My mother and I have diabetes and I have recently had a gynae operation. The wait for regular diabetes check ups always exceeds the plan, so I hope these changes may have a positive effect on that. If my gynae problem comes back, I would be scared about how long I might have to wait again as I had to be hospitalised a couple of times pre-op during my previous experience and I couldn’t do it again
33	Please read my comments in the endocrinology section. If my health deteriorates to the level that it was when my liothyronine was withdrawn, it will impact my 78 year old husband's health as well.
34	I can only say that I regard myself as extremely lucky in the care I have received.
35	Shorter waiting for benign gynae
36	How does one remember which hospital does what?

7. Please tell us about any impact, either positive or negative, that you think any of these ideas for services could have on you and your family (please tell us which service your feedback relates to e.g. Stroke care)?

37	My father was admitted following a further stroke at home. We were not involved in his care, at all. Trying to see a Dr was difficult, and when we did the language they used was medicate, so not fully understood by us,
38	I had a stroke (v fortunate, minimal blindness). I live in Cheltenha. Saw Dr (XXX), then eye scanned, then GRH, stay overnight. Less travel if Chelt. Better to put 'specialisms' together with all of your objectives.

answered	38
skipped	24

8. If you think any of the ideas for services could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. Stroke care)?

Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	25

1	Not applicable.
2	Maybe look into funding additional VCS hospital to home transport options for the vulnerable.
3	As above
4	The families with profound and complexly disabled children will get put under the umbrella of 'disabled' and will not receive the care and support that the children and the families are desperately in need of.
5	Be an integrated Servise. For frail old people. Early Community intervention.
6	Travelling to Cheltenham is very difficult for me and taxis are expensive
7	I understand that the travel to any service that would now be based at GRH would have an impact on me (living in Cheltenham) but that is minor compared to the benfits of delivering on one site.
8	Impact could be mitigated by ample parking at a reasonable cost at each site and a regular public transport service to and from each site.
9	See above
10	By involving the family in a direct manor, with no holds barred.
11	difficulties for patients without transport. I believe there is a hospital bus service.
12	None
13	Transport help for those who don't drive and have no one to help
14	No perceived negative impact on me or my family
15	Potential for further travel and limited parking (esp Cheltenham)
16	The elderly often left unattended to call out for the toilet. Even heard one HCA tell the patient to “do it in the bed”. Shocking.
17	n/a
18	Having a comprehensive patient transport service would help, not only with regard to these changes but generally to all hospital services. Parking is a nightmare at both hospitals, especially if someone is disabled. It could be argued that having staff move from site to site is easier and cheaper than having patients move from site to site.
19	You fail to consider the impact on patients who live a distance away. The travelling is uncomfortable, unnecessary and expensive. I can't get to GRH by bus, I have to arrange a lift. Extra time has to be allowed to ensure a patient arrives promptly, so often extra car parking charges have to be paid for, adding to the expense. Give us local services.

8. If you think any of the ideas for services could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. Stroke care)?

20	See comments in stroke section response
21	I think limiting some of the specialist services to only Glos or Chelt could have negative implications for those for whom travelling is difficult. However, I do understand that resource and staffing is an issue and that there is the #99 bus service between the hospitals to attempt to help with this
22	See my previous comments.
23	In all areas it seems the greatest dangers are when patients are discharged without adequate back up or too early!! A friend who was based in another area and repeatedly put his life at risk in Intelligence was discharged from another hospital and left to walk home in his pyjamas, and died!
24	not really
25	More accessible personal, who speak in an appropriate language. An increase in care at home, to allow early discharge

answered	25
skipped	37

9. Do you have any alternative suggestions for how any of the services covered in the engagement could be organised (please tell us which service your feedback relates to e.g. Stroke care)? When describing your suggestions where possible please refer to the assessment criteria on page 9 of the engagement booklet.

	Answer Choices	Response Percent	Response Total
1	Open-Ended Question	100.00%	16

1	Not applicable.
2	No
3	Identify the complexly disabled children at the outset and ensure that long term care packages are made available from the point of diagnosis, so that families are properly supported for however long their childs life may be.
4	Ensuring that alternative pathways for care in the community are explored wherever possible - particularly in relation to frailty.
5	The aim of developing 'Centres of Excellence' for the provision of specialist hospital services must be the way forward and as such geographical considerations are not relevant. I do not have experience of any of the service areas covered by FFTF2 therefore find the level of detail in the questions unanswerable. However, common sense suggests that the centralisation of services/specialist resources should be the basis for the future development of health care in Gloucestershire - along with a commitment to ensuring that services are 'joined up'.
6	Better information to families / carers. OT / Physio home visits to ensure equipment in place BEFORE discharge. My brother had to wait 5 weeks for a home assessment. Prompt input to computers to enable assessments to proceed.
7	Again not sure what would be involved, the criteria is beyond my clinical knowledge.
8	I am very impressed with proposals outlined for FFTF2 and hope that funding and staffing levels will be adequate to make the proposals happen
9	Return to old fashioned care and compassion with a Matron to oversee.
10	“Impact on equality for all and health inequalities”

9. Do you have any alternative suggestions for how any of the services covered in the engagement could be organised (please tell us which service your feedback relates to e.g. Stroke care)? When describing your suggestions where possible please refer to the assessment criteria on page 9 of the engagement booklet.

	It is so very important to build on this idea of listening to the patient and their lived experience. For people living with ME/CFS, we have all suffered dismissal or disbelief at some point in our illness, often due to the previous NICE guidelines and it's insistence that the condition is merely fatigue and/or of a psychological basis. Finally, after 3 years of reviewing hundreds of research papers, the new NICE guideline NG206 finally dismissed the previous 'evidence' as of 'low or very low quantity'. Now the new, more reliable, biomedical evidence needs to be read more widely by all health and social care practitioners in order to finally obtain better quality care for the M.E. Community
11	Respiratory Bring back Knightsbridge ward for elective admissions.
12	Comments relate to access to care
13	See my previous comments.
14	Anything else: There can never be enough resources and the outlook is not good. There are now many environmental contaminants through chemicals widely used in agriculture and manufacture e.g. palladium is poisonous and essential in making a great many medicines. Most people are unaware of the cumulative effects of herbicide absorbtion etc.
15	with frailty any resources to utilise some fo the community support out there?
16	Re Stroke care - my 'care' ceased quickly. Did receive couple of phone calls (from specialist nurses). Dr XXX chat (rather than appt). He just wanted to discharge me. Not good. Care at GRH excellent. Just felt a little ignored. A follow-up sooner would have been good.

answered	16
skipped	46

10. What is the first part of your postcode? eg. GL16, GL3

	Answer Choices	Response Percent	Response Total
1	Open-Ended Question	100.00%	53

1	HR9
2	GL20
3	GL52
4	GL16
5	GL3
6	GL52
7	GL115PX
8	GL51
9	GL52
10	GL55
11	GL17
12	gl50
13	GL2

10. What is the first part of your postcode? eg. GL16, GL3

14	GL51
15	GL52
16	GL3
17	GL51
18	GL53
19	GL4
20	GL6
21	GL5
22	GL51
23	GL51
24	GL50
25	GL51
26	Matson
27	GL6
28	GL11
29	GL6
30	Gl52
31	GL54
32	GL17
33	GL52
34	GL8
35	gl2
36	Gl8
37	GL8
38	GL4
39	GL3
40	GL8
41	Gl51
42	GL17
43	GL5
44	GL20
45	GL2
46	GL11
47	GL4
48	GL7
49	Gl52
50	GL51

10. What is the first part of your postcode? eg. GL16, GL3

51	Gl51
52	GL50
53	GL51

answered	53
skipped	9

11. Which age group are you:

	Answer Choices	Response Percent	Response Total
1	Under 18	0.00%	0
2	18-25	0.00%	0
3	26-35	3.28%	2
4	36-45	6.56%	4
5	46-55	11.48%	7
6	56-65	27.87%	17
7	66-75	36.07%	22
8	Over 75	14.75%	9
9	Prefer not to say	0.00%	0
		answered	61
		skipped	1

12. Are you:

	Answer Choices	Response Percent	Response Total
1	An employee working in health or social care	0.00%	0
2	A community partner	0.00%	0
3	A member of the public	100.00%	62
4	Prefer not to say	0.00%	0
		answered	62
		skipped	0

13. Have you accessed any of the following services or support in the last 12 months (please tick all that apply)?

	Answer Choices	Response Percent	Response Total
1	Primary Care (GP)	84.21%	48
2	NHS Community Service (e.g. Community Nursing)	8.77%	5
3	Outpatient Hospital Service	57.89%	33
4	Specialist Inpatient Hospital Service	15.79%	9
5	Voluntary or community support related to your health and wellbeing	14.04%	8
6	Urgent care (e.g. 111, Minor Injury and Illness Unit, A&E)	36.84%	21
		answered	57
		skipped	5

Please tell us which hospital, community or voluntary service(s) you have accessed (e.g respiratory, community nursing, support group) (40)

1	Gynaecology operation at CGH
2	GRH Acute medicine CHMT Veterans MH services GP Gynaecologist MSK and physiotherapy
3	Respiratory Renal Care Haematology Vascular Clinic
4	Cheltenham hospital surgical and oncology
5	good god no
6	Cheltenham General
7	Berkeley surgery Cheltenham hospital
8	Warwick, Worcester and UHCW
9	GP, SDEC
10	GRH Cardiology, ENT and Spinal
11	Both GR and CG hospitals for And E, Neurology and Dermatology (inpatient and outpatients)
12	Podiatry and Tewkesbury Hospital.
13	Respiratory services outpatient and community respiratory team-home oxygen services
14	Lung function service. Neurology outpatients.
15	Audiology, opthamology

13. Have you accessed any of the following services or support in the last 12 months (please tick all that apply)?

16	Primary care - only over the telephone Another point: Why does none of this (FFTF2) include Oncology?
17	Cheltenham General NHS
18	Cheltenham General Kidney Emergency
19	When my husband was taken gravely ill in early 2022, he was taken Great Western Hospital as the ambulance waits for Gloucestershire Hospitals was deemed too long by the ambulance crew. Our experience at GWH fell far short of any reasonable expectation. After substantial delays his care he was finally transferred after 5 weeks of deteriorating cardiac function to Harefield where his treatment was exemplary. Local services should aspire to timely investigations and onward referral to a unit where definitive treatment can be offered. After 40 years of NHS service by both my husband and myself it was shaming to see how far the NHS has sunk
20	Cheltenham,
21	Stroud Hospital
22	Gloucester Royal Hosp - gynae - on waiting list still for operation since 2019, online consultations and group rehab Long Cvid Clinic. Cheltenham Hosp - Respiratory/LungFunction, Breast Cancer screening. Southmead Hosp- Neurology re possible MND or MD. Vale Community Hosp- Respiratory, Tetbury Hospital- Cardiology. Cirencester Hosp - xray dept, blood tests. Bristol Hospital- Online consultations and group rehab Chronic Fatigue Service, GP service- Pheonix Tetbury
23	Tetbury. Gloucestershire Cirencester Cheltenham
24	Gloucester Royal and GP
25	On line pre diabetic course
26	Respiratory
27	Breast Care Thirlestaine Court Practice Nursing in GP surgery, GP, HCA
28	Rheumatology at GRH and community hospital The Vale, endoscopy at Cirencester.
29	Gloucester pain emergency department
30	GRH for outpatients and unfortunately A&E
31	Addison Support Group online
32	MIU, A&E, HASU @GCH, Outpatient GRI and CGH re eye problem
33	Haven’t had a diabetic check up in over a year (possibly closer to 2 years now). My gynae operation was just over a year ago now (technically not within the last 12 months I know but included as it was only 2 weeks over!)
34	Endocrinology at GRH
35	GP Practice
36	Gynaecology outpatient Mental health recovery team A &E at Cheltenham and MIU at Cirencester
37	Fracture clinic Physiotherapy. MRI all Cheltenham
38	Community Nurses. Out patients at Cheltenham General.
39	Cheltenham General Hospital

13. Have you accessed any of the following services or support in the last 12 months (please tick all that apply)?

	40	Cardiology GRH and CGH outpatients

14. Do you consider yourself to have a disability? (Tick all that apply)

	Answer Choices	Response Percent	Response Total
1	No	45.00%	27
2	Mental health problem	8.33%	5
3	Visual Impairment	5.00%	3
4	Learning difficulties	3.33%	2
5	Hearing impairment	11.67%	7
6	Long term condition	35.00%	21
7	Physical disability	13.33%	8
8	Prefer not to say	1.67%	1
		answered	60
		skipped	2

15. Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment.

	Answer Choices	Response Percent	Response Total
1	Yes	39.34%	24
2	No	54.10%	33
3	Prefer not to say	6.56%	4
		answered	61
		skipped	1

16. Which best describes your ethnicity?

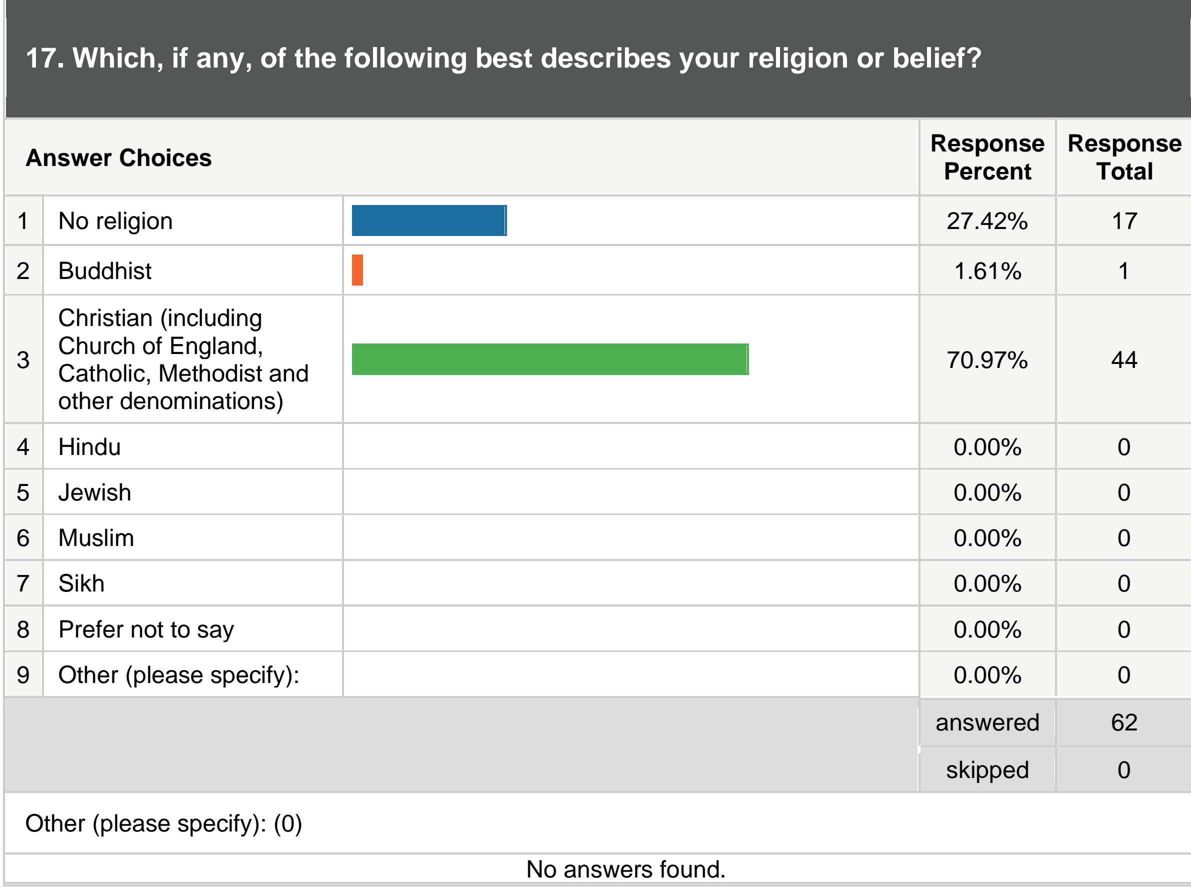
	Answer Choices	Response Percent	Response Total
1	White British	96.77%	60
2	White Other	3.23%	2
3	Asian or Asian British	0.00%	0

16. Which best describes your ethnicity?

		Response Percent	Response Total
4	Black or Black British	0.00%	0
5	Chinese	0.00%	0
6	Mixed	0.00%	0
7	Prefer not to say	0.00%	0
8	Other (please specify):	0.00%	0
		answered	62
		skipped	0

Other (please specify): (0)

No answers found.

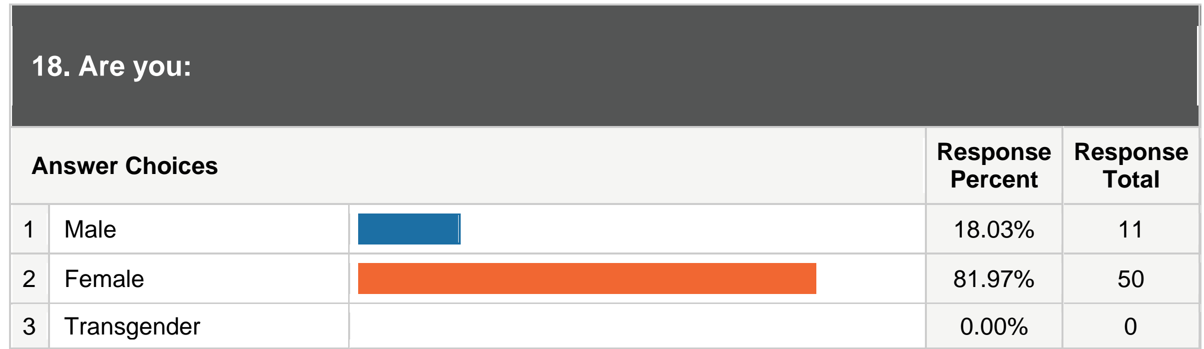


17. Which, if any, of the following best describes your religion or belief?

	Answer Choices	Response Percent	Response Total
1	No religion	27.42%	17
2	Buddhist	1.61%	1
3	Christian (including Church of England, Catholic, Methodist and other denominations)	70.97%	44
4	Hindu	0.00%	0
5	Jewish	0.00%	0
6	Muslim	0.00%	0
7	Sikh	0.00%	0
8	Prefer not to say	0.00%	0
9	Other (please specify):	0.00%	0
		answered	62
		skipped	0

Other (please specify): (0)

No answers found.



18. Are you:

	Answer Choices	Response Percent	Response Total
1	Male	18.03%	11
2	Female	81.97%	50
3	Transgender	0.00%	0

18. Are you:

		Response Percent	Response Total
4	Non-binary	0.00%	0
5	Prefer to self-describe	0.00%	0
6	Prefer not to say	0.00%	0
		answered	61
		skipped	1

19. Which of the following best describes how you think of yourself?

	Answer Choices	Response Percent	Response Total
1	Heterosexual or straight	90.16%	55
2	Gay or lesbian	3.28%	2
3	Bisexual	0.00%	0
4	Other	1.64%	1
5	Prefer not to say	4.92%	3
		answered	61
		skipped	1

20. Are you currently pregnant or have given birth in the last year?

	Answer Choices	Response Percent	Response Total
1	Yes	0.00%	0
2	No	69.35%	43
3	Not applicable	30.65%	19
4	Prefer not to say	0.00%	0
		answered	62
		skipped	0

21. If you are interested in participating in a discussion (face to face or virtual) about any of the FFTF2 services, please provide details below (to protect your anonymity, we will separate your contact information from the feedback you have provided in this survey).

	Answer Choices	Response Percent	Response Total
1	Name:	100.00%	19
	1 patricia martin		

21. If you are interested in participating in a discussion (face to face or virtual) about any of the FFTF2 services, please provide details below (to protect your anonymity, we will separate your contact information from the feedback you have provided in this survey).

	2	Andy Barrell		
	3	Deborah Cooper		
	4	tussie myerson		
	5	Mark Wallace		
	6	Angela Bridget Hawley		
	7	Pauline Masters		
	8	June Brodie		
	9	Malcolm Lees		
	10	RITA LEACH		
	11	Estelle Barr		
	12	Hazel savage		
	13	Linda Hending		
	14	Ann Pearce		
	15	Helen Taylor		
	16	Neil Cameron		
	17	Rev Frances Wookey		
	18	Dave Gladstone		
	19	Mrs Anne Smith		
2	Contact details (email, telephone):		100.00%	19
	1	themartinsnest@hotmail.com		
	2	barrellmeister@gmail.com		
	3	01452 542519		
	4	tussie@myersons.co.uk		
	5	markwallace1@outlook.com		
	6	abh9402@gmail.com		
	7	phmasters108@gmail.com		
	8	jandjbrodie@googlemail.com		
	9	01242539000		
	10	ritaeliza@blueyonder.co.uk		
	11	greatgma@hotmail.co.uk		
	12	Hazelsavage56@yahoo.com		
	13	pandlhending@googlemail.com		
	14	annppearce@hotmail.com		
	15	07384225550		
	16	nm.cameron@btinternet.com		
	17	fawookey@gmail.com 01453 519099		

21. If you are interested in participating in a discussion (face to face or virtual) about any of the FFTF2 services, please provide details below (to protect your anonymity, we will separate your contact information from the feedback you have provided in this survey).

	18	01452 551587		
	19	annesmith271@btinternet.com		
3	First part of your postcode (e.g. GL20):		100.00%	19
	1	GL20		
	2	GL52		
	3	GL3		
	4	gl50		
	5	GL2		
	6	GL51 7BA		
	7	GL3		
	8	GL51		
	9	GL50		
	10	GL2 4QQ		
	11	Gl51		
	12	GL4		
	13	GL52		
	14	GL8		
	15	GL17		
	16	GL20		
	17	GL11		
	18	GL4		
	19	GL51		
			answered	19
			skipped	43

22. Service/s you are interested in (please tick all that apply):

	Answer Choices		Response Percent	Response Total
1	Benign Gynaecology		18.18%	4
2	Diabetes and Endocrinology		40.91%	9
3	Frailty/Care of the Elderly		45.45%	10
4	Non-interventional Cardiology		31.82%	7
5	Respiratory		36.36%	8

22. Service/s you are interested in (please tick all that apply):

6	Stroke		22.73%	5
			answered	22
			skipped	40