Fit for the Future 2: Developing specialist services in Gloucestershire

A	nswer Choices	Response Percent	Response Total				
1	Strong support	42.86%	3				
2	Support	28.57%	2				
3	Oppose	14.29%	1				
4	Strongly oppose	0.00%	0				
5	No opinion	14.29%	1				
		answered	7				
		skipped	3				
Please tell us why you think this e.g. the information you would like us to consider. (2)							

Staff/Public/Partner = Prefer not to say

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

An	swer Choices	Response Percent	Response Total
1	Strong support	25.00%	2
2	Support	37.50%	3
3	Oppose	0.00%	0
4	Strongly oppose	0.00%	0
5	No opinion	37.50%	3
		answered	8
		skipped	2

Please tell us why you think this e.g. the information you would like us to consider. (4)

1 It has several linkages to acute specialties that it should remain at GRH.

- 2 There are not enough Diabetic Community Nurses to cover the whole county
- 3 Well not a lot of Cheltonians wish to go to GRH rather than CGH!!
- 4 Prevalence of diabetes in the broader hospital population indicates that having these specialists located at GRH, and providing General Medicine support, provides better alignment.

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

nswer Choices			Response Percent	Response Total			
	O	pen-Ended Question	100.00%	9			
	1	We need more services in the Forest of Dean. We are the forgotten ones and it is travel to Gloucester or Cheltenham for services when you are elderly. We need fa hospital in the Forest to save the cost and pollution caused by endless trips to Glo the drastic cut in beds we lose by the closure of two hospitals and provision of on bursting point and causing agonising waits for people in ambulances and the publ for an ambulance to arrive.	ar more than t oucester, not t ly one. GRH i	he one to mention s full to			
2	2	Every thing					
:	3	Co-located with services that support the care of the elderly best. Mostly preparat residence or onward car. Hospital is not the right place for long term care.	ion to return t	o place of			
4	4	Swift discharge of patients. Identifying fraility early					
ł	5	dividing acute and non-acute services					
e	6	Proactive and Preventative Care in the Community. Putting in Support at a early stage. Complex Care at Home at Home are amazing at this with many examples of the f have done to keep patients independent and safe in their own homes.	antastic work	that they			
-	7	A specific unit for MFFD patients can be made. Not gallery ward Might be a nursing home or like a small community hospital, exclusively for MFFD patients. I believe that this will enable for bed flow in hospital.					
8	8	Not classing older people as geriatric!!					
9 The definition of 'Frailty' is not clear, but clearly does not just include the traditional percept people. The ideas regarding virtual wards are laudable, though suspect the workforce, tear 'user' elements are very challenging - this may need a longer-term change to show proof along.			orce, technolo	ogy and			
			answered	9			
			skipped	1			

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

An	swer Choices	Response Percent	Response Total			
1	Strong support		14.29%	1		
2	Support		28.57%	2		
3	Oppose		0.00%	0		
4	Strongly oppose		0.00%	0		
5	No opinion		57.14%	4		
			answered	7		
	skipped 3					
Please tell us why you think this e.g. the information you would like us to consider. (2)						
	1 Best located where support services are					

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

2 Objectively - absolutely right to optimise cardiac services in one place. Hard sell for past patients who have been treated successfully in Cheltenham, but this should be pushed forward.

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

An	swer Choices	Response Percent	Response Total
1	Strong support	25.00%	2
2	Support	37.50%	3
3	Oppose	0.00%	0
4	Strongly oppose	0.00%	0
5	No opinion	37.50%	3
		answered	8
		skipped	2

Please tell us why you think this e.g. the information you would like us to consider. (3)

- 1 Providing care is optimum for this patients
- 2 At present, both wards work totally in a different manner. It would be nice, if staff were allocated on rotational basis between both wards. Therefore, it will enhance or lay a foundation for high dependency unit.
- 3 If the last 2.5 years has shown this to work and be beneficial, that's a pretty compelling 'inadvertent pilot'!!

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

An	swer Choices	Response Percent	Response Total
1	Strong support	14.29%	1
2	Support	14.29%	1
3	Oppose	0.00%	0
4	Strongly oppose	42.86%	3
5	No opinion	28.57%	2
		answered	7
		skipped	3

Please tell us why you think this e.g. the information you would like us to consider. (5)

1 Stroke services NEED to be located where ED, Interventional Radiology, Vascular and cardiology are on the main acute site. It would put peoples lives at risk to have this service based in Cheltenham General rather than co-located with the critical services that Stroke require. It has to be located where the fastest diagnosis and treatment is available.

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

2 It would be counterproductive.

Acute stroke is an emergency and it should be based at a site where there is 24 hour ED. In addition all major specialties are based at GRH and they have close linkages with Stroke service. Patients with Stroke need Carotid Endarterectomy in a timely fashion. Vascular is based at GRH. Vascular surgery was centralised to GRH with the argument that HASU is at GRH. Patient with vascular disease and cardiac disease have high risk of stroke and therefore need stroke services in the same site. Further stroke patients are frail and need support from frailty unit, which is at GRH.

It would be disastrous to move HASU from GRH.

- 3 having an isolated stroke service with stroke clinicians who support it because "they have offices" places patients last. it is bonkers to have the IGUS hub, vascular surgery, the only proper ED in the country and other acute specialities in one place, and the HASU in the other. bonkers and dangerous.
- 4 As I've said Cheltonians prefer.Cheltenham over Gloucester
- 5 Streamline to get the best optimal service. The better and sooner we treat stroke, the way better the outcomes for patients and their long-term outlook.

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	O	pen-Ended Question	100.00%	4
	1	If I or a member of my family was having a stroke, the travelling time would doubl Gloucester, then Cheltenham then back Gloucester - madness	e if I needed t	o go to
	2	stroke care: another nail in the coffin of joined up care in the county		
	3	I do not believe people in Cheltenham have been considered at all!!!		
	4	Inevitably mainly logistic where services are 'moved' further away from where res However I'd rather have one excellent service than two inconsistent services in G		9
			answered	4
			skipped	6

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)?

An	Answer Choices			Response Total
1	0	pen-Ended Question	100.00%	4
	1 Yes when having a 'stroke' there is not time to be wasted - you to get to the correct services required to be treated immediately		ct hospital wit	h all of the
	2	Service are either hot and cold and it makes it easier for everyone. Mixing acute a non acute at hot side would add a lot of confusion. If you consider ambulance sta including stroke should be easy to take to GRH, which is the ED will all facilities 2 Heart attack is at GRH. Stroke is at CGH. Vascular is at GRH. Acute respiratory i to inevitable patient delays and chaos.	ff— all emerg 24x7. If then te	encies Il them that
	3	stroke care: not have a HASU in a cottage hospital i.e. CGH		

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)?				
4 Keep Cheltenham people in Cheltenham only.!!!				
	answered	4		
	skipped	6		

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	1 Open-Ended Question		100.00%	1
	1 All the dependent services should be fully consulted when these decisions are undertaken, not just the views/whims of the service involved			
			answered	1
			skipped	9

Ans	swe	er Choices	Response Percent	Response Total
1 (Ope	en-Ended Question	100.00%	7
	1	GL15		
	2	GL4		
	3	gl4		
	4	GL53		
	5	GL3		
	6	GL53		
	7	GL52		

11. Which age group are you:						
A	nswer Choices		Response Percent	Response Total		
1	Under 18		0.00%	0		
2	18-25		0.00%	0		

1	1. Which age group are	e you:	
3	26-35	11.11%	1
4	36-45	11.11%	1
5	46-55	33.33%	3
6	56-65	11.11%	1
7	66-75	0.00%	0
8	Over 75	22.22%	2
9	Prefer not to say	11.11%	1
		answered	9
		skipped	1

12. Are you:

Α	nswer 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	0.00%	0
4	Prefer not to say	100.00%	10
		answered	10
		skipped	0

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

Ar	Answer Choices F		Response Percent	Response Total
1	Primary Care (GP)		33.33%	2
2	NHS Community Service (e.g. Community Nursing)		0.00%	0
3	Outpatient Hospital Service		33.33%	2
4	Specialist Inpatient Hospital Service		0.00%	0
5	Voluntary or community support related to your health and wellbeing		16.67%	1
6	Urgent care (e.g. 111, Minor Injury and Illness Unit, A&E)		66.67%	4
			answered	6

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

skipped

4

Please tell us which hospital, community or voluntary service(s) you have accessed (e.g respiratory, community nursing, support group) (2)

- 1 Cheltenham
- 2 GP (physical and mental health) NHS111 for children Voluntary/charity sector for mental health

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

A	Answer Choices		Response Total
1	No	50.00%	5
2	Mental health problem	0.00%	0
3	Visual Impairment	0.00%	0
4	Learning difficulties	10.00%	1
5	Hearing impairment	0.00%	0
6	Long term condition	0.00%	0
7	Physical disability	20.00%	2
8	Prefer not to say	20.00%	2
		answered	10
		skipped	0

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.

An	Answer Choices		onse Response cent Total
1	Yes	22.2	22% 2
2	No	55.5	56% 5
3	Prefer not to say	22.2	22% 2
		answ	vered 9
		skip	ped 1

16. Which best describes your ethnicity?

		Response Percent	Response Total		
1	White British	50.00%	5		
2	White Other	0.00%	0		
3	Asian or Asian British	0.00%	0		
4	Black or Black British	0.00%	0		
5	Chinese	0.00%	0		
6	Mixed	0.00%	0		
7	Prefer not to say	50.00%	5		
8	Other (please specify):	0.00%	0		
		answered	10		
		skipped	0		
0	Other (please specify): (0)				
		No answers found.			

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

A	Answer Choices Response Percent		Response Total			
1	No religion	10.00%	1			
2	Buddhist	0.00%	0			
3	Christian (including Church of England, Catholic, Methodist and other denominations)	50.00%	5			
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	40.00%	4			
9	Other (please specify):	0.00%	0			
		answered	10			
		skipped	0			
0	Other (please specify): (0)					
		No answers found.				

1	18. Are you:				
A	Answer Choices Response Percent Total				
1	Male	11.11%	1		
2	Female	55.56%	5		
3	Transgender	0.00%	0		
4	Non-binary	0.00%	0		
5	Prefer to self-describe	0.00%	0		
6	Prefer not to say	33.33%	3		
		answered	9		
		skipped	1		

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

A	Answer Choices		Response Total
1	Heterosexual or straight	62.50%	5
2	Gay or lesbian	0.00%	0
3	Bisexual	0.00%	0
4	Other	0.00%	0
5	Prefer not to say	37.50%	3
			8
		skipped	2

2	20. Are you currently pregnant or have given birth in the last year?					
A	Answer Choices Response Response Percent Tota					
1	Yes	0.00%	0			
2	No	44.44%	4			
3	Not applicable	22.22%	2			
4	Prefer not to say	33.33%	3			
		answered	9			
		skipped	1			

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).

An	swer Choices	Response Percent	Response Total		
1	Name:	0.00%	0		
	No answers found.				
2	Contact details (email, telephone):	0.00%	0		
	No answers found.				
3	First part of your postcode (e.g. GL20):	100.00%	1		
	1 GL4 6HS				
	answered 1				
		skipped	9		

2	22. Service/s you are interested in (please tick all that apply):					
A	nswer Choices	Response Percent	Response Total			
1	Benign Gynaecology	25.00%	1			
2	Diabetes and Endocrinology	50.00%	2			
3	Frailty/Care of the Elderly	75.00%	3			
4	Non-interventional Cardiology	25.00%	1			
5	Respiratory	50.00%	2			
6	Stroke	25.00%	1			
		answered	4			
		skipped	6			