Fit For The Future - What matters to you?

Improving urgent care services in local communities

After reading pages 6-13 of the Fit for the Future booklet, please share your views below: In your view, what are the most important things to be considered in developing services to ensure everyone can access consistent urgent advice, assessment and treatment?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	984

1	They are local, open 24 hours a day and have the right skill mix. this doesn't mean this has to be ED but centralised around UTCs / PCNs.
2	Clear communication about what is available from each part of the system. Consistent and reliable responses from each service.
3	An equal distribution and range of service provision throughout the county. As a resident of Gloucestershire and a long serving senior manager in the NHS I am constantly struck by the disparity in provision across the county. It seems very clear that Gloucester takes priority in the eyes of commissioners. For example Gloucester has the only GP Access Centre in the county. Over the years I have been aware of many "projects" "initiatives" etc being planned and developed and they again seem to be Gloucester focused. I believe it is time to be fairer to those residents living across the county and giving equal access to all.
4	Do not close Cheltenham General Accident and emergency. Public awareness - how patients can access services? Which is the right service to use for the condition? Information such as a leaflet which signpost patients where to receive treatment should be sent to all patients in Gloucestershire. This should include times of opening eg A&E and MIiUs. I think lack of understanding about all the available options and lack of GP appointments is why patients default to A&E.
5	having a high enough concentration of skilled staff in one place to ensure good care across specialities where this is what is required having enough staff to deliver care in each setting having staff who are able to cope holistically with people rather than viewing them as a particular presentation to the exclusion of other health and social care support needs Making use of technology to reduce potential inequalities across the county because of geographical difference
6	Restoring 24h A&E at Cheltenham General Hospital
7	The most important thing to me is having a fully functional 24 hour A&E department in Cheltenham. It's ludicrous to even consider downgrading Cheltenham even further when Gloucester can't cope at the moment. When every day Gloucester put on divert to Cheltenham. How will they cope if Cheltenham is turned in to a minor injuries unit?
8	I think community injury and illness services should be based on local needs and circumstances - one size does not fit all. I know there is better access to urgent care in GP surgeries now - lots more appointments, but I think there is some flexibility in how other community injury and illness services are provided. Do they need to be in hospitals; couldn't you have injury services in GP surgeries/medical centres to benefit a local population?
9	Definitely need A&E departments in Cheltenham and Gloucester re travel time in emergencies especially for the elderly and young families and those living in the Cotswolds. Travel time can make all the difference between life and death especially when having to travel at peak times.
10	simple to access and clear so I know exactly where I need to go easier with more online requesting, appointments through technology where appropriate and one place for all my contacts regardless of the organisation i.e. through my GP portal so that I can manage permissions to my information and receive all my messages and appointment letters and results in one place
11	More consultants to lessen wait times on non-urgent appointments and surgery, I have a 1 year waiting period for surgery to repair a parastomal hernia which could cause a blockage at any point. Keep open and improve the A&E department for Cheltenham General Hospital, it is a closer department than Gloucester Royal Infirmary for Bishops Cleeve AND I've seen the A&E queues at GRI which is at capacity now and has no charge if CGH A&E is closed

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12	To keep Cheltenham General Hospital A&E open. Having been to both Gloucester and Cheltenham A&E my experience is Cheltenham is needed. When we went to Gloucester at 11pm at night, my husband was ignored by doctors until the shift change at 9am the following day where the consultant apologised as he should have been seen earlier due to his condition. It is clear they are already overstretched so closing Cheltenham will have a detrimental effect on patients. In comparison when we went to Cheltenham in the early hours as a walk in, my husband was seen, x-rays done and admitted to a ward within the four hours timeframe.		
13	Most effective and efficient use of all resources to benefit the whole population of the county.		
14	Using the information you have at your disposal to form a balanced view, not simply the answer is X - now where is the "evidence" to support it.		
15	Closeness of facilities 24/7		
16	Expertise. Waiting times. Short waiting lists. Accessibility to full range of services to all the people of Cheltenham and north Gloucestershire. Easy Travel to services for everyone.		
17	Access and availability to healthcare Timely care Location of services		
18	I don't think for one minute you are listening or have the best interests of the people in Cheltenham and surrounding areas at all. The decisions have already been made. We need a fully functioning A/E in Cheltenham as it clear already Gloucester does not and will not have the capacity to become the single site A/E. You haven't made the position clear on what urgent care/advice entails and can you guarantee nobody will die going up the A40 because of this move. Are you going to pay the vulnerable and less well off in society taxi fares back to CGH? As a tax paying citizen of Cheltenham I want to know what you have done with the money from the government to enhance emergency care at CGH as an urgent advice unit is not good enough !		
19	Not having cancellations due to a lack of beds and unnecessary patient transfers.		
20	I feel that it is untrue to say that there is a fully operational A&E department in Cheltenham. The service is vastly underfunded and staffed. At many times the service is unusable and patients are transfer to Gloucester. I feel the delay is putting lives at serious risk. A lot of the pressure put on A&E services is caused by a lack of availability to attend doctors surgeries. I fail to see why these service cannot operate longer opening times and weekends. If your child falls ill on a Friday night, it is ridiculous to think you might have to wait until Monday to even book an appointment. Therefore many parents attend A&E rather than take the risk		
21	Enough staff, enough equipment, ensuring people present to the right place so queues are reduced.		
22	Availability, consistency and travel distance		
23	Ensure the provision of services is available to all in all localities of Gloucestershire. The distribution of services can negate for increased use of A&E / Ambulance services if services are centralised.		
24	People need access to GP services, adult social care must support people at home and prevent people coming to hospital because the system is failing them. People wait to long for support families reach breaking point and then dial 999 and see hospital as the answer as they are in crisis. Older people don't understand why they can't make an appointment in advance, when the doctor tells them he wants to see them in a month and they can't do it there and then. Unless we make changes in the services we offer before people get to hospital they will keep going there. People wait too long to leave hospital so there has to be support before and after hospital.		
25	Proper Funding. An end to "austerity" based budgets and therefore a major expansion of facilities available. Essential to maintain at least 2 centres of emergency care. Emergency care needs to be close to the reason for the emergency. Your short-sighted attitude in closing A&E clinics at the cottage hospitals was a retrograde step. Do not compound it by cling Cheltenham A&E. Further you should return cottage hospitals to the donors. They were never gifted to the NHS for you to sell them..		
26	Concise, easy access to 111 (it's such a laborious algorithm based process that makes no allowance for		

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	who is making the report, it's not consistent Better signposting or " catching" of inappropriate emergency department use. A pharmacy or triage professional at the entrance? More urgent response rather than EMS, e.g. So many elderly people taking up valuable paramedic time after falls, that could be dealt with by properly trained first Anderson with a variety of hoists etc. This seems a criminal waste of money and resource away from life threatening emergencies.		
27	There are centres in many locations throughout Gloucestershire who can provide both minor injuries and emergency care. At busy times as many as possible should be available to use. For some specialist care having a couple of centres of excellence that the smaller units can refer on to is a good idea. But these should not replace the current minor injuries or a & e services available in many locations throughout Gloucestershire.		
28	The level of service easily available to everyone in both major centres of population - if, as you say, "We see both Cheltenham General and Gloucestershire Royal hospitals continuing to provide a range of same day, walk in, urgent care services 24 hours a day, 7 days a week for local patients", it is not clear exactly what will change.		
29	I believe that it is vital that the A&E department in Cheltenham remains open and available for the residents on Cheltenham and outlying areas. Gloucester Royal Hospital is already under massive pressure to cope and making them a single base for such a large proportion of Gloucestershire will undoubtedly result in loss of lives at worst and severe financial and logistical hardships for residents at best.		
30	Absolutely essential we have an A and E service in Cheltenham - I think it is disastrous for the community if this is closed down. This will lead ultimately to poor care for those who live in the Cheltenham areas and huge disadvantages for those living in Cheltenham and more deaths. GRH is already overcrowded and the A and E is just not adequate to provide this care for the whole county. Treatment needs to be accessible and within close reach for those who live locally. I dread to think that I would ever need an ambulance as I know how much the NHS has been cut again and again by the Tory government - I have worked in the NHS for 30 years so know what it was like when we had better resources - staff do the best with limited resources and this will make treatment, assessment and urgent services worse than they already are.		
31	Improved staffing levels, better infrastructure and more GP surgeries available out of hours to reduce the strain on hospitals		
32	We need properly-funded care, and need to acknowledge (urgently) that this may involve increasing taxation to pay for it. Accessibility is vital. If my child has a potential broken limb, then I need to be able to get to help quickly. This should not involve a long walk, nor should it rely on use of a private car. However, use of private taxis is expensive & can be slow at times, so should also not need to be relied upon. We therefore need very local assessment services that can be accessed by everyone, easily. Perhaps if - having been assessed - we need to transfer elsewhere for treatment, there should be sensible, NHS-provided transport to that location. Then, you need to remember that we also need to get home again. If my child needs to be kept in, then I need to be able to get back easily, without incurring huge costs (parking / taxi fares) or excessive travel times. Whilst I fully understand the economies of scale & bringing units together, this should not be forced upon us by government lack of funding.		
33	For 24/7 A&E for everyone in all hospitals in Gloucestershire , not just one hospital in Gloucestershire as it cannot cope now. GPs for me if I want see a name doctor I have to wait 4 to 6 weeks at the local surgery. All this and more is wrong.		
34	A minor accident unit, open 24 hours a day in both Gloucester and Cheltenham, not necessarily at the hospital. Both A&E's available for emergencies, to drive to Gloucester, assuming you have a car, from Cheltenham is stressful when you have a sick child or adult. Parking is very bad at Gloucester for most people and very bad for blue badge holders. Gloucester is a big site and we, both elderly, find it difficult to walk to some of the appointments. Cheltenham is much more accessible although parking is also very poor there. People are not sick 9 am to 5.30 pm, mostly emergencies arise out of hours or weekends. The hospitals should be run as businesses do, most staff at busiest times, but availability when needed.		
35	Bearing in mind the growing population in Cheltenham and its surrounding villages I regard the possible closure of the A&E department as a retrograde step. To have to drive to Gloucester in emergency situations and to try and park for treatment -if you can find a parking space- is simply unacceptable.		
36	By increasing the number of Rapid Response staff across the county to avoid hospital admissions. The availability of more respite beds in care homes so hospitals are not being overcrowded with bed		

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	blockers who needs are really more social than health. Better joined up working between the NHS and Social Care for example the NHS uses System one the Adult re services uses Eric which are two different computer systems which means it's more difficult for professionals to share assessments. Better linking and communication with pharmacy's with regards to medication being either delivered quickly, changed or suspended. This would be with regards to GP surgery's, domiciliary care and social care. More purple care planning so all professionals are aware. For example a person involved with mental health and with physical disabilities may involve with many different agencies and these agencies all need to be aware of what is going on with the person. A health advisor linked to GP surgeries and domiciliary care More education for the general public of when to go to A And E. Lift the face of care to make it show what a rewarding profession it is, many hospital admissions could be avoided if preventative measures such as a package of care is put in place. More money going in to social care to recruit social workers as this may speed up assessments and also avoid bed blocking. More liaisons with OT and social workers to asses further a person's needs when they go to A and E to avoid the need for them to return. For example an elderly person who has fallen may need an assessment of their mobility before returning home or may need to be referred to social care or for a falls assessment.		
37	Having seen the booklet, I note that there are only 2 A&E units in Gloucestershire. I understand that some A&E visits could be dealt with by an Urgent Care unit, but it's not always easy for an ordinary person to make that assessment. I'm not sure how this could be resolved, but closing one of the A&E departments doesn't seem to me to be the answer.		
38	Keep Cheltenham A and E		
39	The speed in which you can be treated In a hospital near to home especially if elderly		
40	Ease of access for patients and family. GRI is very badly signposted and parking is difficult, Cheltenham has parking problems but easier to find.		
41	Re-engage doctors to staff a 24hr A & E service in Cheltenham General ~Hospital. Use above-par emoluments to achieve this? Ensure that in areas of population growth GP services are expanded to cope adequately. Keep admin burdens on staff to a minimum to avoid overload of staff which has produced early retirements and early exits from jobs.		
42	Keep an A and E Department at Cheltenham General Hospital		
43	We agree that there is a need for urgent care services to sit between the Minor Injuries units and the 2 A and E units. However, it is likely that demand for these services would overwhelm provision as patients would switch from GP surgery and A and E departments in very large numbers.		
44	Consideration must be given to quick access to the right expertise in an emergency. Having an urgent GP led centre in Cheltenham will not provide us with the right level of care required. Gloucester Royal Hospital already struggles with capacity very often having to divert to Cheltenham. If they are also planning on having general surgery as well as all emergency surgery it is a recipe for disaster and someone will die. Common sense tells us without having a new large hospital neither hospital can accommodate each other's emergency care.		
45	Both Gloucester and Cheltenham need to have a minor injury and minor illness centres, this would relieve the pressure on A&E. This could be located at the hospitals or on another site. But only having minor injury units in surrounding area with no regular public transport forces residents of the 2major towns to use A&E services inappropriately.		
46	A&E provides access to inpatient services without the need to wait for a bed at home. Both my mother and grandfather have been told to attend a&e to get tests completed quicker for cancer management. This system works brilliantly for many, and perhaps could be rolled out outside of the a&e arm for the growing number of complex health issues. Otherwise closing a&e would be of great concern to my family		
47	Ensure you have sufficient and suitably qualified staff(all staff from consultants to cleaners) Ensure you have up to date equipment Ensure you have enough space to transfer patients for inpatient care		

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48	Residents having local and immediate access to urgent and life threatening emergencies. With a large portion of seniors it is very important that immediate assistance for stroke and heart emergencies is close by.		
49	Whilst advice can be dispensed remotely, to those with a telephone / computer, it is imperative that proximity to a location that provides those services is the only solution to accessible and inclusive provision.		
50	I think it is very important to have an a&e in Cheltenham .I have lived in Cheltenham for 60years so did my parents why should we have to go all the way to Gloucester for any treatment when Gloucester is stretch as it is.my small grandchild had a very frightening seizure and within minutes we rushed her to Cheltenham a&e where she was seen straight away we wouldn't of got her to Gloucester that quickly my 90year father has been taken to Cheltenham a&e many times he would find it so stressful going to Gloucester. I believe that Gloucester are often over stretch and divert to Cheltenham. More houses are being built in Cheltenham and surround areas .		
51	VICINITY! We live in Todenham in the North East of the county. We must travel one hour to get hospital treatment. It is vital that we retain, at the very least our nearest casualty department. I am a retired GP who worked in Central London. There it was policy to achieve "door to needle" time of less than 10 minutes. (To treat people having heart attack or stroke within the window of opportunity. Her it is at least one hour. We pay the same contributions as Londoners. Why should we not receive the same level of service?		
52	I want high quality services in Gloucestershire and for that to happen it is essential that Cheltenham General Hospital keeps its A/E. With the current population and surrounding areas it currently serves GRH cannot replicate that provision either in proximity or capacity		
53	This has to be one of the most complicated and obscure forms I have ever seen. Almost unintelligible! I understand that there is a possibility that the Cheltenham A&E is planned to be closed. I and my children have all used this A&E a number of times and I would be very very unhappy if it was closed. As to the rest of your questions, I really don't understand them. If you REALLY WANT a sensible response, I suggest you reformat your questions.		
54	Reopen Cheltenham A & E at night time. Cheltenham and it's outlying areas is expanding - you don't have to travel very far to see another building site. More and more people are moving to our area, and the night-time services are invaluable. I get that Glos Royal Hospital is only down the bypass, but they're a city and have their own huge potential customers!! Then add Cheltenham into the mix and the situation becomes intolerable and frankly dangerous. How long will the average waiting time be then? Emergency situations where time is a matter of life and death don't need an extra 8 miles on their journey. If we lose A& E altogether and in the same emergency situation during rush hour traffic, you may as well order your wreath!! Cheltenham people want Cheltenham General Hospital in its entirety, not being downgraded to a cottage hospital status. We lost Battledown children's unit, when we still need it. If it's money that's the issue get rid of a few layers of management!!!		
55	To ensure high quality services within Gloucestershire it is essential Cheltenham General Hospital keeps its A&E, that hospital serves over 115,000 people in the Cheltenham area and that figures is only going to rise given the number of houses planned for the town. Its A&E is relied upon by thousands from Woodmancote/Bishops Cleeve in the north, where I live, to Bourton on the Water. GRH cannot replicate that provision, either in proximity or capacity.		
56	It is obvious that in an urgent emergency situation the location of A&E is critical People living in Cheltenham and the villages and Towns to the west must have the required facility close to hand and not twice as far away.. Distance and location is critical and we do not want the proposed changes.		
57	That such services are kept in Cheltenham A&E which is the closest place for those living in Cheltenham town and also for those living in the outlying villages so that ALL have quick access to EMERGENCY treatment.		
58	First port of call must be easy to get to.		
59	It is my belief that to ensure high quality services in Gloucestershire that it is essential that Cheltenham General Hospital retains its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and it's A&E is relied upon by thousands more across the county - from Bishops Cleeve in the north to Bourton-on-the-Water in the east. GRH cannot replicate that provision - either in proximity or capacity.		
60	To ensure high quality services it is essential that Cheltenham General Hospital keeps its A&E Department		

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	This is relied on by the thousands of people that live in the Cheltenham area and the thousands more that will occupy the new build properties currently under construction.		
61	Timeliness Ease of access More staff		
62	Acknowledge that in rural areas with little or no public transport, people need to be able to access a local hospital. I live in the North of the county and luckily I can drive but so many more people have to pay extortionate amounts for taxis for appointments or treatment.		
63	Ensure that there is a high quality of service in Gloucestershire - this can be done by building a new hospital equidistant between Gloucester and Cheltenham. It should not be achieved by transferring Cheltenham A&E to Gloucester. By keeping the status quo ensures a high quality service is retained. Transferring to Gloucester would put too much pressure on Gloucester.		
64	Access is key, removing Cheltenham A&E will put undue pressure on Gloucester A&E and cause heavy backlogs. Cheltenham currently has treatment accessibility which will be reduced if you close A&E. There are many experienced, loyal and caring staff in Cheltenham who provide fast and accurate assessment services, many of these staff will find it difficult to relocate to GRH and will leave thus causing staff shortages.		
65	Response times are key. For the size of the town, Cheltenham should have emergency facilities on the door step.		
66	A unified definition across the entire country as to what is the mean level of service that is required. Then measure how Gloucestershire rates against that profile. 1 Identify the deficiencies and define a plan to redress the balance, 2. Define the budget necessary to achieve this. 3. Ensure that central NHS honours their budgetary accountability. 4. Consider the accessibility of hospital sites - the city of Gloucester is neither central nor easy to access 5. Tewkesbury walk-in facility is situated in the old town - the majority of the Borough's inhabitants are now domiciled in the ever expanding Bishop's Cleeve. Coordinate better with the various planning authorities. 6. Existing facilities are improving day by day but need joining up. I can get a blood test within hours, but it takes days to get the results, They're known, just not followed up. I can get an X-Ray at Tewkesbury within days - it takes 6 weeks for the results, only to be told the image was blurred. Commitment / Quality / Urgency / Accessibility		
67	The latest figures show that the demand for NHS A&E Services last year grew at +4% and is continuing to rise. Add to this the fact that the population is also rising and there are significant new housing developments planned for the Cheltenham area, it is a fatuous suggestion that any services at the Cheltenham general should be decreased or discontinued. The total catchment is over 200,000 people rising. If anything services should be increased. Maybe a brand new hospital in the Golden Valley area could serve both Gloucester and Cheltenham, but to think of transferring vital emergency services to Gloucester only, given its location to many in the 200,000 Cheltenham catchment is a crazy idea.		
68	or starters link to booklet pages here would be a good start - unable to find a document that matches these page numbers		
69	Service needs to quick responsive and lifesaving and extended journeys put peoples' lives at risk. While a centre of excellence may be a benefit by expertise it is not necessarily a success solely because of it. On the contrary many other hospital services are reliable on the contingent aspect of life saving in an emergency. If Cheltenham General Hospital is an excellent centre for cancer treatment then it is dependent on services that support these patients at risk to sepsis etc. This is not possible if distance plays its part.		
70	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and its A&E is relied upon by thousands more across the county- from Bishops Cleeve in the north to Bourton- on-the-Water in the east. GRH cannot replicate that provision- either in proximity or capacity.		
71	I accept that financially it costs a huge amount to keep A & E services at Cheltenham General but how much do you place on a life? I had a major heart attack last year and was taken to A & E on Bank Holiday 1st January 2018. The care I received saved my life. Time was of the essence and was not on my side. I have every reason to be grateful to A & E in Cheltenham		

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	Also, over the years, raising my family, we were regular users of emergency care in CGH. Particularly when my son broke his jaw and also when my husband cut his thumb with a Stanley knife when my daughter jumped on his shoulders as a surprise.		
72	It is essential to keep A&E services at Cheltenham General Hospital. Gloucester Royal Hospital cannot accommodate the demand. I have had personal experience of having to wait at GRH for 4 hours at A&E with a 2 year old child at night and we were still not seen by a doctor after 4 hours and had to leave. This was after being brought in by ambulance.		
73	Reopen Cheltenham's A&E 24/7		
74	Given that the Cheltenham area is becoming more densely populated by the day and is likely to continue to do so for the foreseeable future, and the time taken to reach Gloucester increasing at a similar rate due to traffic following the same trend, it is unlikely that having reached Cheltenham General Hospital in an emergency the chances of surviving a further NINE miles by ambulance are minimal at best. Gloucester Hospital is already swamped and parking at a premium, I hate to think of the result if services at CGH are further reduced and GRH are forced to cope with the result. As far as I have been able to assess, given my experience of GRH, including A&E, there is insufficient capacity now let alone any increase. Think with your heads and not your cash machines.		
75	A local hospital. This is vital to securing a quick response. Cheltenham Hospital provides this service to our own town & nearby villages. No one wants to travel further than necessary & to do so would undoubtedly risk lives. At present it offers a wonderful service. To close this A&E department would mean Gloucester would be overwhelmed, the waiting time would be hugely increased & again, lives put be at risk. How can this possibly be considered a viable solution?!! Not to mention parking facilities. I beg you not to close Cheltenham A& E- ever!!!!!!!		
76	Getting to Gloucester quickly is not easy. My husband had a constricted airway and I could not have got him to Gloucester fast enough. Many people who live in Cheltenham never go to Glos and would find it difficult when under pressure		
77	An A and E dept at a hospital is vital for emergencies that don't always need ambulances called out, but people need immediate assessment and treatment		
78	Cheltenham General needs to keep an A&E department to serve a town of this size with the satellite villages and communities around Cheltenham.		
79	Provision of 24hr services in both Cheltenham and Gloucester Ensuring both hospitals can cope Ensuring adequate funding and staffing on both sites		
80	Local emergency and accident departments are vital, Cheltenham needs to keep its a and e, surgery units and our patients, sick people need to get to Cheltenham not Gloucester if they don't live there, emergency cases have and will die if cannot get to Cheltenham, example the young lady that died outside a club minutes from Cheltenham a and e and had to go to Gloucester as it was night time, her demise was compromised by not going a few minutes up the road.		
81	Accessibility. Seriously ill patients need to be taken to a hospital very quickly, Consideration should be given to distance and the effect of rush hour traffic.		
82	A & E must be maintained in Cheltenham. The impact to public safety cannot be overstated for those in the Cotswolds, if it closes.		
83	Making sure that for any emergency you can get to hospital quickly and been seen quickly, if you look at waiting times for Gloucester Royal emergency department it is usually 3 to 4 hours so closing Cheltenham means it would be 6 to 8 hour wait and that would be fatal in a stroke, heart attack and various other life threatening situations.		
84	Emergency treatment as local as possible to the main populated areas. Followed by subsequent treatment where there are good frequent transport links.		
85	Retention of accident and emergency service at Cheltenham hospital to at least current standards.		
86	Gloucestershire needs high quality services & that includes keeping A&E open in Cheltenham which serves not just Cheltenham but the north of the county - an area of increasing population. Squashing everything into Gloucester isn't a practical solution.		
87	It must be very easy to talk to someone in person or on the phone with clear information on who is available to help at what times and where/how to contact them. It should be quick to get through on the phone or to talk to someone to get advice		

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	Ideally 24/7		
88	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and its A&E is relied upon by thousands more across the county - from Bishops Cleeve in the north to Bourton on the Water in the east. GRH cannot replicate that provision - either in proximity or capacity.		
89	Emergency care - speed of access is of ultimate importance. I do not know how to get to Gloucester hospital. Where is the ambulance station? How long would it take for an emergency call to take me to from Cheltenham to Gloucester? If higher grade care is needed it is easier to use a helicopter to Birmingham or Bristol. Is the improvement in facilities of Gloucester of enough value to cancel the loss of speedy emergency care? That is not what I have heard.		
90	24 hour A&E service.		
91	Fast high quality care to a town that is now vast in geographical locations and constantly growing. To expect residents on the outskirts of Cheltenham such as Bishops Cleeve to travel to receive A&E or medical treatment could be life threatening. How can Cheltenham have investment in plans such as the cyber park but not the services to go with it!		
92	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps it A&E. CGH services over 115,000 people in Cheltenham. This will only keep increasing, especially due to the ongoing expansion in surrounding villages such as Bishops Cleeve, Woodmancote. It is also relied upon by thousands of others across the county. GRH cannot replicate this provision either in capacity or proximity.		
93	I am concerned about the underlying threat to Cheltenham A & E Dept. Apart from the distance to Gloucester for residents in Cheltenham and the Cotswolds, it has been apparent over many years that Gloucester Royal A & E cannot cope with the amount of emergencies it receives and historically, on many occasions, has closed its doors with all emergencies being transferred to Cheltenham. When I have visited Cheltenham A & E it is always incredibly busy and to close it would be a threat to lives and deprive us of the right to good medical care.		
94	It is essential that Cheltenham General Hospital keeps its A&E. The CGH A&E serves over 100,000 people across Cheltenham and surrounding areas. From personal experience Gloucester Royal does not have the capacity and it is a substantial additional distance from Cheltenham and it is in a very busy traffic area.		
95	Keeping A&E nearest to where it is needed		
96	Excellent, easily accessible, local services for the population of Cheltenham and surrounding areas in the north and east of the town.		
97	It is vital that Cheltenham A and E is open 24/7 for a town of this size, plus all the surrounding villages this side. You only have to look at the present demand to see how much it is needed. Travelling to Gloucester loses precious time, particularly for some of the villages, and they cannot cope NOW. Doctors MUST be found for CHELTENHAM.		
98	The most important thing to me personally is that Cheltenham A&E remains open and preferably returns to being a 24/7 A&E. This is needed to make sure that the best possible care is given to those in Cheltenham and the many surrounding areas to whom Cheltenham A&E is the closest. New houses are going up all the time and that's more people to put a strain on other A&E departments. Gloucester A&E is too far to go if you're suffering from a life threatening issue.		
99	The A & E department at the Cheltenham Hospital are essential.		
100	in my view Cheltenham needs a fully operated A &E my friend was taken to her home in Cheltenham to Gloucester A&E and as it was so busy she wasn't seen until 10 am the following morning she is vulnerable and does not drive a taxi back to Cheltenham would of cos £20 I myself am asthmatic an I would rather be treated in and A & E unit in the town I live in Cheltenham		
101	As GCC has swamped the region with an amazing amount of new builds, it is vital that Cheltenham A&E remain open, and actually should be a 24 hour service, especially for those of us living further away.		
102	Proximity to the service is vital when emergency treatment and assessment are needed. Cheltenham is a large town and the hospital serves an extensive rural area; if patients from the north and east had to travel		

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		Response Percent	Response Total
	to Gloucester they could be dead on arrival Moreover, Gloucester cannot cope with the existing load at night and so could not manage full time. I had a very bad experience in A&E one night in October 2014 despite being a cardiac patient.		
103	When emergency treatment is required		
104	Services must be locally based, avoiding long journeys to access urgent care.		
105	Keeping CGH Open and reinstating full 24 hr A & E provision is vital .		
106	Keep Cheltenham General A&E open and restore 24/7 A&E services in that department. Making it a daytime only operation was a mistake. I have no doubt that the extra time it takes patients from the north an east of the county to get to and then be seen at GRH is causing unnecessary suffering and, in some cases, death. GRH A&E cannot cope as it is. The waiting times have missed government targets consistently for some time.		
107	If Cheltenham A & E is under threat; why not upgrade Tewkesbury minor injuries l some local people get sent miles to Gloucester which isn't appropriate especially for the elderly who do not drive.		
108	The most important piece in all this is the quality of communications and the NHS is absolute abysmal in its communications at every level. People do not like change. The majority have absolutely no idea why the NHS is cash limited (the fact is that we do not pay enough for it through our taxes) and the vast majority (and it gets worse as one gets older) still expect instant access to a named GP who lives on the corner of their street, near the hospital and to be ferried there by an ambulance which arrives instantly when called. Dependent largely again on age, the NHS is received as wasting huge amounts of money on things that 'don't matter' i.e. IVF, sex changes and whole swathes of Mental Health services where people should 'just pull themselves together'. In any communication, the benefits of why a service is being changed need to be communicated. If you just assume that people will believe what a faceless NHS manager says, you are starting in the wrong place. So get the communication right in the first instance. Secondly, local management need to understand that this area is not just about Gloucester, Cheltenham and to a degree Cirencester. This is a very rural area with dreadful road links across vast swathes of the county and beyond. I challenge you to spend time on the Fosse Way as the major artery of the county - then you will understand for those in the North and South of the county why centralising everything into Gloucester is seen as wholly abhorrent. Properly supported Community Hospitals can play an extraordinary role in this community but it would appear that they have been built merely to then be closed. If proper investment was put in to support those units then the cost savings to the system would be considerable (for example tele-radiology support, virtual clinics, advanced practitioner work. It is incredible that so much money was invested by the (national) NHS in the New Models of Care programme and yet so few of those projects have been adopted. Bringing pharmacists into the loop (properly supported and advertised as opposed to just assuming they will do it) is key (plus all other health professionals. Lastly the system needs to concentrate on patients not feeding a bureaucratic best full of targets and meaningless standards.		
109	To ensure high quality services in Gloucestershire it is absolutely essential that the Cheltenham General Hospital keeps its A & E open 24 hours a day at all times. CGH serves well over 115,000 people in Cheltenham at the moment and this figure is going to rise given the number of new houses planned for the town and its A & E is relied upon BT thousands more across the county from Bishops Cleeve in the north to Bourton -on-the Water in the east. Gloucester Royal Hospital cannot replicate that provision either in proximity or capacity. Staff at GRH already acknowledge that GRH does not have the capacity to absorb CGH A&E.		
110	Locally available high quality care should not be sacrificed because it is more c convenient for management.		
111	At present Glos Royal cannot cope on busy Friday and Saturday nights and ambulances are diverted to Cheltenham		
112	To keep 24/7 A&E cover at Cheltenham to ensure the safety of patients to the North and East of the County.		

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		Response Percent	Response Total
113	Timely appointments within NICE guidelines with consultant (s) when the patient has life defining illness. Far more support in the community for adult mental health issues.		
114	It should be the first priority and responsibility of any NHS trust to ensure the provision of emergency treatment and care to the local community. The removal of A & E services at in a town the size of Cheltenham with the many thousands of visitors we welcome each year, would be an enormously retrograde step of gross irresponsibility.		
115	Quality of care Easy - including speed - of access		
116	Maintain 24/7 A & E at Cheltenham General Hospital.		
117	Keeping a 24 hr A&E service in Cheltenham and to stop the down grading of Cheltenham general hospital		
118	Keeping the A/E opened is imperative, Cheltenham Hospital should not be downgraded, it is important for all the people who live in Cheltenham and the surrounding villages etc, Not everybody can get to Gloucester and they cannot cope now with the number of people going to their A/E now.		
119	Both Cheltenham and Gloucester Hospitals need their A&E and you need to staff both to a level necessary to deliver proper care. I know that Gloucester does not have the overall capacity to cope with Cheltenham's A&E patients as well. Please LISTEN to what the public wants. Many old people in the Cotswolds and Cheltenham find it hard to access Gloucester. This issue is a bit like BREXIT - it may cause pain for the country but if that is what the public wants, then please deliver what the public wants and do your best to deliver the best solution possible in the circumstances.		
120	Keeping Cheltenham General as a fully functioning hospital 24/7.		
121	1. Timely health care 2. Equality for all 3. Cut wait times in A and E		
122	Keep Cheltenham A&E open. How on earth can Gloucester Royal cope with all the county's emergency needs. That's not rhetorical - it can't. No medical staff support this move and no member of the public do either . We will suffer if Cheltenham closes . Also, the people in Cirencester will have to get to Glos Royal at peak times whereas now they can go to Cheltenham. Everyone knows that the A417 at Birdlip and Air Balloon have tail backs of traffic during the day and that will put lives at risk also . Just madness		
123	24 hrs access to Cheltenham general hospital to a&e and out of hours doctors services including any necessary treatments. Not everyone has the means to access Gloucester royal hospital. Time may be of the essence, and Gloucester royal would be unable to cope with extra demand with delays putting lives at risk. Cheltenham has a huge catchment area of people requiring hospital treatment day and night and these needs should be considered as a priority. Both my husband and I feel very strongly over the issue of possible closure of Cheltenham A & E. and other services being located at Gloster our email is [redacted] would you kindly keep us informed of any progress or decisions that are put forward. yours [redacted]		
124	It's vital the Cheltenham General Hospital keeps its A&E if the Trust's objective of high quality services is to be met for Cheltenham and surrounding area's residents. Cheltenham is not a small town and its population is set to grow with the increasing number of house building schemes underway and being planned. Moreover, CGH also serves communities in surrounding villages and towns such as Winchcombe, Bishop's Cleeve, Northleach and others in the Cotswolds. Can Gloucestershire Royal capacity really cope with taking on a wider area? CGH is also closer to those communities in the north and east of the county.		
125	Close to and accessible both in geographical and time terms.		
126	A high standard needs to be sustained at Cheltenham and Gloucester hospitals. Cheltenham, with a population of approx. 120000 needs its own full time A & E unit , which also serves a substantial area of the Cotswolds. The service at Gloucester A & E is already struggling to cope and I do not believe it has the capacity to expand and take all of Cheltenham's urgent cases too		
127	To have services that are close and easy to access. We MUST have a full A&E service in Cheltenham General Hospital to service the population. Going to Gloucester is not a viable for people who live the other side of Bishop's Cleeve. Indeed I would find travelling to Gloucester difficult and expensive and I live in Cheltenham.		
128	Yes, but this needs to be done on a very local basis. Winchcombe to Gloucester is too far		

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		Response Percent	Response Total
	Winchcombe to Cheltenham halves the time		
129	Given the appalling public transport provision (lack thereof) - especially for those of us using wheelchairs/trolley-walkers and don't drive - getting to Gloucester Hospital (my late mother was rushed there when she had a stroke and I became dependent on the goodwill of others to actually get to the hospital). I need a taxi to get to the bus from Cheltenham Hospital (or racecourse) to Gloucester Hospital. And, in any case, it does not appear to run when emergencies happen... the wee small hours. Setting all this aside, there is a crying need to keep what services are left in Cheltenham here. Please, people. I invite you to accompany me from A to B and back on public transport and at horrible times. If it is an emergency, you can't wait on bus timetables. Give it a go, guys (and gals). Oh, and do it from a self-wheeling wheelchair, without anyone to assist you.		
130	I think proximity to a highly skilled team of professionals is key to keeping us feel safe. I have used the A and E several times at Cheltenham general and once at Gloucester. A journey by ambulance is an extremely anxious time and having to travel a long distance just adds to the stress and wellbeing of the patient. Please keep Cheltenham A and E open		
131	Have a fully staffed and working A & E in Cheltenham		
132	To help and save lives when urgent treatment is required		
133	access to Cheltenham a and e is vitally important to all Cheltenham residents ,not all people have access to transport and elderly people struggle with public transport.		
134	To ensure services are provided in the most cost effective manner. That they are available locally - including an A&E Dept in Cheltenham. That the services available are signposted to all those that may need them.		
135	To ensure the Cheltenham Hospital's urgent care with the A&E service is kept open and in full use. Gloucester Royal Hospital is already overburdened, with incredibly long waiting times and a clear lack of beds and staff to accommodate the current level of patients, let alone the influx that would arise from all those who would have normally gone to Cheltenham. Cheltenham is a large town and there's a significant need for the local A&E service, without it people will suffer and some will die without that local presence.		
136	Staff availability to keep assessment waiting times low. Information so that the public know which assessment service they should use in different circumstances.		
137	The original survey does not accurately represent my view because the questions are loaded (whether intentionally or not). Of course, most people would travel further for care they knew was good but how much further? I would travel another mile or 2 but would not want to travel 10 miles. In fact, I was livid that my doctor surgery upped and moved 5 miles to Bishops Cleeve without even so much as a letter. It is now totally impractical to use as a surgery. If it was a choice of poor local expertise or travelling, I would rather travel but if I was about to die, I would rather get to a nearby hospital than wait another 25 minutes to transfer to somewhere else. Another problem with the emphasis on centralising services is how many more people will simply ring for ambulances instead of spending £5 or more to take the bus or train to the hospital in Gloucester or £30 for a taxi! The other issue that is not really addressed is that people are simply overusing the services because they are free at point-of-use. Despite the fact that some people do not even pay towards healthcare, there needs to be more of a barrier to people booking at GP surgeries for issues that the GP cannot treat. If there was a small fixed charge per appointment then maybe people would think twice before visiting or at least the surgery could make some more money to pay for another employee etc.		
138	Having treatment centres easily reached by everyone		
139	To ensure high quality care in the county it is imperative that Cheltenham general hospital retains its emergency care facilities A&E. With a population of over 100,000 and growing it is not realistic or safe to expect this can be centralised with Glos royal.		
140	Time taken to the out receive medical care, jobs for the community		
141	a local 24 a&e department at Cheltenham general hospital		
142	The ease and speed of access. We live in the country where there is no public transport, within a two miles of our house, we need reassurance and peace of mind that we can access medical services, easily and quickly.		

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		Response Percent	Response Total
143	For A&E - travel time is vitally important For Urgent care - accessing the right skills set is important.		
144	The near set of an effective service, especially A and E, I am thinking of people in the Cotswold villages, where it could add to the length of a journey if instead of going to Cheltenham they had to go to Gloucester, especially during busy periods during the day. Also if all A and E is centralised the range of skills in doctors based I. Cheltenham could be reduced impacted on other hospital provision. Also is there sufficient capacity for all A and E to be in Gloucester. There is also the issue of sufficient GP provision, which can mean people go to A and E for matters that could be dealt with locally		
145	To ensure high quality' services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and its A&E is relied upon by thousands more across the county, from Bishop's Cleeve in the north to Bourton-on-the-Water in the east. GRH cannot replicate that provision, either in proximity or capacity.		
146	My view, and that of many others, is that we need an A&E in Cheltenham General Hospital-- it takes too long to travel to Gloucester Royal--especially if you do not have a car--from any outlying area, you need three buses to get to Glos.Royal --difficult if you are in pain! You say that it is only seven and half miles to Gloucester, but I have never found it possible to get to Gloucester in under 20 minutes. Had I waited that long last May I may well have died--Gloucester Royal A&E doctors, to which I was taken by a paramedic the night before, told me to go home as I was constipated--I was in absolute agony and begged for a CT scan--I was refused although another patient was called to 'Come and have your CT Scan ,Mr,X' Cheltenham A&E however did scan me, and I was at once told that I must have surgery to remove the 'enormous cancer '([redacted] words) which was about to burst my gut- As you see-only Cheltenham A&E were able to recognize the danger and treat me. had I gone to Glos Royal, even by ambulance, I may have died in agony before we got there!		
147	Having a local A&E in Cheltenham		
148	Time taken to be treated. Emergency Treatment options to be consistent across both sites.		
149	that Cheltenham Hospital remains open and offering a full range of services including 24 hour A & E.		
150	Value for money - meaning cost effective deployment of resources. Minimised administration and management - reduced number of non- patient facing roles More funding - for increased number of doctors and nurses enabling 24 hour use of the NHS infrastructure - and increased pay to incentivise more people to consider a career in medicine		
151	It is essential that Cheltenham keeps an A&E for the 115K and growing population. I can only write this due to my life being saved by the A&E in Cheltenham - had I had to go to Gloucester I would be dead now. The E in A&E says Emergency which means requiring urgent action - which means you may not have an extra 10 + minutes to save a life		
152	It is critical that Cheltenham A&E remains open to provide the vitally needed support to the community. A "one funnel" system i.e. only Gloucester doesn't provide the depth of resource required. The additional distance for the north of the county, the "blocked entry due to volume" at Gloucester, lack of beds at Gloucester due to volume are in my experience every reason why Cheltenham A&E should remain open. I feel there should be absolutely no question and no further money wasted in consideration.		
153	To ensure a high quality, quick, accessible service in Gloucestershire it is essential for Cheltenham General to keep its A7E. GCH already serves 115,000 people and this is going to rise due to the Government housing policy. It also serves a wide area around it in addition to Cheltenham itself. GRH cannot possibly take on this extra capacity without putting peoples heath at risk.		
154	Professional local medical services delivered in a convenient timely fashion. Cheltenham General hospital is an essential service in all capacities for the ever growing population of the town and in deed towns and villages in the North Cotswolds. There has been a general downgrading of services (Maternity, Cardiac and A+E) which is not acceptable.		
155	Access , availability and location. Distance travelled in any emergency or life threatening position is paramount, QED the elapsed time to get to the A&E. This particularly applies to older residents and those with children. Are the Trust also going to take under their care, the responsibility of getting people home after being seen in A&E? I would hope so, given the ideas they currently have.		

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		Response Percent	Response Total
156	Keep A&E Local - Travelling to Gloucester is not acceptable. Cheltenham and surrounding villages deserve and pay for a local service for accidents. Many illnesses are time critical and the extra 20 - 30 mins depending on traffic could and will cost lives. Cheltenham has big expansion plans for a new cyber centre and homes, we must keep A&E. Gloucester is always far too busy already, night times are horrific is you live in Cheltenham and have to deal with the journey and long wait at an already busy hospital.		
157	Living in Woodmancote it is inconceivable that A&E isn't available in Cheltenham - Gloucester is simply too far away for an emergency		
158	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham, a figure that is only going to rise given the number of houses planned for the town. It's A&E is relied upon by thousands more across the county from Bishops Cleeve in the north to Bourton on the Water in the east. GRH cannot replicate that provision either in proximity to capacity.		
159	Better access to get medical attention		
160	Location, access to suitable professional care and adequate provision of those people and equipment. You should also consider that due to its vibrant Festival scene there are significant periods of time during the year when Cheltenham's effective population is far in excess of the circa 115k number. If it was correct for Cheltenham and Gloucester to have a "Parkway" solution to health care then the Hospital should have been situated between the two towns to provide easy access for all involved, not in the middle of town.. it just doesn't work for people to drive from Boutton on the Water to Gloucester if they have an emergency.		
161	Given the number of people in Cheltenham and surrounding area, and the certainty that this will increase, it is essential to have a fully-functioning A&E in the town. GRH is already overloaded and Gloucester itself will increase in population. It is fanciful to assert that GHR will provide the service we need in terms of speed, convenience and capability. Combining two over-stretched facilities will not result in one under-stretched one.		
162	Access to 'urgent' advice is very important and would usually be provided by the Doctor network. If you are in need of 'Emergency' help then the only help of real benefit would be via your local A&E at the local hospital.		
163	The most important element is transport. It has been proven that the support of those around us, family and friends, is so important. It is essential to be in an area well known to the patient. To send someone 25 miles away before ensuring they can still have access to this important element is wrong. Public transport is so erratic, so scarce and very difficult for the elderly to cope with.		
164	In order to ensure that the people of Gloucestershire can "access consistent urgent advice , assessment and treatment" it is essential that the current range of resources and services are maintained as close to centres of population as possible. In practice this means retaining existing services at the two main hospital sites - Gloucester and Cheltenham. In particular , it is essential that the A&E function is maintained at Cheltenham General Hospital. This service has allegedly been under threat by the authorities and this would be a completely absurd move if there is a true belief in the need to provide high quality service across the population of the county. Closing A&E in Cheltenham can only possibly look good on an expenses spreadsheet. It has nothing whatsoever to do with the provision of the required services to the entire population of the county. No amount of spin , management speak and bluster will be able to convince anyone otherwise.		
165	You are totally missing TRANSPORT TO AND FROM the Cotswold especially the southern area is totally neglected. Cirencester Hospital is reduced to minor injury's we are left with Cheltenham and Gloucester . If you close Cheltenham we are left with Gloucester , the main issue is access urgent A&E requires access vis Birdlip time to drive this route certainly reduces your chances of survival for this 40 minute journey plus the time to respond to a critical situation you are well over that first 60 minutes of specialist attention. The population in the Cotswolds are being totally ignored yet again, GP surgeries in Cirencester are totally overloaded pus we have a planned massive housing expansion in the town so please don't tell me GP surgery attention is available .		
166	Information and advice being up to date, accurate and proportionate		
167	In my opinion, services need to be available, within a 10 minute radius, not 30 or more minutes. Those people that cannot drive or on a direct bus route would have major accessibility issues. Already the trust has closed out lying community hospitals, which make it difficult for outlying villages/communities		

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		Response Percent	Response Total
	So, I would like to see all hospitals in Gloucester used to their full potential, offering comprehensive treatment		
168	Emergency cover is essential at Cheltenham hospital. To remove A & E is both dangerous and detrimental to the local community. Those extra few minutes could mean someone survives or dies. To close Cheltenham would be disastrous especially if they live on the Eastern side of the town. Keep it OPEN. Please.		
169	The Cheltenham A and E must remain to cope with the proposed residential growth of the town and the surrounding area. The closure of this facility on financial grounds and against the wishes of the majority of the populace shows that there is little care for the local community.		
170	To provide a truly high quality service in Gloucestershire it is essential that Cheltenham Hospital keeps a fully functioning A and E Cheltenham hospitals catchment is over 100,000 people, and with the planned housing increase this is for sure only going to increase as well The whole north of the county relies on Cheltenham hospital Gloucester hospital cannot replace the Cheltenham A and E in either its proximity to the northern towns or in capacity Gloucester A and E is overloaded today		
171	To provide a truly high quality service in Gloucestershire it is essential that Cheltenham Hospital keeps a fully functioning A and E Cheltenham hospitals catchment is over 100,000 people, and with the planned housing increase this is for sure only going to increase as well The whole north of the county relies on Cheltenham hospital Gloucester hospital cannot replace the Cheltenham A and E in either its proximity to the northern towns or in capacity Gloucester A and E is overloaded today		
172	Access to emergency facilities quickly, especially important for conditions like stroke and heart attacks. That means placing these services centrally so that outlying areas are not penalised.		
173	Access to a GP on the same day. Or a walk in service in your LOCAL hospital. I don't trust the 111 service, in my experience they do not have sufficient experience to deal with urgent cases. It's all very well to suggest visiting the pharmacy but, again in my experience, unless it's for something which will generally clear up on its own in time, the advice is...if you feel worse, see your GP. And then valuable time can be wasted getting to the pharmacy and being told to get in touch with your GP...thus making it less likely that you will be seen on the same day.		
174	Speed of diagnosis is the most important and ease of access to doctors and A&E is critical to delivering that speed		
175	maintaining Cheltenham General Hospital & ensuring it has a 24 hour A&E facility		
176	Cheltenham is an expanding town which has a diverse demographic, and so it remains essential that Cheltenham General Hospital operates with a fully functioning A&E Department that is available to the Community 24 hours a day & 7 days a week.		
177	Quality and comprehensive advice. Same day appointments within local area. If you are ill you don't want to drive far!		
178	A permanent and 24/7 A and E emergency service at Cheltenham General Hospital		
179	It is essential that Cheltenham General keeps high quality emergency A&E services. There are over 115,000 people in Cheltenham with more residential homes being planned and thousands more in outlying areas are dependent on that emergency service which cannot be provided in a timely fashion by Gloucester Royal		
180	The most important elements to ensuring that Cheltenham continues to receive high quality urgent AND emergency care (they are two different things and your use of urgent in the document is misleading) are that we have an expanded A&E service that meets the needs of the ever growing population of Cheltenham and Northern surrounds. Bishops Cleeve, and the towns beyond are growing at considerable rates, and Gloucester Royal cannot meet the demands of this growing population either in numbers or distance.		
181	Clear directions as to find out where you get access		
182	Local centres with longer opening times outside of those traditional services. Drop in and wait and appointment times		
183	To maintain high standards it is very important that Cheltenham hospital keeps its A and E. as with the closing down of police stations patients and paramedics will spend far more time in ambulances getting to Gloucester hospital. also walk-in patients will need to get to Gloucester not easy especially out of office hours.		
184	Clear simple lines of access to the various care and treatment services so that all patients, families/carers understand which services to access and how best to access them'. This will minimise the complexity of the		

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		Response Percent	Response Total
	current arrangements whereby there are several ,often conflicting routes, to diagnosis and care viz. advice from pharmacists, GP appointments ,GP direct access services, out of hours service, on-line advice from a variety of sources ,self-referral to A & E , complex discharge and follow up arrangements etc.,		
185	People go to A&E for 'urgent' care, because its urgent! They can't wait to see a pharmacist at 9:00 am the next day or look up when the local minor injury place is open, or where it is. You should remember what 'A' and 'E' stand for, and provide local help by expanding the service at Cheltenham. At the moment, if I need help, I will call 999 to get an ambulance, because then I know I will get taken somewhere that's open.		
186	- better awareness across the 'customer base' (i.e. the population) of the hierarchy & interrelation of services. - better coordination across that hierarchy and all the providers of urgent care services to balance the workload - however I do not see the delivery of urgent care service as a specialist service that benefits from being centralised but needs to be kept as close to the point of use as possible - specifically retaining the A&E in Cheltenham is critical.		
187	Expert and sufficient staff at an accessible to all location. Keeping Cheltenham A&E open is essential to accessibility.		
188	To have access to high quality care at Cheltenham General 24/7 To have access to supporting services such as scans/x-rays 24/7 at Cheltenham General To have Consultant advice available 24/7 either in person or by telephone/electronic means To have bed availability in the appropriate speciality ward at either Cheltenham General or Gloucester Royal		
189	GP should be available as a triage to decide if a hospital visit necessary. At the moment our local GP has over 3 weeks wait for an appointment so no wonder more are going to A and E		
190	Local services for local people.. I live in the country with limited bus service... Getting to Gloucester to follow mum's ambulance would be like getting to the moon.		
191	I need to know that if I have an accident or a sudden illness such as a heart attack, that treatment is available in my town, and not ten miles away. I live in Cheltenham, which is large enough to warrant an A&E department of its own.		
192	To ensure high quality care in Gloucestershire it is essential that A&E in Cheltenham remains open. CGH serves over 115,000 people in Cheltenham- a figure that is only going to rise in the future and it's A&E is relied on by many more thousands more across the county-from Bishops Cleeve in the north to Bourton on the Water in the east. GRH cannot replicate that kind of provision either in proximity or capacity.		
193	Having an A&E in Cheltenham. The idea that I might die on the A40 to Gloucester fills me with horror. It's bad enough that my children might. I fear how much worse it could be for people the wrong side of Cheltenham or even further afield. Have you calculated how many people your "ideas" might kill? Can we see the figures?		
194	ensure good access to care for people of Cheltenham in Cheltenham. Glos Royal Hospital is failing since it is too busy at present (bed crises are now regular and ED is failing to cope - corridor nursing is degrading for patients and staff and is dangerous). Ensure good safe access to emergency care at Cheltenham General Hospital		
195	It is inconceivable that with Cheltenham growing and the number of people living in the North Cotswolds you propose not to have full A&E. in Cheltenham. My own experience with Gloucester has been very poor. This resulted in a formal complaint because they did not take appropriate action they agreed they had made mistakes. The situation only improved when my husband was sent to Cheltenham A&E.		
196	Follow-up wound treatment and wound dressing availability		
197	The provision of adequate services and the infrastructure to serve the needs of the aged. Dementia care should be given a higher priority.		
198	The most important issue for my family. is that we can get to A & E quickly and not have to drive for miles to an unfamiliar place. Emergency care needs to be LOCAL and nearly everyone I know has had cause to visit Cheltenham in stressful circumstances		
199	The NHS costs money. If we lived in Birmingham or other major cities. Having A and E several miles away		

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		Response Percent	Response Total
	in another part of the city would be the norm. The road link from Cheltenham to the A and E in Gloucester is very good. Emergency response times to patients in Cheltenham are unaffected. If I collapse the emergency paramedic and doctor will still get to me as quickly as present.		
200	A and E 24/7 at Cheltenham General Hospital		
201	Access is a huge issue. I believe you are considering closing A&E at Cheltenham and directing patients to Gloucester. This make access very difficult if not impossible for those easy of Cleeve Hill. Not everyone has access to a car. Public transport services are being reduced later this year. Ambulances services are overstretched. The Cotswold small towns and villages hide their disadvantaged very well. Closing Cheltenham A&E is yet another way of marginalising the rural poor.		
202	Keep local services. Don't make people travel miles in an emergency that needs live saving treatment as soon as possible!		
203	Effective efficient access. We need a 24 hour A and E service in Cheltenham. If you don't have one people will possibly not survive an injury. Which budget will matter then ?		
204	Local, easily accessible emergency centres supported by fast fully trained response teams who should be based locally		
205	A & E services need to be retained in both Cheltenham & Gloucester.....maybe with some form of triage system to ensure the A&E assessment process is quicker & those with serious problems are seen quickly while the drunks & drugs have their own assessment process.		
206	1. Overcome bed-blocking by managing continuing care in the community and possibly creating hospital wards for patients who are fit to be discharged pending allocation of care resources in the community plans 2. I have not seen mention of dementia and mental health in these proposals.		
207	We need to keep A and E in Cheltenham General open. You may think 7 miles from Cheltenham is Ok but if you live on the Bishop's Cleeve, Gotherington side of Cheltenham this distance is further. Added to which the traffic is appalling and in an emergency you would be dead before you reached the VERY inaccessible Gloucester Royal hospital		
208	Do not let one single person in the County be in any doubt about where to go or who to call when they are in a panic about what is happening to them. That means not having to think "Should I call 111 or the GP or 999 or the surgery, who won't answer, or go to the surgery or CGH or GRH or what?". We live in Cheltenham and in our own experience when a calamity occurs that is less than a 999 call but we are in a panic over our situation all that comes to mind is "get to A&E" (meaning Cheltenham). We know where it is and where to go. We would be clueless if we had to go to Gloucester and it would obviously take longer. Our experiences at Cheltenham A&E have been excellent, whether 999 or not. It is a great comfort to know that is it there and we believe it should be retained and available 24/7. Some people in the County live a long way from our hospitals and even a one way journey could be 3/4hr or more, so to get an ambulance out and back could be over an hour and a half. It could make a big difference if there were ambulances located in strategic outposts to reduce the overall time to get people to the care they need (maybe they are already out there, we don't know).		
209	Local services accessible to all local residents		
210	Location and distance. Urgent is the key word here in my view. If it's urgent the response needs to be rapid so the A&E Department needs to be as local as possible.		
211	Speed of access, i.e. as local as possible		
212	Distance travelled to A&E.		
213	People are VERY clear where they can get help. Cheltenham patients are not compromised if emergency care is a life threatening distance away in Gloucester.		
214	Having enough staff who are experienced in assessing and treating To have easy access for patients and good communication between patients and staff		
215	Local access to emergency care. A and E and Minor injuries units should be within a 20 min drive of any location. Attached to these should be a walk in gc clinic. This would free up A &E for true emergencies as a large portion of patients in an A&E are not there for emergency treatment but have coughs, colds or other ailments. People with a life threatening emergency have a golden hour in which to be treated so services need to be accessible within 20 mins to allow clinicians the remaining time to work on them.		

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		Response Percent	Response Total
216	The most important considerations are for - Each patient to be very quickly assessed by NHS111 and told exactly where to go immediately to access urgent (same day) treatment - 999 first responders should re-direct urgent requirements to NHS111.		
217	Clearly knowing where to go for what service so you can access what you need when you need it.		
218	Consider the needs of the people not your own fancy ideas that have no interest in providing the care the population wants.		
219	Time saves lives therefore an emergency hub should remain at CGH Resources should not be used as an excuse to bring together all emergency services into one hub.		
220	Keep Cheltenham A&E open		
221	Location of services close to large communities, i.e., Cheltenham.		
222	A&E is need in Cheltenham. It is crazy that a town of this size with an expanding population should not have access to A&E in the town. The downgrade from 24 hours was bad enough and almost resulted in me losing my life to sepsis at the age of 31 as I was completely misdiagnosed by a GP at the out of hours clinic which replaced night-time A&E.		
223	I live in Cheltenham and I want access to a fully functioning ED department and emergency health care at CGH		
224	Reducing any service at CGH with a growing and aging population seems to be the opposite of what is required. We are always advised that the earlier one receives initial assessment and medical assistance in an emergency life threatening situation, the better ones chance of survival and damage limitation. So how can adding to the travel time be of benefit? Especially to a hospital which apparently is already overloaded. Surely degrading the CGH is also degrading the attraction of the town and outlying areas. If the trust is struggling to get the necessary resources cover surely more doctors need to be trained and attracted, not shutting departments.		
225	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of new houses planned for the town) and its A&E is relied on by thousands more across the county - from Bishops Cleeve in the north to Bourbon-on-the-Water in the east. GRH cannot replicate that provision - either in proximity or capacity		
226	I believe the most important things is to keep Cheltenham A&E open. Gloucestershire A&E is already under strain. I believe the waiting times to see consultants should be made less waiting times and funding needs to be paramount for the upmost care. People are being left too long with conditions which become complicated to treat as a result, I've had this myself. Funding needs to be paramount and more observation of why certain departments are failing needs to be evaluated. There needs to be an overall improvement to services as I worry about the risk to life otherwise. Much more funding and specialist expertise is needed.		
227	Local services. Face to face contact. Involvement of GPS and local hospital facilities.		
228	A comprehensive telephone/online system which can be used with confidence		
229	Much greater information and clarity about where to go with what conditions. All urgent facilities should be open 24 hrs. Accidents don't just happen in the day. Being transported at night is not good. If a person has to be treated away from their home town give thought to how they and their supporters can be returned to home. Help with taxis, bus services, rota of volunteers to transport in own cars.		
230	In view of the second in local services, closure of the a and e Cheltenham is just another example of central government making plans to save money. Some people will not be able to afford or get to transport facilities quickly. More call on ambulances and attended e times, it's already been established that the two hour wait time at a and e was a central government directive. Who is going to be responsible to be sued when the deaths start...name that person so we can direct claims to the responsible person, as s book expand, housing expands how you even consider reduction of services.		
231	Improving how you advise and communicate with people which would be the best service to deal with their problem, so that A&E departments in both hospitals get less inundated with minor injuries or time wasters. Sooner, rather than later, you will have to introduce some form of "hard filtration" and refuse to accept minor injuries at the door of A&E		
232	Accessing the best level of care may mean a compromise in terms of the location of where that care is		

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		Response Percent	Response Total
	provided.		
233	The Cheltenham General Hospital serves over 115,00 people in Cheltenham - a figure that we are constantly being told is only increasing - and it's A&E is relied upon by many thousands more across the county. Gloucester Royal cannot replicate that capacity or offer proximity therefore keeping an A&E open in Cheltenham in essential in ensuring a high quality service in Gloucestershire.		
234	Appropriate care available locally for less mobile service users Quality care, provided by skilled practitioners Care in accordance to NICE guidance		
235	Access to emergency specialists 247 Over the years I have had to use the accident and emergency services at Cheltenham many times with my children .they have always treated them with care and respect and given me piece of mind ..I think it is crucial that this should continue		
236	Great facilities close to where you live preferably under 3 miles		
237	x ray facility, needs to be consistent and open after 5pm. and on weekends. some of our pts requiring "non -urgent" x-ray for diagnoses purposes are unable to get time off work, manage child care etc. more staff in MIIU departments - perhaps an overlapping shift, often the wait times are past 3 hrs by midday and only one ENP to treat is unacceptable & unsafe.		
238	to maintain a full range of A&E services at Cheltenham General Hospital		
239	I believe it is essential that Cheltenham General Hospital keeps its Accident & Emergency Dept.as it already serves over 115,000 people in Cheltenham & its A &E is relied upon by thousands more across the County. Additionally, this number is going to rise given the number of new houses planned for the area, Gloucester Royal Hospital cannot replicate that provision either in proximity or capacity.		
240	I think this is an appalling format for feedback! 99% of people will not complete this. Wasting money on this kind of jazzy document is ridiculous & this method is not transparent as the vast majority of the public of Gloucestershire will not see it. approaching people in the street would have a better, fairer & more accurate result. Grouping specialist services to give higher calibre treatment is good. However A&E is not a specialist service. By its very nature it is an emergency! Centralising this at Gloucester would be a stupid & dangerous move & will cost lives. One A&E unit for the whole county is ludicrous! You should be considering keeping Cheltenham open 24hrs & adequately staffing it as well as Gloucester. Improving the triage & options for non-urgent admissions to ensure they reach the correct place sits alongside this - to me this is obvious. Non urgent cases should be redirected to the correct place & not seen in A&E.		
241	The hospitals that have minor injuries units , are not fit for purpose, X-ray is not available 24 hours, healthcare Professionals are not available 24 hours a day , if you want these hospitals used for urgent care they must be upgraded		
242	Recruitment of suitable surgeons, nurses, after care specialist nurses .		
243	Appropriate staffing levels at times when the service is likely to be busy in Minor Injuries Quicker access to GP services Diagnostic services most appropriate to the types of injury most frequently presenting at Minor Injuries A site chosen with public transport availability from as many Forest settlements as possible.t		
244	That the advice can be accessed local to the person’s home and not involve travel to another town		
245	Access to a local hospital - we need to keep both Dilke and Lydney hospitals		
246	Local, accessible service not only for people needing A&E but for families and relatives too.		
247	Give everyone a medical assessment each year and a personal programme of how to improve health/lifestyle - so you can ensure that every single person knows how to improve their health, how to make safe changes to their life and take responsibility for themselves.		
248	It is very important to continue to operate an A&E in Cheltenham and also to return to a twenty four hour service. There are over one hundred thousand people in Cheltenham and this is rising with large housing developments. Gloucester already struggled to cope especially at night. My partner was taken to Gloucester at 11pm before the closure of the Cheltenham A&E at night as it was an ear nose and throat		

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		Response Percent	Response Total
	problem and they had trouble coping then. I dread to think how the Gloucester A&E is operating now.		
249	Care and access to hospital if you need it		
250	Agree with most of the suggestions for improvement to services BUT we must invest more money in providing all these services, that means more Nurses, Doctors and specialists. We should reintroduce compulsory physical training into school, also reinvest in the arts and music. These things create healthier bodies and healthier minds. We must also try to massively advertise the benefits of a healthy lifestyle. Offer incentives for people who adopt healthy lifestyles such as certificates of wellbeing. The big answer is prevention. We were all healthier during the last war. Good luck		
251	Travel times not distances. for us in Winchcombe to get to Gloucester hospital it can take a full hour. Fuel costs and parking charges add up!!		
252	Good public transport to health facilities		
253	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and its A&E is relied upon by thousands more across the county - from Bishops Cleeve in the north to Bourton on the water in the east. GRH cannot replicate that provision - either in proximity or capacity		
254	Close and early access to 1st class treatment. Two points of treatment - Cheltenham and Gloucester		
255	Getting to see a local GP in a timely way - less than a week		
256	Knowledgeable advice quickly Shortest distance to travel (not everyone has transport)		
257	Urgent care should not be conflated with emergency care. My concern is that exactly what is being done in this consultation. There is a strong need for both emergency and urgent care to be provided at Cheltenham Hospital. This provides a service delivery centre which is local and able to be responsive to the needs of the local community - a community which extends well beyond Cheltenham town itself.		
258	We cannot afford to lose our A&E in Cheltenham, Gloucester is too far for those outlying towns such as Cirencester and all the villages around the town. If they all have to go to Gloucester then treatment and care will be compromised and patients will die		
259	Prompt access on a 24/7 basis to proper full A and E facilities.		
260	Build a new hospital close to junction 11a on the M5 Close Cheltenham hospital. This is of course very valuable real estate. Close Gloucester hospital when the new hospital is ready to open Introduce the Swedish system for primary care. You pay for the first £200 of treatment after which it is free, by implication free for people with chronic illnesses and the elderly but not automatically free for everyone.		
261	The population of Cheltenham is growing rapidly, therefore to ensure a good service it is essential that Cheltenham General Hospital retains its A&E dept. There are thousands of people locally who depend on this department.		
262	centralise services to ensure high quality care		
263	Re urgent advice, assessment & treatment it is paramount that Cheltenham retains its A&E and that this is extended back to a 24 hr service. It needs to be easier to access urgent GP slots and to free up GPs First contact practitioner physios can be employed for MSK issues as enc'd by NICE.		
264	Access to urgent care within a reasonable travelling distance.		
265	accessibility for the elderly and young families on limited income having to travel distances to so called places of excellence when a perfectly adequate service is being dismantled piece by piece on their doorstep.		
266	Focus on self-care and care for minor ailments nearer home. The ability to send away patients from ED that are not very ill		
267	To ensure everyone can access urgent advice, assessment and treatment it's essential that Cheltenham General Hospital retains a 24 hour A&E service. As well as serving Cheltenham's large and growing population (with thousands more houses planned in the next few years) it serves the rapidly growing Bishop's Cleeve and thousands more across the county in the north, south and east. Many of these people		

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		Response Percent	Response Total
	cannot access Gloucester hospital easily and Gloucester does not have the capacity to serve them. It does not have the space or facilities to provide an A&E service for the whole of the county. My family and I have received excellent urgent care at Cheltenham's A&E facility and we believe it is vitally important to providing care.		
268	Having very quick and accessible ways of assessing people's problems, and then dealing with them in appropriate timescales		
269	Turn people away from A& E if the problem is non urgent. However these people do need somewhere to go instead, especially if the GP surgery is fully booked weeks ahead.		
270	Local A&E services, easy to access and to be seen quickly.		
271	Cheltenham services must not be downgraded further. Major impact on Cotswolds residents.		
272	Communicating HOW to access services so people know by second nature what choices to make in approaching suitable care i.e. on line, phone, pharmacy, MIIU. Difficulties of transport . Eg possible to get to Cheltenham by bus regularly from Cirencester. Much more restricted public access to Gloucester.		
273	First of all, I will again emphasise that prevention of disease and illness should be top priority. Far too little is being done to help explain to people that the only way to better health outcomes is to take proper care of themselves. So many health issues are the result of bad lifestyle choices, smoking, drinking, taking drugs, over-eating, eating too much meat and processed foods and not exercising enough. So many diseases and health conditions are the result of this, type-2 diabetes, heart failure, strokes, cancer, high blood pressure, are all or partly preventable. In addition there is now an opioid crisis with people addicted to medications such as Fentanyl, Tramadol and Oxycontin Health professionals and hospitals can only do so much and often by the time medical personnel become involved it is too late Our hospital beds are filled with sick people who would not have been there if they had made better lifestyle choices and although obviously the hospitals will do the best they can, there is only so much they can do Far more emphasis must be placed on prevention but nothing much ever seems to happen and in fact things are getting even worse Only when measures have been taken in the direction of prevention can we begin to make plans for the changes which need to happen in developing health services		
274	Closing Cheltenham A&E would be a great mistake it would mean we would have to call an ambulance instead of going by car. A friend of mine fell one evening knowing Cheltenham was closed called 999 and was taken to Gloucester. It cost her £40 to get a taxi back home.		
275	The Gloucestershire NHS is honest about what plans they have for the future of Cheltenham General A&E department. I do not like the bias way this survey is compiled so I have made my views with the survey.		
276	In my view, the most important thing to be considered in developing services is that we must retain the full A&E service in Cheltenham General Hospital and NOT combine A&E from Cheltenham into GRH. CGH services 115,000 people and GRH cannot possibly replace that service as its already at capacity.		
277	Easy to understand and stressing which of the services is the correct one required		
278	The first port of call is the GP surgery and this is where the greatest breakdown has occurred. A patient needs to see their own GP with any ongoing problems also not to have to wait at least 3 weeks to see a particular GP		
279	Accessibility across the county Waiting times "one stop shop" where you can access, undergo diagnostic tests, get some results and book into future treatment options		
280	1- Speed (which means local) 2 - Quality of care		
281	1 - speed of response and treatment 2 - quality of treatment		
282	Skill and expertise of all staff Quality of outcomes for patients after treatment		
283	By giving out relevant information		

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		Response Percent	Response Total
284	Cheltenham General hospital should keep its A&E especially with large increase in residents when additional housing is developed. Gloucester hospital will not be able to cope with the number of patients		
285	An A&E Department that is easily accessible to residents in North Cotswolds as it is a 65 mile round trip to Gloucester. Preferably Cheltenham to remain open but Community Hospitals such as N Cotswold Hospital with a MIU facility to widen their scope of what they can treat and maybe open until 10pm. Full X-ray service to be reinstated in N Cotswold Hospital and perhaps more Consultant Appts could be arranged to be seen there as well, reducing stress in elderly/disabled patients but also cut carbon emissions. Greater transparency and co-operation when dealing with patients who are being treated by several different health authorities.		
286	Local accessibility 24/7 - Cheltenham must have its own A&E to ensure prompt attention. Travel to other towns for urgent treatment can be life threatening		
287	The nurses are wonderful at Moreton Hospital, but I think it is very important that the X-ray Service is restored . It was/is a very helpful and useful facility to all around and I think is vital to all local inhabitants.		
288	Access to one's own GP practice 24/7		
289	Closing Cheltenham Emergency Department is a mistake. I have two experiences of the Cheltenham ED 1. I had sepsis, my friend drive me to A&E, I was on anti-biotics within the hour. Had A&E been at Gloucester she would not have been able to drive me there because of her work commitments. Instead I'd have gone with my plan of trying to get an emergency GP appointment somewhere. Neither of us knew how serious a situation it was (I thought I was coming down with flu). It's not just about quality of care but also accessibility. 2. I broke my elbow badly on Cheltenham High Street at 6.20pm at night. By the time an ambulance got to me it was 7.10. by the time they assessed and loaded me it was 7.30 and I was told Cheltenham would not accept me. I was driven to Gloucester ED. The care was great but it meant my partner and friends couldn't visit me. I was in for four days with no visitors, clothes and belongings off my own, anyone to talk to, and none of my own medications (orthopaedics ward was dangerously understaffed and not care forward and pharmacy wouldn't issue my mental health prescription) having undergone major surgery. To get home my partner and I had to pay for round trip taxis which was a significant cost.		
290	1. Fast access to urgent and emergency care. 2.High standard of care including up to date investigations and treatment eg stroke treatment same as in top hospitals 24/7. 3.Skilled staff and access to reliable diagnostic test very important		
291	That we have a full A and E service at Cheltenham, staffed with emergency doctors and with surgeons on site 24/7		
292	Focus on recruiting and retaining GPs. Developing community health and social care services so that people can have a quick response at home without having to resort to ED. We need a countywide approach, not the patchwork that is currently in place for the community. IT systems that talk to each other effectively. Better integration of the organisations with more staff working across organisations.		
293	Accessibility, safe and quality care, and informed choice		
294	It is essential that Cheltenham General Hospital retains a fully operational A&E. Patients to the north and north east need to be able to access urgent medical treatment. I have had to use both Gloucester and Cheltenham A&E many times with various relatives and it is obvious that Gloucester can hardly cope with its own patients. Without Cheltenham bearing its own load we patients will be left high and dry. My aunt worked in Cheltenham A&E for many years. WE NEED CHELTENHAM A&E.		
295	Timely access to the appropriate advice, assessment and treatment.		
296	I think it's very important that Cheltenham keeps its own A&E. Being able to reach a local hospital A&E quickly is incredibly important. On the one occasion my son has had to visit A&E we were transferred to Gloucester and this was very stressful. It would be a good idea to expand the A&E facilities at Cheltenham to ensure that children can be cared for as well as the rest of the local population and this would take the pressure off Gloucester A&E.		
297	Making sure that Cheltenham General has a properly staffed triage centre for urgent access to assessment and treatment. The obvious location for this is alongside an emergency unit as some people attending the urgent unit may in fact need not just 'that day' treatment but 'that minute' treatment. There should be the benefits in arranging staff cover between the two areas in a properly staffed and led unit		

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		Response Percent	Response Total
	It's no good relying on pharmacies or indeed online/NHS 111 services to meet the needs of house-bound, older people who are more often than not, not internet users.		
298	The MOST important word needs to be ACCESSIBILITY. Those of us that live in Cheltenham and in the surrounding areas need to know that the services offered by the NHS are available here in Cheltenham - not available after either a drive or bus ride to Gloucester who regularly say they are over stretched and the wait time is too long.		
299	The most important thing for me is to see and be treated by someone quickly without having to travel extra miles. I look after relatives who are in their 80's and 90's, they do not understand why they cannot use Cheltenham Hospital for urgent treatment. Gloucester is too far!		
300	Emergency care must be prioritised - and to that end you do need to consider distance to travel. I've had three life threatening issues to deal with. They always happened late at night. Your assumption that anyone, wherever they are in the county, would be able to travel all the way to GRH (particularly if there is then an admission) is a crude one. Getting access to experts is a bit of a given. Just as importantly, you have to acknowledge the wider impact of taking services and placing them further away.		
301	Access for everyone to emergency care and early intervention stroke rehabilitation for younger people of working age. To close Cheltenham A and E is ridiculous if you live in the north Cotswolds and have no car there is no way of travelling easily to Gloucester, as it is there is only 1 bus service to Cheltenham a week! Not everyone has a car.		
302	I think you need to ensure community staff i.e. GP receptionists and pharmacy and 111 workers know the full details on the minor injury services MIU . When they give you the wrong or uninformed advice it is not helpful and waste time at MIU and then delays in A&E. An example was my son when he was in the car when I had a minor traffic accident. The GP advised over the telephone he was seen and I was directed by the receptionist to attend Tewkesbury or Stroud MIU. What transpired is that the MIU would not see my son because he was under 1 (the GP and receptionist were aware of his age) So we had to go to A&E. Knowledge is key and whatever you choose community staff must know detailed information on the services to help point people in the right direction which helps to give you confidence at a time of worry. I think you have to also consider more cut backs in non-essential prescribing to allow more funding. More cannot be done with the same amount of staff and money. There needs to be an increase in funding and staffing. I also think there needs to be more planned GP appointments, in the increased out of hours appointments it is easier to get an emergency appointment than a planned non urgent appointment. I think this by default could cause more delays.		
303	high quality affordable care when needed. Well-staffed with highly experienced professionals seeing the patient when needed. If that means travelling a bit further then so be it. I would rather travel further and see a highly experienced professional than a shorter distance and a lesser experienced professional. We have excellent paramedics and trauma teams that can deal nearer to the patients home. The anx by Cheltenham residents and politicians about having to dirty their shoes and cross the M5 is ridiculous . With the lack of highly experienced medical and nursing professionals we have to have one emergency centre which is well staffed and so can deal with the demand. GP type cases should be filtered out at the front door which will require a culture change amongst hospital staff ! In GP surgeries patients are turned away to come back later or go to chemist so why can't the hospital staff do this ?? Probably as they are not trained		
304	Uncomplicated and easy access.		
305	Transport links within the county, particularly the countryside areas of the North Cotswolds. Liaison with the council regarding bus services. Increasing age of population in many of the outlying villages. Important to keep minor injuries units at		
306	Keep our daytime Accident and Emergency department at Cheltenham General Hospital - we need access to emergency treatment at Cheltenham General Hospital. We do not want it to become a Minor Injuries Unit (which is what urgent care is).		
307	Ease of access and travel time.		

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		Response Percent	Response Total
308	Provision of staffing and suitable diagnostic equipment		
309	Urgent care must be accessible from every corner of Gloucestershire		
310	I started this survey, but have lost the page, so I'm doing it again. Most important things: Access to medically trained staff, who can assess and decide next steps quickly. This can be by telephone or video if required. A 'lower level' of A&E is required next to the A&Es at Glos and Chelt. If ill, patients need treating. If not that ill, patients need quick and efficient reassurance.		
311	Having the right amount of staff in minor injuries to deal with un planned and planned arrivals.		
312	educating people on the definition of 'urgent' educating people on the definition of 'emergency'		
313	The provision of a range of easy to understand options to access advice or assistance depending on the issue. For example, able to access minor injury advice and care out of hours to avoid the need to go to A&E Department for everything and as the only place when you can discuss your problem directly face to face. Effective and joined up services and support in the evenings and at weekends as currently the only effective option seems to be A&E in Gloucester.		
314	see later		
315	Access to specialist services to all A holistic approach to urgent care, rather than a fragmented subspecialist approach		
316	Keeping access to A&E at various locations around the county, having just one centre would mean people travelling further, every minute wasted getting someone to A&E increases the chances of death or long term life changing injuries. I would also say the road infrastructure needs to be considered, Gloucester is a busy city and bringing more ambulances through will be difficult, there is already major congestion and the roads are at capacity. More paramedic cars to assess situations before sending for ambulances is a good idea, or maybe even motorcycles which could navigate traffic better.		
317	I believe everyone is entitled to emergency care not just urgent care. Cheltenham is an increasing population and I do not believe GRH has the capacity to cope with demand. we have constantly been on divert. if and only if GRH have all emergencies then elective surgery absolutely needs to stay at CGH.		
318	The recruitment and retention of skilled professionals, at all levels. In my view, the consolidation of consultant led services, at centres of excellence, is the most effective way to provide for incoming patients, who can be directed to the most appropriate treatment and care. For example, the current Stroke Unit, at The Royal Hospital, in my grateful experience, provides the best medical treatment. In my experience, it is a world - class functioning example, of how medical care, led by skilled consultants and staff, is best configured, on one specialist site.		
319	Sufficient well trained staff. I don't know how staff access notes these days but in the past they were held in paper files which could go missing and files/reports could be lost. These days they should and could be held on line safely so that all details of a patient's health record are available immediately both regionally and in the UK. It would also mean less paperwork and less time by staff trying to find the right form they required. You would also cut down on medical records staff, porters delivering records or time spent by ward clerks trying to find records and forms. There are hundreds of different forms required which need space and time filling, filing/sending. All could be done online and saved so copies would be in records for doctors to see and if necessary re-send.		
320	speed of delivery and efficiency of service		
321	To ensure there are fully trained staff with the right skills to deliver research based health care in the most cost effective centre. Not wasting scarce financial resources on emotional out of date misconceptions		
322	Transport arrangements have been significantly under prioritised in the plans so far. A 30 minute drive is no good for someone who cannot drive (for a variety of reasons including the illness or injury concerned). The ambulance service is currently dreadfully inadequate. Much more action is needed on this aspect, and a joined up plan developed including an essential		

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	replacement of the totally inadequate public transport arrangements across the Forest of Dean area.		
323	That the patients received the best possible care wherever they live and it is the same for those living in towns and cities and for those who are more rural, like the Forest of Dean or the Cotswolds.		
324	Numbers - if there are too many people in an area they cannot access services in a timely manner. Also access - are the services local and easy to get to. Advice is also inconsistent - from experience - one time when calling 111 an ambulance was sent unnecessarily and another time, the person was in extreme pain but dismissed by 111 and told to see a GP. Their pain was so bad we almost went to A&E. So in this case, calling 111 wasted time and we felt very let down by the service!		
325	99% of the population will not know the difference between urgent and emergency /life threatening care. Unless the differences are explained repeatedly people will rebel against "closures". If minor injuries / urgent services centres are being opened up then there will be less push back about centralising emergency / life threatening services. Today we know it as A and E. Explain and communicate that A will remain local.		
326	patients need the right expertise in a timely manner. For our sicker patients where care is provided matters less than ensuring the right expertise is present.		
327	to develop local services so that people do not have to travel too far		
328	Locally please. 2 x recently I have spoken to a pharmacist, then rung GP who gave me an appointment to see him later that day. They then sent me immediately to CGH for assessment. This was excellent but had I had to go to GRH from GP I don't know how I'd have coped.		
329	Centralisation. As moving to one site is highly unlikely having separate emergency and elective sites is the next best option		
330	Skills and expertise of staff - good outcomes from treatment Phones to be answered in a reasonable time and advice given promptly Educating the public about how / where to seek help		
331	Ease of access Friendly service Wheelchair Access Expert advice Free or low costs		
332	This survey is based on local authority boundaries - which should not have anything to do with health service boundaries. Nearness to the mentioned facilities should have more prominence		
333	Not to restrict Emergency Services (A&E) at CGH to office hours making GRH the only emergency 24 hour service. GRH is already working to full capacity. I passionately believe (as a hospital volunteer and as someone with a long standing health issue) that beds in corridors (already experienced at emergency dept GRH) does not provide the exemplary service that all patients should experience in 2019. I did not work until 65 years of age paying into state coffers in order to suffer substandard Emergency service I also believe that it is the intention of the "powers that be" to cut operating time at CGH. Once you take this service away it is difficult to reinstate. Do this at your peril! I am sure you will disagree with these views but I am not alone in these thoughts and the number of people feeling as I do is growing. I just hope that whoever makes the very unwise decision to do either of the above never needs the services of the NHS in Gloucestershire		
334	Safe care and quality of outcomes from treatment Skills and expertise of staff at all levels recruiting and keeping staff and up to date equipment		
335	I personally would like A&E in both Gloucester and Cheltenham Urgent centres - over phone advice good but plenty of treatment centres so you don't have to travel far and would stop people using A&E		
336	patient outcomes: Survival rates, reduced stays, faster responses		
337	both general hospitals staffed and resourced adequately Good recruitment and retention of staff		
338	Ease of access Appropriate response		

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		Response Percent	Response Total
	Reduce waiting times		
339	Reliable, local services		
340	Extended hours access to GPs including evenings and weekends Minor injury treatment available in local medical centre		
341	Facilities local but still need centres of excellence.		
342	how many staff there are, are the staff cover enough patients, if there are not enough then link the problem with the government for more places for medical students at glos. uni		
343	Remember the county is quite large and public services in many areas are sparse if non-existent. For example the growing town of Tetbury is 27 miles from Gloucester and Cheltenham and by car the journey is 45 to 50 minutes on a good day. Local emergency at Tetbury and Cirencester is essential to keep a patient seen to as soon as possible Transport is also essential for the older population who do not drive. There is no system that works to get you to hospital safely on time for appointments or emergency other than to call the overworked ambulance system		
344	Clarity of information, sent to all homes so that we all can quickly refer to it when planning where to go for help.		
345	Probably your County Council partner needs to ensure that public transport is available from the larger villages and towns to access certain services thus avoiding the exclusion of people who cannot drive either because they don't drive or their current ailment prevents this. Need to make the most of new technology to provide video calls and use artificial intelligence to improve the accuracy of diagnosis		
346	Investment		
347	Cheltenham General Hospital A&E serves 115,000 in Cheltenham plus all the areas to the East and south. It currently see 140 people per day and extra funds have been put in to improve waiting areas. It is incredible to waste that resource and move all to GRH - potentially leading to deaths due to longer travel times, and causing more pollution with these longer journeys for treatment and for relatives. Cheltenham is a large population centre - growing with the extra houses being built and needs the service of rapid access to A&E.		
348	The most important issue is having appropriately skilled and trained staff to make sensible and safe decisions about care, to have continuity of care and the infrastructure to safely treat and discharge patients quickly. At present staff recruitment and retention is a major issue and the pressure to discharge patients leads to poor care, as we cannot offer timely outpatient appointments to back up sketchy acute care decisions.		
349	Wow! This is a tricky opening question! Someone answering the phone when I ring for help is a great start. Not always having to get a GP referral to see a specialist...could some of this be done by other professionals...nurses or pharmacists for instance? Easily available general health advice is something I consider to be very important, whether by a booklet or internet, covering first aid, nutrition, hygiene, DIY safety etc. Illustrating the advice with case studies is a powerful way of getting the message across to those reluctant to change their habits.		
350	Maintaining an A&E presence, 24/7, in Cheltenham. Although Cheltenham and Gloucester are clearly separate communities, there are sufficient differences (demographic and cultural) which mean a great deal to residents in both places. If we were in a major city this might not be the case... Having received urgent care on several occasions, I know that I would wish to be in the hospital that serves those who care for me and provides as little impediment as possible to them visiting me. This also serves to expedite my recovery and, thus, a reduction in my potential cost to the NHS		
351	Aspirational plans are great but realism is important - Is it achievable and in what time frame considering man power and funding?		
352	The way this document is worded is in my opinion directing all who read it to a single conclusion, that being the present arrangement is the only way forward as regards A&E services. however having experienced the present arrangement and talked to people who have worked under present arrangement, my opinion is: 1) The present arrangement was based on an original situation whereby there was not sufficient Consultant cover to supervise Junior Doctors. There are now employed as I understand sufficient Consultants but the situation rather than being an interim measure has now become a fixed arrangement. 2) I am aware that as a result of all ambulance cases are going to Gloucester after 8pm at night, this has resulted in the chaos of patients being kept on trolleys in corridors often for several hours even overnight. From the staffs point of view this is totally unsafe and many have left rather than have their careers blighted as a result of a litigation case being brought against them because of the afore mentioned		

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		Response Percent	Response Total
	3) I would like to see a full reinstatement of A&E services put back into Cheltenham General. Cheltenham General has long served the needs of people not just for Cheltenham but also North Cotswolds into Worcestershire, Gloucestershire Royal, not just the city but further south and Forest of Dean. Trying to push such large populations needs into one centre not built for purpose has resulted in the problems patients are now experiencing. 4) The above problems have been exacerbated by the loss of the community hospital facility. These institutions provided much needed respite, convalescence rehabilitation care freeing up acute beds. The lack of acute beds has helped serve the problems the present A&E services are experiencing, there is a need to reinstate a facility such as the old community hospitals served 5) Care in the community placed in the hands of private companies is providing a fragmented service. If care in the community is the only way to go it needs to be taken back by the NHS and administered such that it provided a service for purpose not profit.		
353	Many options are given but in reality it's all pie in the sky. For instance getting a GP appointment that is a feat in itself. I went online last Monday to book an appointment to see a GP the earliest appointment was at that time October 3rd. Ridiculous! Last year whilst on holiday I felt unwell so went into a pharmacy to seek advice. He said I needed to see a doctor? There is talk of closing both our local community hospitals and having one hospital in their place. WHY? the proposed hospital will only have 24 beds as opposed to the 48 beds there are at present.... no A&E, no maternity, no theatres, Plus it's not going to be much of a hospital for £11 million just a glorified health centre if that. There is talk of closing Cheltenham A&E and everyone will descend on GRH and they are struggling now. If we close both hospitals in the forest as well...no A&E or minor injuries units. It's a disaster waiting to happen. As far as I can see there is not a lot of common sense being put into this proposed plan		
354	Being able to get a GP appointment within days rather than weeks.		
355	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham and its A&E is relied upon by thousands more across the county - from Bishops Cleeve, Bourton on the Water and numerous Cotswold small towns and villages. GRH cannot replicate that provision - either in proximity or capacity.		
356	Single-site A&E, adequately staffed at all times. Measure demand for ENP-led CGH overnight service, perhaps safer and better to close completely overnight and re-deploy ENP resource to GRH. Clinical leadership should be paramount, and patient care should not be adversely affected by political resistance. The risk of an unwell child in arms arriving in CGH ED overnight continues, unacceptably.		
357	Proximity to where patient lives. Ease of being assessed. Proper assessment & treatment by qualified clinicians.		
358	Keeping the A&E at Cheltenham open and not downgrading it to an urgent care facility		
359	spend the money on Dilke and Lydney the public were asked what they wanted and they stated unanimously they did not want a new hospital with less beds but you still go ahead with your own ideas regardless of what the community wants what a pointless exercise and waste of money		
360	Distance from a) Ambulance station b) treatment centre Gloucester & Cheltenham are a long way from many rural communities, & not everyone has transport or would be able to use it.		
361	educating people which service to use and when it is appropriate to go to the GP/Pharmacy/A&E. Easy access to healthcare		
362	Nearby a&e.		
363	Communication: ensuring it is easy to individuals who are perhaps not frequent users of services to easily navigate the system and get the support they need when they need it. Care close to home. Bookable appointments where appropriate		

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		Response Percent	Response Total
364	I want nearby Urgent Ed not several miles down the A40 to a busy Ed that can't cope with the extra intake .		
365	commendable - IF it does not undermine current level of emergency service		
366	quality of care		
367	Proximity for critical services. The services that are needed urgently like a 24 hour A&E function must be close to population areas. It's no good for the people in East Cheltenham if the closest A&E is in Gloucester as by the time you get there (perhaps to find it is still overstretched already) your condition may have deteriorated further.		
368	Keeping things local so lives will be saved or stabilised if patient needed to be transferred to special unit		
369	To ensure that, in an emergency, patients would be being cared for as quickly as possible. This is not the case for anyone living north and east of Bourton on the Water or Stow on the Wold. Gloucester is at least a 45 minute journey, depending on the traffic situation particularly at the Air Balloon roundabout, without taking account of the time an ambulance takes to get to the patient in the first place. There is often not ambulance close by to get to patients in the first place even before starting the journey to hospital. It is imperative to keep Cheltenham A and E open to ambulances 24/7.		
370	being able to get treatment of any description in a hospital near to where they live		
371	Keep A&E in Cheltenham and enhance it, do not downgrade it or close it		
372	To enable everyone with a medical concern be it life threatening or causing anxiety instant access to help be it via phone, internet , medical person or immediate and near care at an A&E		
373	My main worry as someone who has been told that due to a partially blocked artery I will, not may, have a stroke one day. Having been related to NHS workers over the years I am aware of the golden hour and at busy traffic time I don't believe even using blue light I would get to Glos hospital in time even if I was seen immediately which let's face it is unlikely. This is a selfish reason but others covered by Cheltenham Hospital in similar circumstances or heart attacks etc. would be in big trouble and deaths will be inevitable. I can understand we need specialist areas eg oncology but believe we keep A and E at both hospitals. To do away with it at Cheltenham is a step backwards and a huge mistake.		
374	Local accessible care.		
375	Keep A&E open 24hours a day needs to be restored		
376	Cheltenham A&E needs to remain. Response/transport times for emergencies will be doubled, ambulance reaction/transport times from Staverton to Cheltenham and then back to Gloucester will put people's lives at risk. Cheltenham has an ever increasing population of older residents attracted by a huge proliferation of retirement homes these people will need a local A&E department nearby not 9 miles away. A&E in Gloucester is already overrun with emergency patient queues, the last time we were there we waited 5 hours in the corridor. Gloucester needs a satellite emergency department in Cheltenham to relieve ever increasing pressure. Urgent treatment in Cheltenham needs to be more local than Gloucester.		
377	Keep A&E at Cheltenham General Hospital open, as some four weeks ago my neighbour had to call on the ambulance service to be conveyed to hospital, he was advised by an ambulance technician that they had already lost eight persons conveying them to Gloucestershire Royal Hospital after 8.00p.m.		
378	Local access is important.		
379	To remember the people in the surrounding villages particularly the elderly and those with mental health conditions. Those who have no access to transport. Bearing in mind that those in the villages also have access to a very limited bus service and taxi's to Cheltenham and Gloucester emergency services cost from £20 to £40 pounds. Putting lives at risk		
380	Cheltenham A&E is vital to the treatment of emergencies occurring in the North Cotswolds. Gloucester is totally inaccessible in an emergency situation.		
381	Return Cheltenham's A&E to a 24 hour full emergency service seven days a week. The residents of Cheltenham and surrounding areas deserve no less a service.		
382	easy, uncomplicated access, prompt assessment, ability for patients to seek advice easily without always coming to hospital e.g. helpline.		
383	More Dr's in CGH to provide, shorter waiting times, earlier diagnosis and a more personal experience for		

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		Response Percent	Response Total
	"our aging population".		
384	IT is vital that if URGENT advice. assessment and treatment is needed, it is accessible as rapidly and as easily as possible. It is also important that family members are able rapidly to be alongside to support the patient that is brought in in emergency. Their ability to travel to the A&E facility quickly and easily is equally important. (This is a matter frequently mentioned in the excellent TV Programme "A and E".)		
385	Keeping Cheltenham General Hospital A&E open is the only way to cover the rising population in Cheltenham & surrounding areas it currently serves. Rather than close it I suggest it be enlarged. Gloucester Royal could never cope with the added emergencies relocated to them from Cheltenham.		
386	Additional resources for GP surgeries to prevent the 3 week wait for an appointment which causes additional visits to A&E. Whatever initiatives are introduced or services are changed there must be sufficient publicity to ensure the public are aware of the "new regime" and enable demand to be managed consistently with patients redirected if necessary. \Have sufficient A&E facilities for patients to be able to be transported to them within one hour of a serious incident.		
387	For situations involving risk to life or risk of permanent disability the priority is getting the best treatment available in a timely fashion. For situations that do not involve a risk to life or of permanent disability convenience of access to the service e.g. proximity / timeliness / general convenience of treatment should be taken into account alongside the quality of the treatment received.		
388	It is very important that Cheltenham General Hospital continues to provide for the east side of the county with a full Accident and Emergency Department. The county has a growing population and it is very obvious that with the many occasions when a plea is published 'not to go A and E unless absolutely necessary' that to close 50% of the A and E provision would be foolhardy or even dangerous.		
389	Locality - having something close Speed of treatment - minimal queuing Ensuring A&E is only being used by people who need it. This requires better coordination with GPs and arguably easier access to GPs		
390	Availability. Local. Accessible. Close by. Already functioning. Easy to get to. Friendly. Immediacy. Practical. Thinkable. God willing. Common sense. Logical. Reliable. Need I go on!! Cheltenham A and E has saved the life of my mother on two occasions and my husband's once. The journey from my house is five minutes max. Gloucester is half an hour at the least .. No Contest. Please stop playing with our lives, we are human beings not a commodity or statistic.		
391	geography and thus accessibility! if you live in the border areas it would be nice to be able to choose which hospital that you go to! we live in Churchdown . halfway between either . but would prefer to go to CGH. it's slightly nearer and easier to get to!		
392	Keep Cheltenham's A and E open 24 hours for all ages		
393	The right professionals available to review who do not have too many conflicting priorities		
394	Quick easy access. Minimum waiting times		
395	Accessible and good resources which are NOT placed too far from us, Including supporting treatments as locally as possible (such as x-ray facilities, which used to be almost instant and so timely when a GP is trying to ascertain detail re the next step). Stopping the closures of vital and time-saving resources. Transparency and honestly in what you write so we can believe and trust, (NOT easy currently). A survey which is not designed via tick boxes to ensure very limited options.		
396	LOCAL and comprehensive A&E		
397	Shorter waiting lists. Easy access to facilities.		

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		Response Percent	Response Total
398	The A and E at Cheltenham must remain. The future residential developments proposed in and around the town, and local villages, must meet the needs of that new and existing population. The Health Service has a duty of care in developing services.		
399	Placement of well-staffed and operated A & E in all areas including Cheltenham, 24 hrs opening, with the OPTION in particularly complex cases being transferred to specialist centres. Sufficient ambulances and staff to deal with the large areas involved. Improved parking facilities and free parking for sufficient time to get someone inside the hospital, free parking overnight when getting change for parking can be problematic.		
400	Cheltenham residents and all residents in the east of the county need the A&E department at CGH to remain open. It seems madness to even CONSIDER closing this facility. Everybody is aware that the first hour after a suspected stroke is called the golden hour when prompt attention can mean the difference between life and death.		
401	MAKE SERVICES ACCESSIBLE TO ALL BY PROVISION OF LOCAL FACILITIES RATHER THAN PROVIDING CENTRES OF EXCELLENCE		
402	Emergency treatment must be provided at both Cheltenham and Gloucester. Both need an A&E		
403	Have a human being on end of phone who can put you through to the right person or department, and avoid annoying multi-choice options on a pre-recorded message.		
404	A and E		
405	Retain a local 24 hour A&E facility at Cheltenham General Hospital		
406	The most important thing is that advice and treatment is available locally. I expect to be able to use such a service in Cheltenham, not to have to travel to Gloucester. I have a car; many who need the service in Cheltenham do not		
407	Wherever possible base facilities locally. This is especially important given the lack of local GP OOH facilities. By providing local accessible facilities the pressure on the A&E at the major hospitals should be helped. From personal experience telephone triage is next to useless as the default is to send an ambulance. They are in short supply and attendance times are hopeless.		
408	Care closer to home . Apart from clinics that Tetbury run local residents have to travel 25 miles for treatment		
409	Needs of rural communities, who are over 20 miles from large A&E units		
410	Emergencies and cancer		
411	All treatment must always rely on available resources to carry out the treatment required. It is a clearly known fact that there is a serious shortage of GPs and unfortunately wild promises by politicians and government to recruit more GP's to make themselves look good will not provide a quick fix. Policies need to be in place to ensure that GPs will be available to take over the current roles being lost by the rapidly decreasing numbers through retirement. The same applies to the severe crisis with nurses. This is not covered and is critical to the long term quality of the NHS. The standard quick fixes by reducing the numbers of departments into giant centres on the pretext that this will be wonderful is not an answer but only results in when a problem does occur it is catastrophic.		
412	Ease of access in the community. Not all elderly people would want to travel all the way from Tewkesbury into Gloucester for A & E. Waiting times at Gloucester A & E are already stretched and would be even worse if Cheltenham A & E were to close. Cheltenham Hospital is easier to access. Extend the full range of facilities offered in Local Minor Injury Units. At the moment they are not used because they have been understaffed and underfunded. Doing this would relieve pressure on Cheltenham and Gloucester Units.		
413	Proper assessment of ongoing patient needs-chronic illnesses Ascertain what constitutes EMERGENCY Qualified staff		

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		Response Percent	Response Total
414	1. They need to be easily and quickly accessible. 2. They need to be fully staffed by competent and knowledgeable staff. 3. They need to have access to specialist care and knowledge in a relatively short space of time. 4. They need to be widely available from a geographical viewpoint because of the time it takes to reach them.. 5. They should NOT be centred on just one location which leads to long queues, inequality in provision of care and more severe problems when that centre experiences staff shortages. 6. They need to be flexible and interchangeable to the needs placed upon them.		
415	Timely access to specialist care if required. Concentrating clinicians in centres of excellence can be efficient, but may not be effective for patients furthest from the centres. For example, it would take twice as long, using up the 'golden hour', for a heart attack patient in Winchcombe to reach Gloucester as to reach Cheltenham (whose A&E is closed between 8pm and 8am).		
416	Good response time, shorter waiting lists, prioritise patients in desperate need.		
417	Best use of available and projected resources in funding, capital expenditure and people.		
418	Making it very easy for people to work out - via phone, online, in NHS locations - which is the best and quickest way to get treatment for their particular problem. If you are injured, you don't need the extra stress of trying to work this out. This includes knowing exactly what services are available at any given time. A recent example: someone in Painswick injured their arm; they went to the local hospital at Stroud, but even though the MIU was open, there was no-one to man the x-ray machine, so they ended up having to go to Glos A&E - it took at least an hour longer to get treated than if they had known to go straight to Glos in the first place.		
419	Integrated care with referrals from primary care locally Clarity about who is providing what services, and how you will link with GPs		
420	Better/more primary care service to ensure patients are able to access timely appropriate care		
421	Increased investment into the NHS - Departments, equipment and people		
422	Being able to speak to someone (not online help). This could be by phone or video, or in person. Being able to access departments that are adequately staffed and equipped, within a short time period Having a 'lower level' option of A&E, next to A&E at Glos and Chelt.		
423	24 hour high quality service with minimal waiting times. Service to be provided as locally as possible except in the case of rare and complex conditions requiring highly specialised centralised services- parts of the county are an hour or more away from Gloucester and Cheltenham Hospitals which is very difficult for the elderly, infirm and people who cannot drive.		
424	Single site hospital with sufficient beds. Not expanding GRH. New build.		
425	Good, effective emergency resources and access on our doorsteps		
426	Patient experience Patient service Patient safety Adequate resources Skilled staff Positive outcomes Right staffing levels		
427	The way this document is worded is in my opinion directing all who read it to a single conclusion, that being the present arrangement is the only way forward as regards A&E services. However having experienced the present arrangement and talked to people who have worked under the present arrangement, my opinion is:- 1) The present arrangement was based on an original situation whereby there was not sufficient Consultant cover to supervise Junior Doctors. There are now employed as I understand sufficient Consultants but the situation rather than being an interim measure has now become a fixed arrangement. 2) I am aware that as a result of all ambulance cases going to Gloucester after 8pm at night, that this has resulted in the chaos of patients being kept on trolleys in corridors often for several hours even overnight		

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		Response Percent	Response Total
	From the staffs point of view this is totally unsafe and many have left rather than have their careers blighted as a result of a litigation case being brought against them because of the afore mentioned. 3) I would like to see a full reinstatement of A&E services put back in Cheltenham General. Cheltenham General has long served the needs of the people not just of Cheltenham but also North Cotswolds into Worcestershire, Gloucester Royal, not just the City but further south and Forest of Dean. Trying to push such a large populations needs into one centre not built for the purpose has resulted in the problems patients are now experiencing. 4)The above problems have been exacerbated by the loss of the Community Hospital facility. These institutions provided much needed respite, convalescence rehabilitation care freeing up acute beds. The lack of acute beds has helped serve the problems the present A&E services are now experiencing, there is a need to re-instate a facility such as the old Community Hospitals served. 5)Care in the Community placed in the hands of Private Companies is providing a fragmented service. If Care in the Community is the only way to go it needs to be taken back by the NHS and administered such that it provides a service fit for purpose not profit,.		
428	Consolidating services onto single sites allows efficient use of space and resources and concentrates clinical specialism, offering patients the highest quality care		
429	Ease of access for advice/direction Maybe offer 2 options only = 111 or 999 BUT they must be answered instantly If the operator decides that my GP is best suited to help me, they put me through (i.e. 111 should be the only portal to get through to GP, Pharmacist, minor injuries unit) Phoning GP Surgery telephone is time-consuming and therefore very annoying!		
430	accessible GP care sufficient staffing levels		
431	Needs of population, current and future		
432	excellent staffing levels prompt and relevant advice if using a telephone helpline		
433	Access to expert treatment/assessment in a timely manner. Reduced cancellation of procedures/surgeries. Well staff and resourced services. High levels of safe care for patients		
434	Clarity in what is available, where patients should go in an emergency		
435	Right treatment in the right place at the right time by the right health care professional. Easier access to direct support whether by telephone or by F2F consultations.		
436	To be as local as can be to reduce delays in critical treatment and analysis		
437	Be mindful of rural communities and how they can assess help.		
438	It's about promoting the right balance of support to patients and using the hierarchy of services available. Pharmacy, 111, doctors surgery and A&E. While maintaining all of those core services in both Cheltenham and Gloucester.		
439	adequate staffing of the appropriate discipline and seniority access to necessary investigations, including radiology avoiding unnecessary ambulance trips across the county		
440	Drop in centres are very important because they offer an opportunity to access simple treatment, a range of advice and support and basic reassurance without the need to make an appointment with a GP and to take up surgery time for minor issues. They are especially important for families with young children and babies to support new parents. They also provide a base for older patients to ask questions about symptoms with ease.		
441	They must be 'fair' and not dependant on where patients live - albeit there will be a rural / urban difference If patients phone for advice then calls will be answered promptly If it gets to 8.20 in the evening and patients are still worried what are they meant to do ?		
442	- direct communication between referrers and specialists - capacity to triage and direct patients from ED to appropriate services - one centralised ED with appropriate staffing and realistic bed numbers to accommodate the expected increase in case numbers both now and into the future - ensure that the needs of children are considered and catered for when expanding and developing emergency care services - this needs a champion at clinical and board level		

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		Response Percent	Response Total
443	Better education for people that attend A&E when it's not necessary. Providing minor injury and illness clinics at more GP surgeries across the county. Don't make the assumption that the majority of people would be able to get somewhere that involved a 30 minute drive!!!		
444	Advice needs to be provided in layman's terms. Consideration how you provide information to those who have a low intellect Person providing advice needs to show compassion not adopt the cold stance of a Dr's Receptionist. Respect not all people like to be overheard by others, ensure privacy is respected Compassion and empathy		
445	Transport - in rural areas and the villages there is no public transport, and even less after hours. Taxis are expensive because they charge for the distance from the town to the village pick up, which can double the fair (I was quoted £50 for a taxi from one village to another, 3 miles away). Urgent care can happen at any time, not just 9-5, and while it might be possible to get a neighbour to run you into a local minor injuries unit, it might not be possible to find someone kind enough drive to Gloucester or Cheltenham after hours. It is a nice idea saying 'within a 30 minute drive', but that doesn't get you far around here. Cirencester is 30 minutes if you are lucky, Glos and Chelt are both 50 minutes, and Tetbury, our closest is closed after 4. Much thought needs to go into how the needs of people in the most rural areas furthest from the main hospitals will be serviced, especially after hours.		
446	Give more information and surveys about the NHS		
447	Leave things basically as they are and build new hospital combining all new elements to serve not only Cheltenham and Gloucester but also the outlying areas the best place to do this should be alongside M5 at Golden Valley interchange this would serve the whole of this glorious county we live in for the future .		
448	Need to consider out of hours provision and surge times. Often very hard to get through to a GP on a Monday morning. May need 24/7 co-location of GP and ED +/- telephone advice service		
449	more doctors and nurses working 8 hour shifts		
450	Embrace decisions made by AI systems and remove GP and consultant control and powers (Legally) so that AI systems that preform as well as or better than them are in control		
451	That treatment can be carried out as close to home as possible. Total reliance on GRH has many problems i.e. getting there, parking, parking costs, no driving patients relying on the bus is not viable for many areas		
452	Continuity for medical records, having moved from Somerset where we could see records online, we now only have access to limited information and that after 4 month delay in asking Appointments - maximum waiting time 2 weeks, I have to book 5 weeks in advance		
453	Quick, close and expert		
454	Someone at the end of the phone		
455	Use of internet / video		
456	Adequate GP services or clearly UNDERSTOOD alternatives An out of hours service that is NOT methodically and cynically understaffed. One doctor for the whole county (as happens at least once per week) is a disgrace		
457	We must ensure Cheltenham has a full time fully functioning and fully staffed A&E		
458	To have enough trained permanent nurses, doctors & ambulance crews to support the service 24/7 and to be able to access A&E in Cheltenham which is vital for a population of over 115,000.		
459	Retaining Cheltenham's A&E		
460	Having the choice to be able to go somewhere within easy reach i.e. Tetbury. Smaller and local hospitals such as Tetbury are important. They are on a more "human" scale and can provide a more personal and friendly atmosphere. A visit to a large hospital can be very stressful given the masses of people around, the distances on the site to navigate, the waiting times and the well-known parking problems.		
461	To be able to get appointment with a doctor sooner than 3 weeks waiting time, less arrogance from receptionist who really believe they are doctors or maybe GOD		

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		Response Percent	Response Total
462	The public of "understanding" of what service should they contact for help with different needs? Acute hospital, A&E, 111, minor injuries, GP? or even local nurse		
463	Ensuring everyone knows which service is available in a specific area including times. Not every person has access to the internet and the facility to easily reach what is considered the appropriate service		
464	Enough staff, especially for a quick first referral. People worry if they have to wait to find out what is wrong		
465	From personal experience I know how important it is to have an Accident and Emergency Department facility as close as possible to your home. In Cheltenham we such in the Cheltenham General Hospital right now and this has made a real difference to my life. Likewise, I have seen the long queues in the Gloucester Royal Hospital trying to deal with the people from the Gloucestershire area as well as those from Gloucester City itself. Both of these hospitals need an Accident and Emergency Department facility to deal with these situations as quickly as possible when time is often of the essence. Therefore, investment in the Accident and Emergency Department in Cheltenham most continue and indeed improve on this vital service, this is really essential.		
466	public need to be made aware of what is URGENT Services can be across different sites, paramedics / doctors doing initial assessment to decide where they go, direct public		
467	Location, availability of information as to where to go		
468	Location Waiting times Good Advice		
469	General answer to all the questions Austerity is over, we are assured, so need to cut back is reduced. So don't close facilities Keep duplicate facilities at CGH and GRH		
470	1- people understand the options available - at present most people don't know when Cheltenham A&E is open and for what treatments. Thus keeping A&E fully functioning at Cheltenham will help no end		
471	Training in effective communication for frontline staff. I cannot see this raised in this booklet but in my experience HOW anxious people are met, listened to and given information at the first point of contact (could be over the phone) is critical to reducing the strain on the system. Feeling looked after is the first step to recovery		
472	From personal experience I know how important it is to have an Accident and Emergency Department facility as close as possible to your home. In Cheltenham we such in the Cheltenham General Hospital right now and this has made a real difference to my life. likewise I have seen the long queues in the Gloucester Royal Hospital trying to deal with the people from the Gloucestershire area as well as those from Gloucester City itself. Both of these hospitals need an Accident and Emergency Department facility to deal with these situations as quickly as possible when time is often of the essence. Therefore, investment in the Accident and Emergency Department in Cheltenham most continue and indeed improve on this vital service, this is really essential. The problem is that of talking and more probably seeing a professional healthcare specialist on the same day to get an immediate diagnosis. This is likely to be the case to someone who cannot differentiate between something that is actually urgent and something that is considered to be perhaps life or limb threating.		
473	The process needs to be absolutely clear to everybody. Some people will be in a stressful situation and it is important not to rely too much on online solutions for day one although with improved infrastructure and public awareness of technology this can be developed over time. An electric supply problem (rare though they are) could be a real issue. There will probably always be issues where some human interaction is required.		
474	Appropriate streaming options for alternatives to the emergency department. Access to out of hours GP services Availability for hot clinics for specialty review. Availability of specialist advice to community practitioners. Well-resourced emergency departments backed up by consistent specialist services in one place.		
475	Appointments at GP surgery within the week if required. My practice can only offer apps 3 weeks away, if you cannot wait that long you have to use the emergency triage system. Sometimes you know you don't need to be seen the same day but cannot wait 3 weeks		

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		Response Percent	Response Total
	Having tried 111, I was not impressed with the service. If you are going to offer a Hospital Assessment Service patients must be able to attend without having to make an appointment.		
476	It needs to be very clear what different services offer and when. Variable access to x-ray at MIUs mean that patients frequently end up with having to attend the MIU and then get sent to the ED anyway. This is hugely inconvenient for patients and an inefficient use of services.		
477	Community service provision can be confusing, opening times inconsistent and service provision is often unclear. I would advocate a more intuitive, streamlined and user friendly service based on patients' needs. I would advocate the approach set out on p10/11 (ASAP).		
478	Ensuring that the specialists for each condition are in the same place, on the hospital site that has the equipment and other staff that they need to provide the best and most appropriate care for patients. If this means that some (most) specialities are no longer co-located on both sites then so long as the public and the paramedic and other services know on which site the specialist for each condition is located and can (usually) present to the appropriate site when unwell, then there shouldn't be a problem.		
479	There need to enough resources and capacity to ensure development and improvement of services so that patients currently experiencing excellent care are not disadvantaged by changing site of services Development needs to be about excellence, not "coping" - aspiring to be average is a step backwards for some - we should lift up the services struggling not bring all to the middle		
480	Accessibility within an acceptable timescale. Working in a very rural area in the North Cotswolds I would also suggest that having services based locally is important for accessibility. I feel that it is very important to then educate the general public (and health professionals) on what services are available and what the expectations are for using A&E for example.		
481	The principal of concentrating specialist procedures in either GRS or CGH does make sense. What is a cause for concern is when people ring 111 for advise the time lag before their call is returned by a medical professional must be improved, the alternative is to dial 999.		
482	that what might be urgent care when dealt with by trained staff could easily become emergency care when non trained staff are involved. - i.e. what might be considered just a broken leg by the patient could actual lead to a major femoral artery being injured if not dealt with professionally		
483	That all the services are advertised in a clear way so that people are not confused as to which service they should use. As much as people misuse A&E with minor injuries, I haven't seen a minor injuries unit advertised at all, and I know many elderly and vulnerable people who would not want to 'make a fuss' and therefore won't turn up at A&E because they never consider their health to be a priority. I also absolutely feel that the two main urban centres should still have A&E's, perhaps with an urgent care/minor injuries unit alongside for easy transfer. One A&E for the whole county is absolutely not enough.		
484	Travelling distance to access services for people unable to drive. I had to forego post-operative physiotherapy course in Gloucester hospital because unable to drive there from Tetbury after back surgery. taxi fare is over £50 and public transport non-existent. Also easier to drive from Tetbury to Swindon A&E than Cheltenham or Gloucester. Sunday services are dreadful/non-existent in Tetbury - no pharmacy hospital or GP open locally so have to drive to Cirencester Stroud or Swindon.		
485	Access to local health care, eg urgent care unit at Tetbury		
486	Cheltenham General Hospital needs to have a full A&E 24 Hours a day. Gloucester Royal Hospital A&E is struggling to cope now. No way it will be able to cope with demand if A&E at CGH would be closed. Also there should be a pre-screening of People before they enter A&E. If the pre-screening concludes that it is not a case for A&E they should be directed to the right place (out of hours GP, Chemist, GP or 111).		
487	Ease of access for people whom work (and those who don't) and for those who are IT-literate and those who do not have IT access. To reduce travel for those living in the south of the county. To access specialist services, where needed.		
488	Good communication/publicity so people actually understand ,who to contact, where to go and also what to expect when they get there. Concentrating specialities in the hospital best able to provide that specialist service. Try to re-educate folk to understand that just because there has always been an A&E “close to home or just down the road “it doesn’t mean it’s the best.		

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		Response Percent	Response Total
489	Effective communication pointing people in the right place giving visual signposting's, internet access to appointments.		
490	Ease of access. Time, cost and distance to travel needs to kept to a minimum. So more services and specialist/consultant service LOCALLY. Action to ensure that public transport is available to the hospital reception.		
491	To ensure high quality services in Gloucestershire it is essential the Cheltenham General Hospital keeps its A&E. Cheltenham General Hospital serves over 115,000 people in Cheltenham and that figure is only going to increase given the planned growth for the future. Its A&E department is relied upon by thousands more when you take into account Bishop's Cleeve in the north to Bourton-on-the-Water in the east off the county. GRH is unable to satisfy the provision of service, either by its proximity or capacity.		
492	Make sure services are available as local as possible - where there is a need to use further away facilities ensure there is adequate transport		
493	Information about where and when treatment is available in any area at any time. Standard surgery hours including Saturdays. Headlines in the press are not helpful - correct information needs to be in the press		
494	It is essential that Cheltenham General Hospital keeps A&E. CGH serves Eastern Gloucestershire with a population of well over 150,000 people (115,000 in Cheltenham alone) Gloucester Royal Hospital cannot replicate provision in terms of capacity and because it is further away from those in Cheltenham and Eastern Gloucestershire requiring A&E		
495	to ensure all communities have local access Rural communities have been marginalised and this has to be addressed		
496	Well informed and mentally alert individuals are able to access good advice through NHS 111 but with increasing numbers of elderly patients with varying degrees of dementia or infirmity or poor telephone skills, there is a growing need to provide additional call button or other help		
497	Local availability of health care for minor injuries or sudden illnesses. We don't all have access to a car so being an inexpensive taxi ride or a cycle ride even would help a lot. Therefore local Hospitals are indispensable and should be kept going. If GP centres could have a walk in facility with a practice nurse available during the times the centre is open to assess the injury, illness, etc then it would go a long way towards reducing the drop in at hospitals. If the out of hours Doctors could have more support so that they arrive at the patients home with 1-2 hours of being called it would help confidence in using the out of hours service which is low at the moment. Ambulances are being called for when not really needed, due to waiting too long for a Dr to call, so the out of hours service needs to be made a faster more responsive service People calling for help with an elderly person or a child can't often can't transport that patient due to frailness, other family members needing their attention and many other reasons so again the On Call and Out Of Hours service needs to be available to all when needed, these 2 provisions could help people so much more than they are doing now. When you ask for a Dr visit it is like asking for a gold mine. Nurses are so full of information and help that perhaps they could help in the Dr's call out and Out Of Hours system.		
498	1- Skills and expertise of staff 2 - Somewhere where there is plenty of easy car parking and bus routes frequently. Information for people to how to travel there. 3 - Have full facilities at MIUs community hospitals as it is stressful and difficult for elderly to travel from far end of Gloucestershire to GRH		
499	A&E department needs to be available 7 days per week, 24 hours a day at both hospitals so that advice and assessment can take place as soon as possible		
500	Ensure easy local access for people with minor illness. Concentrate resources for emergency care. Quality over convenience		
501	Obviously one needs to match future services to forecast demand. For users of the services key factors are ease of access to the services (near and now) and being able to find out easily 24/7 where to go depending on the nature of the problem and the time of day. Ideally patients should be dealt with as much as sensible by those who know them best i.e. GPs. All relevant medical history of a local patient should be available to		

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		Response Percent	Response Total
	all appropriate medical staff whether GPs or in hospitals, and results of tests etc in any location fed into a common patient file. (Background: my GP suggesting data generated in hospital during/after an operation e.g. blood pressure was not passed to GP)		
502	ensuring everyone gets timely, safe care to reduce likelihood of a poor outcome		
503	GP's need to be more accessible - it continues to be crazy hard to see any GP - never mind one who you've seen consistently.		
504	Chelt Gen. hospital is very old. The front of the hospital is dreadful-the windows are rotten and it is very depressing a lot of the rooms having been divided up and some without windows at all. Surely we need a new hospital for glos.& chelt. somewhere near the golden valley would be ideal. Then both areas could share services and work as one.		
505	One of the most important things to consider is the pre-treatment time i.e. the time taken before treatment can be administered particularly in life-threatening situations. Published research and NICE guidance suggests that the pre-treatment time for life-threatening trauma is 1 hour, also known as the "golden hour" and 2 hours in myocardial infarction. Gloucestershire is primarily a rural community and many areas to the north are quite often very poorly served by the ambulance service not through fault of their own but purely due to its rural nature and inaccessibility. Very careful consideration should be given to the pre-treatment and treatment access times for these areas. The reconfiguration should not be purely about the financial implications and moving to one site for urgent care particularly A&E. Many of the 999 calls already go straight to Gloucestershire Royal bypassing Cheltenham A&E there should be a patient outcome study done before considering any further changes. The other concern is that GHNHSFT will surreptitiously close Cheltenham A&E as they did with the Battledown ward claiming the lack of patient mix, skill mix and staff as reasons to close the department.		
506	Accessibility. The population of Cheltenham and around justifies provision of 24/7 A&E		
507	Local availability of health care for minor injuries or sudden illnesses. We don't all have access to a car so being an inexpensive taxi ride or a cycle ride even would help a lot. Therefore local Hospitals are indispensable and should be kept going. If GP centres could have a walk in facility with a practice nurse available during the times the centre is open to assess the injury, illness, etc then it would go a long way towards reducing the drop in at hospitals. If the out of hours Doctors could have more support so that they arrive at the patients home with 1-2 hours of being called it would help confidence in using the out of hours service which is low at the moment. Ambulances are being called for when not really needed, due to waiting too long for a Dr to call, so the out of hours service needs to be made a faster more responsive service People calling for help with an elderly person or a child can't often can't transport that patient due to frailness, other family members needing their attention and many other reasons so again the On Call and Out Of Hours service needs to be available to all when needed, these 2 provisions could help people so much more than they are doing now. When you ask for a Dr visit it is like asking for a gold mine. Nurses are so full of information and help that perhaps they could help in the Dr's call out and Out Of Hours system.		
508	ensure CGH is fit for purpose and continues to provide urgent care 0 fully functional emergency dept, ITU and general surgery provision		
509	It is important that people in need of an urgent medical appointment are able to get one within an appropriate timescale and that they shouldn't be unreasonably inconvenienced or out of pocket for attending the appointment or receiving the service. I feel that many people including myself will avoid seeing a doctor not because we don't need one but because the inconvenience and cost in terms of time and money is too considerable. This is likely to affect people in mainly low skilled or low paid jobs that cannot easily get time off work and when they do they do not get paid for it.		
510	Urgent treatment must be within a 30 minute drive of everyone in the county and available the same day with reasonable waiting times, adequate staffing numbers and appropriately qualified doctors with prompt access to emergency on call surgical and medical specialists (should the need arise). Priority should be given to appointments in person so that a physical examination can be performed if deemed necessary.		
511	locality of treatment short waiting times appropriate facilities		

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		Response Percent	Response Total
512	Patient safety Clear and simple for the public to understand what is offered at each site		
513	Should prioritise appointments in person not rely on phone or internet services for advice and assessment Must be available the same day, as close to home as possible without lengthy waiting times Must be manned by trained staff		
514	Making that urgent advice, assessment and treatment available as quickly and as easily as possible		
515	That there is something local as a first port of call.		
516	The most important things, given we take the excellence of the NHS as a given, are proximity and capacity. There are 115,000 people already in Cheltenham, with thousands more likely with the current house building programme. With the regular festivals in the town, this can swell by thousands, or even tens of thousands. Cheltenham needs to retain its A&E provision to serve this community.		
517	It is imperative to maintain the A & E facility in Cheltenham General Hospital. Services provided at GRH are already oversubscribed, with an intolerable level of waiting required.		
518	Rationalise and connect all the disparate services. Urge people to use the correct service. Share patient records GP / Hospital etc. Provision of timely care by skilled staff Discourage low level / frivolous visits to GP / A&E eg with colds minor sprains		
519	High quality, local pharmacy, GP services, minor injury units, x-ray, blood tests and other services which keep patients out of the main hospitals and are open 7 days a week. are the way ahead. A joined up approach between health and social care is clearly essential. Keep the main hospitals for the very sick or injured. Gloucestershire is very rural and for a lot of people it is at the very least half an hour to the main hospitals so these local community hospitals and services are vital and reassuring. Something that isn't often mentioned is the ease of parking and Vale hospital at Dursley really excels here. It makes a huge difference which shouldn't be underestimated. It's not just all about health care itself, poor, expensive parking or lack of parking can make the experience incredibly stressful. Please don't forget about the rural people without transport that live alone, are frail, disabled and elderly. Thank you.		
520	two hospitals that provide urgent care. Minors units with more access to for example X-ray machines.		
521	What about self-care and treatment? Maybe developing a simple course for the general public providing more first aid courses so people can treat themselves? Or 'simple first aid and minor illness awareness'. A public health campaign something has to give		
522	I don't believe it is possible to fully separate emergency and urgent care in the manner outlined and I believe it is essential that hospital services for both emergency and urgent cases remain closely integrated and that both are available at both Gloucester and Cheltenham. I consider the most important things to be: 1. Better ways to divert non-urgent cases away from A&E units 2. Maintenance/reinstatement of full 24 hour emergency care at both Gloucester and Cheltenham sites 3. One emergency care team and one urgent care team each operating across the two sites with fully consistent approaches, procedures and equipment to that staff can be equally effective from either location. 4. A very close well-structured liaison between the two teams		
523	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of new houses planned for the town) and its A&E is relied upon by thousands more across the county - from Bishop's Cleeve in the north to Bourton-on-the-Water in the east. GRH cannot replicate that provision in either proximity or capacity.		
524	To ensure access to a health professional on the same day. This could be face to face, by phone or email. Being told you have to wait days or weeks will likely trigger anxiety and an inappropriate visit to A&E.		
525	Enabling people to make the right choice with their location of health care. Much of the services outlined		

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		Response Percent	Response Total
	have been around for some time and yet the strain on A&E departments especially GRH continues and get worse. I believe people will revert to the "safest" option when they are unsure of the right location. Education will help.		
526	Keeping a full hospital service including accident & emergency in Cheltenham.		
527	Surely better to build on the existing facilities at Cheltenham A&E.		
528	Need A & E in Cheltenham. As a person who has been told by Consultant "when you have a stroke " not if, I know the importance for the golden hour for this and other conditions. Glos are already struggling and if this happens at rush hour there is no way I or others would get to Glos in time		
529	There are urgent advice centres around the county, but what is needed is a full emergency centre easily accessible, not a 40 minute drive away		
530	The most important thing is for there to be expert assistance close at hand. With all of the house building taking place in Tewkesbury, Bishop's Cleeve etc, I cannot see that one queue for A and E help at Gloucester is workable.		
531	Access is the key part of services. Cheltenham is a large conurbation that requires local services, with many large scale events happening in the town (Races, Festivals etc) not having direct access to these services is not an option.		
532	Keep A and E in CGH		
533	It is essential that Cheltenham retains its A&E service. The amount of area covered in Glos is impractical without this essential service.		
534	Accessibility to the nearest hospital for treatment not driving miles to Gloucester		
535	Assuming the medical provision is there, ease of access and proximity to a hospital is essential		
536	Ease of access		
537	Vital to keep Cheltenham as a fully functioning A&E hospital. Gloucester is miles away for many residents in the Cheltenham wider country area and it will take much too long to get really urgent cases to Gloucester and particularly stroke and heart attack victims. Unnecessary deaths will literally arise and One Gloucestershire will have Blood on its hands.		
538	1. opening hours 2. availability of staff 3. waiting time		
539	To ensure high-quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH services over 115,000 people in Cheltenham (I think of that is only going to rise given the number of houses planned for the town) and it's A&E is relied upon by thousands more across the county – from Bishops Cleeve in the north to Bourton on the water in the east. GRH cannot replicate that provision – either in proximity or capacity.		
540	Availability is important. In an emergency time matters.		
541	Cheltenham A&E staying open is essential in being able to provide the emergency treatment that the general public require. Shutting Cheltenham is not an option as this would completely inundate GRH which itself is already struggling due to the high demands placed on it.		
542	Speedy access to a healthcare professional and quick and thorough treatment		
543	In the case of urgent or emergency access to A&E services it is vital to know that the hospital service is as near as possible. If you live in or near Cheltenham speed is of the essence and so obviously you would want to be treated in Cheltenham and not have to wait for an ambulance to take you miles away in Gloucester. It is also important in these traumatic situations not to find yourself held up in an overcrowded hospital.		
544	We need to keep Cheltenham General Hospital A&E open and available 24/7 in order to serve the people of Gloucestershire who live not just in and around Cheltenham but also in the North Cotswolds. Gloucester Royal A&E is at maximum capacity and is unable to cope at busy times, so keeping Cheltenham General A&E open is of paramount importance.		
545	Need more services not less		
546	It is vital that Cheltenham maintains an accident and emergency department and services do not rely only		

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		Response Percent	Response Total
	upon Gloucester Royal. The travel time and difficulty in getting to Gloucester from the Cheltenham area will mean lives lost and a loss of service to Cheltenham residents.		
547	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps it's Accident & Emergency Department. Cheltenham General Hospital serves 115,000 people in Cheltenham & this figure is rises be use of all the building in the area. It's A & E is relied upon by thousands more across the county in outlying villages as far as Bredon & across to Bourton on the Water. GRH cannot replicate that provision either in proximity or capacity.		
548	It is crucial that critically ill patients can get to A&E and be triaged as fast as possible. This time will be affected by the distance to be travelled from the point of trauma and how fast the treatment centre can respond when the patient arrives. Any suggestion that suggests a reduction in the opening hours for Cheltenham A&E must impact on this critical period for most patients living or travelling in north Glos and particularly for those in parts of south Worcs. Delaying the decision process is likely to have a wider adverse impact on recovery that will not be balanced by the benefits seen from concentrating the extreme skills into a single team - yes a small number might be saved if all skills were concentrated together, but I suspect that this will be heavily counterbalanced by the speed of treatment seen by the vast majority of less traumatic patients. Keeping Cheltenham A&E open, and extending it to 24 hours, would probably have a better overall outcome than would be seen by any move to concentrate all in the difficult access route into Gloucester, which is often blocked by traffic near to the level crossing!		
549	Local access, services should be provided as close to the recipient as possible. A user of the service must not have artificial barriers such as physical distance separating the user and the service.		
550	If you direct people to an Urgent Care centre instead of their GP then you will need to revise your intent to make this available within a '30 minute drive' because in a rural county and especially for the many patients who do not drive this will exclude them from the services you are trying to offer. Advice needs to be clear and widely available. There also need to be stronger discouragement from attending A&E unnecessarily. The 111 service could take a stronger line in enforcing more appropriate routes to care. I have been sent to A&E with my son on more than one occasion by the 111 service when a priority appointment with my GP (or urgent care service) the next day would have been a far better option.		
551	In a growing conurbation it seems foolish to consider reducing A&E cover to one location when that location clearly will not be able to cope with all emergencies.		
552	Easy access to services Fully resourced high calibre medical professionals		
553	A combination of specialist staff and specialist facilities, easily accessible from my home in Cheltenham.		
554	Cheltenham is a large area and set to get larger to close the A&E would affect thousands and not just the residents of Cheltenham but surrounding areas such as Winchcombe, Andoversford and so on. The emergency in accident and emergency means you need attention quickly so to travel extra is not feasible. With the housing set to increase in and around Cheltenham then it is critical that this vital service remains open.		
555	Retain A&E in Cheltenham		
556	Don't close Cheltenham A&E		
557	Hello, My family and I live at Toddington, some eight miles North of Cheltenham. Over the years we have used Cheltenham General Hospital on numerous occasions, mostly for routine matters but sometimes needing A & E. Bus services currently run between us and CGH, although at present we can use a car. I am in my seventies and will soon become dependent on buses. If the services offered by CGH are reduced our alternative would become Gloucester Royal Hospital which is over twenty miles away, and bus journeys would be via Cheltenham and take well over an hour. Visiting friends and colleagues in hospital at Gloucester would become too much of a trial for OAPs and important social links would be lost. I implore you not to close CGH's A & E, and to improve the hospital instead, to keep medical services local reducing journey costs for both individuals and the planet. Yours sincerely, [redacted]		
558	The main problem is that Cheltenham covers the north of the county tewkesbury, Morton are smaller units		

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		Response Percent	Response Total
	and the number of ambulances I pass travelling with lights flashing along the A436 means that the golden hour is under threat with longer journeys		
559	A coherent and comprehensive integrated vision with a corresponding clear plan for Implementation that includes all health service provision in the county. This must be described before any development takes place and any public money is committed. The false dichotomy of urgent and elective care should be abandoned. Emergency care should involve specialists not generalists so that appropriate intervention happens round the clock.		
560	To ensure high quality services in Gloucestershire, it is essential that Cheltenham General Hospital keeps its A & E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and its A & E is relied upon by thousands more across the County - from Bishops Cleeve in the north to Bourton-on-the-Water in the east. Gloucester Royal Hospital cannot replicate that provision - either in proximity or capacity. I recently had experience of the effect of closing Cheltenham A & E overnight. A close relative was taken to Gloucester at around 10.00pm (not at a weekend) with concerning symptoms, which turned out thankfully not to be life threatening. The A & E Department was described to me as being like a third world country. It was about full to capacity - standing room only!. The ambulance driver told her it was like it every night as there is no provision in Cheltenham! He was not the only member of staff to reiterate this during her few days at the Hospital. She was finally seen by a doctor at approx. 5.00am and eventually admitted . I cannot stress too much how concerning it is for the residents of Cheltenham not to have 24 hour A & E cover. We are told it is nothing to do with funding so for goodness sake someone visit GRH A & E during the night time hours to witness the far from acceptable provision of healthcare.		
561	The population has grown massively and is still rising with no thought of where or how these people will be treated in times of ill health and emergencies that will not doubt arise.		
562	To have local care where people don't have to travel far to get it, this will become more important as our roads gets more clogged with traffic.		
563	Local access. Travel time to hospital. Good quick service		
564	You have overlooked that in recent years there has been a substantial amount of house building to the north of the county: Bishops Cleeve, Winchcombe etc. People from this area are less likely to be able to access urgent advice, assessment and treatment if you close Cheltenham A&E. Faced with a lengthy journey to Gloucester people are less likely to attend until their condition had deteriorated which could complicate the treatment required.		
565	It is essential that Chelt gen hosp A&E stays open to delivery quality care. In view of Chelt size, it is ridiculous that the idea of shutting the A&E has ever occurred. Glos hosp could not cope with suddenly having near an extra 120,000 patients. Health care for both these towns would 'go down the pan'.		
566	Access to A&E and NHS services in a timely manner		
567	Having an A&E in Cheltenham.		
568	For urgent care the time taken to reach treatment is key above anything else. Cheltenham has a high proportion of elderly and several large schools where accidents and sports injuries can be expected. It is vital to have urgent treatment locally. Also key is the quality of Staff and diagnostic and treatment equipment. Clearly the ability to handle the required numbers without undue waiting or beds left in corridors is also important.		
569	Make Doctors Surgeries remain open evenings and weekends Retain the A&E departments we currently have and charge non-urgent patients who turn up there a £20.00 fee for treatment.		
570	To ensure access it is vital that Cheltenham General Hospital keeps it's A&E.		
571	Accessibility and being seen in a timely manner from when the service is needed e.g. from when the incident arises or a decision is made that acute hospital care is required. Travelling to Gloucester from the north and East of the county and patient caption area is delay compared to travelling to Cheltenham. Being seen and treated by appropriately train and qualified MEDICAL staff.		
572	I think the Gloucester royal should not be the only hospital available for the Gloucestershire people.		

After reading pages 6-13 of the Fit for the Future booklet, please share your views below: In your view, what are the most important things to be considered in developing services to ensure everyone can access consistent urgent advice, assessment and treatment?

		Response Percent	Response Total
573	The key issue is availability of advice, assessment and treatment, which encompasses location and resources. The closer availability is to those who need it, the better the outcomes will be. For the purposes of illustration, a doctor in your own home is undoubtedly better than one based hundreds of miles away when urgent advice is required. As neither of these is on the table, the best alternative is to enhance and maximise facilities which are already in place, as close as possible to where they are needed.		
574	We need local A AND E and maternity units plus more out of hours GP services to reduce pressure on hospitals		
575	Gloucester Hospital is struggling to cope with the A&E demands of such a wide area (from personal experience), and therefore there are long delays before seeing a doctor. I had to sit in a corridor before and after treatment, both for several hours, whilst in extreme pain because of the number of people awaiting, and being attended to, by the extremely patient but stressed staff. Surely the terms Accident and Emergency intimate that urgent action is required and this cannot happen efficiently with such a huge area relying on one service in Gloucester. Finally, surely the cost of ambulances both in time and money would be saved by having a more local service in Cheltenham. I was actually driven past the Cheltenham General Hospital and then the ambulance sat in traffic for an hour to get me to Gloucester, it doesn't make sense.		
576	Fully re-open A&E in Cheltenham.		
577	Local A&E in Cheltenham to be kept open and maintained with 24 hour access. At present Gloucester A & E cannot cope for Gloucester let alone for anywhere else.		
578	Emergency treatment is crucial for Survival in the golden hour after a stroke. Cheltenham and Bishops Cleeve are retirement areas. I know this as I administered in a managerial role state pension claims, so I am eminently aware that the aging populations in these areas are VERY high.		
579	No matter who or how many voice their opinion the closure of Cheltenham A&E is a preposterously misguided potential decision being made by One Gloucestershire . The logistics for a huge number of people in the Cheltenham locale to get to Gloucester for A&E is utterly distressing because the transport system available between the 2 towns is appallingly slow and congested enough already & will only get worse It's a thoroughly stupid idea & should be scrapped.		
580	If it isn't broken leave it alone. If the service was improved not taken somewhere else.		
581	It is essential that Cheltenham General Hospital keeps its A&E.		
582	It is absolutely crucial to keep A&E in Cheltenham. It must be 24hrs and properly funded. Gloucester Royal is well over capacity waiting times and conditions are simply awful. With regard to maternity a nurse led unit now in Cheltenham endangers lives. Mothers who have a major trauma bleed should not be not transferred to Glos Royal with new born baby in back of Fathers car because the theatres are not available at Cheltenham.		
583	Local accessible service		
584	Urgent and emergency services must be available at Cheltenham General Hospital.		
585	It is essential that Cheltenham General Hospital retains its A&E to ensure high quality services in Gloucestershire. CGH serves over 115,000 people in Cheltenham (a figure that is rising given the houses planned and being built in and around the town). Its A&E is relied on by thousands more across the county from Bishops Cleeve to Bourton on the Water. Gloucester Royal cannot provide adequate services to this population either in capacity or proximity.		
586	Cheltenham needs to keep its A&E. it is a growing town so we need that capacity. GRH cannot meet this both in terms of size and proximity to those that need it.		
587	A first class. Accident and Emergency unit.		
588	Access		
589	We need local access to services that are run by appropriately qualified staff and adequately resourced around the clock. Access to any person's medical records needs to be possible quickly and securely from computer records whether attending hospital, any GP surgery, NHS 111 and possibly with some access limitations, pharmacists.		

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		Response Percent	Response Total
590	In respect of emergency services easy access to that service in tones of need. The document does not appear to consider the needs of elderly patients who have fallen and broken a bone which is exactly what happened to my 94 year old mother recently. A&E in Cheltenham assessed her and treated her quickly and kindly and follow up was swift and efficient. She would not have coped with a journey more than twice as far UK Gloucester and would probably have had to be hospitalised rather than being looked after at home, at significant additional cost to the NHS		
591	A&E Must be protected and maintained at Cheltenham.		
592	Accessibility - being 24/7 service based in Cheltenham for urgent diagnosis and treatment. Face to face with short waiting times for diagnosis is very important during emergencies. I am concerned that moving emergency services to Gloucester would delay access to urgent diagnosis and treatment in the event of an emergency.		
593	Cheltenham and its hinterland to the North and West has at least 150000 people and is planned to grow further. These numbers require a full A&E service in Chelt. General to provide an efficient and accessible resource.		
594	Cheltenham serves over 115,000 people in the town alone and building. More houses in the town in future and is essential that the hospital and a and e stay open Also the hospital is used by people outside the county too and GRH can't replicate that provision Also my father was recently admitted to Cheltenham general and at 84 years old should not have to travel by ambulance to GRH and this is what you expect people to do if you close the hospital A and E		
595	Please keep a&e in Cheltenham		
596	hospitals that are located within easy reach for emergencies bot 30 miles away GRH is already over used with long waiting times and lack of facilities We need more facilities in more areas not one large centre that is oversubscribed		
597	You seem to be talking about a bewildering array of services. You expect someone who is ill to work out which one is appropriate and drive themselves for up to 30 minutes to the correct one. That is bound to fail. It would be better to have LESS (apparent) choice. How about some buildings spread around, let's call them "Hospitals" with a Reception desk staffed by triage experts. If you need a trauma specialist, you get one. If you need a paracetamol, a nurse pops out of a different door and gives you one. Or maybe you get someone with GP-level training to sort you out. All these medical people are at the "Hospital" – they never tell you you've come to the wrong place, they just treat you. I end up at A&E every few years when I am seriously ill and my GP can only offer an appointment in 3 weeks' time. It's no use expecting people without money to go to a pharmacist		
598	Shorter waiting times at A&E - Getting people to go elsewhere rather than to A&E. Resource and staff GP surgeries to provide the services that they can. - they are just great. My view is that you need to get the MESSAGE out so that people understand that the other services are available and that an A&E visit is only required for life and limb situations. Honestly I think you should charge people £5 for a visit so that they think about it.		
599	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise give the number of houses planned for the town) and its A&E is relied upon by thousands more across the county - from Bishops Cleeve in the north to Bourton-on-the-Water in the east. GRH cannot replace that provision - either in proximity or capacity.		
600	This is not a question about developing these services, urgent and emergency services already exist and are clearly a requirement to be kept.		
601	Time elapsed to a genuine consultation with an appropriate clinician is essential to success. Closing the Cheltenham A&E would significantly reduce clinical outcomes in this respect by forcing patients to travel longer distances.		
602	By definition, URGENT advice, assessment and treatment need to be provided on as short a timescale as practicable. It is therefore most important that services are readily accessible. It is obvious that readily accessible means not travelling long distance along frequently congested roads		

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		Response Percent	Response Total
	Most people attending A&E do not arrive by ambulance with the facility to 'blue light' through the traffic. Delays can cost lives - this is undeniable.		
603	It is vitally important that services are local and accessible, distant access to medical services disenfranchises those who cannot or no longer drive. Public transportation is slow and inconvenient to many especially the aged and those who are unwell, indeed in many of the villages it is currently being cut back. Cheltenham hospital provides a much needed service, both A&E and a range of other departments to the growing population of the area.		
604	Adequate staffing, funding and various out of hours clinics that can be accessed around the county without the person having to travel too far to get seen. It is crucial that a doctor and not the patient decides whether an issue is urgent or an emergency, because sometimes people are in such pain or actually frightened and cannot make that decision.		
605	Resources both people and equipment and space		
606	Very important to consider the demographic which exists in Gloucestershire. A 70 year old living out of town is likely to be severely disadvantaged by centralising services in eg Gloucester. I agree with the principle of treatment according to need and encouraging self-help but matters outside an individual's control should be catered for. In this respect AVAILABILITY of services is very important and doubling the distance from an individual's home to a treatment centre is a major factor.		
607	Keeping A + E open in Cheltenham		
608	Easy access Short distance		
609	Many people have no transport, so easy of access to Cheltenham A&E is vital for them, to move it to Gloucester Royal is a kick in the teeth to many of them.		
610	I like the idea that a telephone call will put me in contact with someone who can direct me to the best source of treatment, with an appointment if necessary, but this would need to work far better than current experience. The most important factors are that the service should be adequately manned by competent staff and that the services they utilise are capable of responding. The paper makes the GP system sound fantastic where, in reality, it is difficult to get an appointment and when one does there is no continuity of doctor so a ten minute slot is mostly used covering the story so far.		
611	Funding. Training enough staff. Paying the staff and giving them decent contracts so they might stay and work in third tough environments. Accessibility, particularly for poor, disabled and co-morbidities, that are less likely to access to transport.		
612	I believe it is vital to keep FULL medical, emergency, urgent, maternity, operations and life support in Cheltenham. Cheltenham General Hospital cover a wide area (into the Cotswolds) and getting to Gloucester is too hard, takes too long, the route may not be known and the critical one hour window could be lost. Plus visiting - which is vital to recovery of a patient cold be reduced for the same reasons.		
613	There have to be local A&E services - not A&E services cut and closed at local locations in an effort to bring down costs. Local means within 5 miles, not in an already 'at-capacity' hospital in Gloucester. Time saves lives, having to trek miles to an A&E kills people or at the very least greatly reduces their chances of survival or best treatment as quickly as possible. Enforce correct use of A&E services (i.e. stop people abusing it for non-emergency issues - because they can't get to see their doctor!) and keep Cheltenham A&E open.		
614	Accessibility we need accessibility they are clogging up our roads with more and more houses we need to get to hospital QUICKLY		
615	limited travel to facility sensible wait times 24 hour access by any means		
616	Twenty four seven help		
617	24 hour availability		
618	It needs to be accessible. Cheltenham is a large town and the A&E serves a wide area. Gloucester is a considerable distance. This make a mockery of the concept of urgent or emergency care		

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		Response Percent	Response Total
	There are many faults with the NHS, however, take away emergency care and it undermines the entire concept of a public service.		
619	We need a fully open A-E 24-7		
620	Developing services is important, and designing services to meet local needs on a daily basis is key to managing resources and budget, so focusing on how people can look after themselves or health care in the community is important, So all positive so far. But I understand one of the proposals is to shut the Cheltenham A&E. Having seen decreases in A&E facilities in other locations prior to moving to Cheltenham, I can certainly say that this would be a mistake. The impact would be far reaching and the likely response from the community would be negative. Having recently experienced the A&E in Cheltenham. I can honestly say that there are defiantly some efficiencies that can be improved, but the it is obvious to me that the main fault comes from poor leadership and administration practices, not medical staff.		
621	Adequate resources for specialist care available and readily accessible to the community		
622	That they are accessible and that people are educated on the right options to choose.		
623	CHELTENHAM NEEDS 24 HOURS PER DAY ACCESS TO A FULL A&E SERVICE. ANYTHING LESS IS NOT ACCEPTABLE.		
624	Emergency and semi-urgent care must be available as locally as possible. Timing is critical in many, if not all situations.		
625	The population of the whole of the county will be served well in the future. Whenever I have been referred to GRH, the A & E department there has been bursting with people and there are long waiting times. I had to have my lip stitched and there was no local anaesthetic in A & E for the procedure on the Friday afternoon before August Bank Holiday. I felt really sorry for any children who had to visit the department on the following three days.		
626	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E Cheltenham General Hospital serves over 115,000 people in Cheltenham(a figure that is only going to rise given the number of houses planned for the town) and its A & E is relied upon by thousands more across the country - from Bishops Cleeve in the North to Bourton on the Water in the East. Gloucester Royal Hospital cannon replicate that provision in proximity or capacity.		
627	Access		
628	It is imperative that Cheltenham Hospital not only retains the A&E Department, but that this area and the whole hospital receives investment in money and people in order to ensure its services are adequately supported. Gloucestershire Royal hospital is too far away, and already overstretched. Lives are being put at risk by this whole push to get everything and everyone to go to Gloucester. It is a nonsense.		
629	24 hour emergency department at Cheltenham. Lives are put at risk by having to go to Gloucester at night. The situation will be much worse of Cheltenham A&E is closed completely.		
630	Cheltenham is still a rapidly expanding economic area of Gloucestershire and growing in terms of population faster than Gloucester and western Gloucestershire. It is therefore essential that it has access to a wide variety of hospital services locally including Accident and Emergency which in turn requires that other specialities to support this are also maintained. Having "all ones eggs in one basket" makes the idea of just one major full function hospital in the area very vulnerable to the unexpected disaster, there has to be resilience built into the system. It is not a farfetched thought as I have worked in a factory where a light plane crashed on the site, fortunately not close enough to the fuel tanks to cause a massive explosion but enough to put a major building out of action. I don't see in the proposals any significant savings involved in having one centre so that a bigger bang for the buck is created and thereby more and better facilities.		
631	Local, consistent quality healthcare for all those in our area		
632	Local access to good care and trained medical help 24 hours a day. At the moment too many people are being taken to Gloucester Royal Hospital when Cheltenham is closer. The care is good but the aftercare is abysmal and in many cases totally lacking. After the first reactive medical help many people especially very elderly people are sent home with no support and no following care or treatment plan		

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		Response Percent	Response Total
633	Cheltenham A&E department must remain as such. What happened to 'Care closer to home?' GRH cannot possibly provide a consist high level of service to an entire county, large in geographical area, and growing in numbers.		
634	Local availability of urgent medical services is vital for Cheltenham, a town with a large and growing population. The time taken to transport a patient from Cheltenham to Gloucester can be the difference between life and death.		
635	Local access.		
636	Accessibility both in terms of location and hours		
637	To ensure high quality service in Gloucestershire it is essential that Cheltenham A & E remains open. More and more houses are being built bringing more and more people to the area. The County cannot afford this loss		
638	CORRECTION TO PREVIOUS ATTEMPT AT SURVEY.		
639	LOCAL 24/7 service I.e. not a 30 minute drive away.		
640	Ease of accessibility to urgent care services such as A&E means that they need to be local and within easy reach given time criticality.		
641	To ensure that GP surgeries have sufficient staff to provide appointments within a few days, not a few weeks. Experience shows that 111 is not answering and dealing with calls efficiently, they could give better advice avoiding trips to A&E. 'Drop in' centres for minor ailments staffed by nurse practitioners, reducing unnecessary visits to A&E, these could be attached to GP medical centres.		
642	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. I am one of many people who have benefited from care (for myself and for my children) from Cheltenham A & E. I do not believe that GRH cannot replicate the provision in proximity or capacity.		
643	Local provision in all towns such as A&E in Cheltenham. More education about what is available and what times so people have a better understanding when they make their decisions. GPs often refer patients to A&E as they are unable to provide timely service.		
644	Locality! I speak from experience, when I suffered a ruptured ulcer at night and received prompt attention/.surgery within hours of admission at the emergency entry at Cheltenham Hospital the immediate operation was lifesaving. Similarly , when my wife fell recently and required emergency advice a very overcrowded emergency reception was used. A wait of over 4 hours for Cheltenham residents illustrated the need for this facility at local level . A loss to the community of our Hospital treatment , when emergencies can be numerous and unpredictable would be a travesty ! With more money being made available to the N.H.S. in the future I can see no justification to limit local access to emergency treatment and assessment.		
645	The plan to centralize A &E at GRH has several flaws; 1. Often when people go to A & E they do not know if they have a life or limb threatening condition. My wife went to A & E with a concern about a replacement hip, only to find she had a bad pelvic fracture, which require immediate care provision. 2. Often, in order to know if one 'qualifies' for your definition of emergency care one has to wait for an ambulance to appear. On the last occasion we called for one for my mother-in -law following a fall, she had to wait on the floor for 4 hours. If one goes to an urgent care unit then one has to also queue before they can determine with or not it is an emergency 2 On the occasions I have been with relatives to GRH A & E with relatives, who did have limb threatening conditions, the unit has been extremely under resourced with queues of trolleys and chaotic storage of equipment. this is complete contrast to my recent experience at CGH which was orderly, organised and properly staffed.		
646	Clarity on where to go in an emergency from my location (North Cotswolds) especially in the reality of emergency at night in bad weather Ambulance arrival in our area North Cotswolds within 10 minutes to have a chance of survival Provision for the elderly who are unable to self-drive and also may not be computer literate- Make 111 service more effective so no add delay to getting guidance on where to go		
647	Access is important especially for the elderly who live alone. I have had friends who have phoned 111 for advice and have been told a doctor will call them back within the hour and they have had to wait 3 hours or		

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		Response Percent	Response Total
	more. This is not acceptable.		
648	CLARITY about where to go and whom to approach, and how, for any given scenario at any given time will be critical. That means not clarity in YOUR own mind but clarity for the distressed patient and their family or supporters. You also need to ditch magical and wishful thinking. Pretending that GPs, pharmacists and websites/apps/111 are any kind of real support when you need urgent care are disingenuous to say the least. There must obviously be adequate staffing and resources for the services that ARE being offered.		
649	That people do not lose access to that which they already have in the name of progress.		
650	Making sure there are enough, well trained staff to cope with demand. Building on existing advertisement to make sure people seek urgent care only when it's appropriate.		
651	I'm really sorry - but this is the fourth time I have started this survey with good intentions.... but even for an articulate, professional I find these questions somehow overwhelming. I have never designed a questionnaire - but I fear that this one is not going to get a good representative response [certainly not one that means anything] This first question has enormous scope - too much for a simple one-box answer..... beyond answering in a limited way that would merely be stating the obvious.		
652	Access to specialist advice and care in a timely, efficient manner. Key specialist services should be co-located to allow streamlined care and better patient experience. Where there is not unanimous support for service location, this should still be driven forward based on CLINICAL grounds and not on political agendas or fear of backlash from toxic individuals.		
653	To be truly equitable, you cannot separate how people access services (i.e.. public transport) from the services themselves. There is not the infrastructure to support this. People often access same day services because GP provision is so difficult to access. I have tried accessing advice through pharmacies and they have never been helpful. Where is the data that proves that people access services inappropriately?		
654	Making the most of our resources (staff / equipment / estate) to ensure that whoever you are and wherever you live, you are able to access the right care, in the right place, at the right time. There should be due consideration given to the travel impact / costs associated with people coming to hospital, particularly for those who live on the outskirts of the county and / or, those on low incomes. However, in my view, I would rather have to travel further with the assurance that once I arrive, I will be seen by the most appropriate specialist and receive the best quality service.		
655	THE NEED FOR EASY ACCESS TO TREATMENT FOR ALL PATIENTS, REGARDLESS OF WHERE THEY LIVE IN THE COUNTY		
656	Triage, needs, seriousness of problem urgency of problem, competence of staff and suitable resources time to venue and suitability of venue		
657	Services should be close by. Shouldn't have to travel to a centre further away that is already straining to cope with numbers.		
658	Cheltenham needs a full-time A&E service i.e. 24 hours, 7 days a week.		
659	The safety of the patient. In my view that means easy access to A&E. Gloucester A&E is overstretched now - what happens if Cheltenham A&E closes altogether?. In my view people from the North Cotswolds would suffer most.		
660	To ensure high quality services in Gloucs it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town and surrounding villages) and its A&E is relied upon by thousands more across the county - from Bishops Cleeve in the North to Bourton - on - the -water in the east. GRH cannot replicate that provision- either in proximity or capacity.		
661	Simple single point of contact that can advise the person where to go that best fits the problem that is presented		
662	Individuals knowing where they should go for the advice they are seeking, rather than clogging vital A&E departments for minor issues		

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		Response Percent	Response Total
	Ensuring that there are sufficient resources in Cheltenham (and the rest of Gloucestershire) to service the needs of those living here. Without an A&E department in Cheltenham, we will have to travel to Gloucester royal which is concerning for those with urgent and critical conditions. Cheltenham is also a growing town and having only one A&E department, in Gloucester Royal is only going to put additional strain on an already busy department.		
663	Distance travelled in an urgent situation; consistent readily available advice particularly out-of-hours. Fast access to a range of diagnostic tests on both sites.		
664	Transport - in rural areas and the villages there is no public transport, and even less after hours. Taxis are expensive because they charge for the distance from the town to the village pick up, which can double the fair (I was quoted £50 for a taxi from one village to another, 3 miles away). Urgent care can happen at any time, not just 9-5, and while it might be possible to get a neighbour to run you into a local minor injuries unit, it might not be possible to find someone kind enough drive to Gloucester or Cheltenham after hours. It is a nice idea saying 'within a 30 minute drive', but that doesn't get you far around here. Cirencester is 30 minutes if you are lucky, Glos and Chelt are both 50 minutes, and Tetbury, our closest is closed after 4. Much thought needs to go into how the needs of people in the most rural areas furthest from the main hospitals will be serviced, especially after hours.		
665	Rapid access so that a problem can be assessed and then dealt with by the best people.		
666	Having a number of options available to access: methods of contact and times. Keeping A & E available for life threatening emergency medical care. Effective & Timely Triage process to direct you to the appropriate information/advice or assessment. A number of locations across the county and environments that are easily accessible for people with minor injuries		
667	Cheltenham needs to keep its A&E dept open as it is relied upon by hundreds of thousands of people and GRH is too far away and not accessible for most. GRH is already overwhelmed and unable to provide suitable service without adding more strain.		
668	There must be an A&E Department at Cheltenham General Hospital. 24 hrs a day.		
669	To keep Cheltenham hospital running as efficiently as possible and keep the A&E department open 24 hours a day. The population of Cheltenham is expanding at an alarming rate with more and more houses being built. A hospital with an A&E department is an essential service. This department must not be closed now or in the future. If anything it should expand. It is time that the people count not budgets and cost cutting.		
670	It is imperative that Cheltenham keeps its A&E department and it should be open 24 hours a day. There are over 100,000 people in Cheltenham plus the others in the surrounding area that all need a local A&E. Waiting times in Gloucester A&E are already bad and they would not cope with the extra burden if Cheltenham A&E closed.		
671	For the last 3 years I have followed ambulances to A & E for my ancient parents - they would call me and every time I would rush over to wait for an ambulance to arrive - if we were lucky it would be 2 hours but sometimes 6. We would arrive & there was no bed & they would sit, or if they were lucky have a cot in the corridor sometimes for 10 hours . These episodes not only had an impact on them but me and my mental Health. It should be the No 1. Priority for the Conservative Party to give the NHS much more funding It's totally unacceptable for this to carry on - it could be you or me frightened & humiliated.		
672	Provide the service where it is needed. That is Cheltenham A&E is required in Cheltenham not Gloucester.		
673	Speed of being seen for treatment. The further one has to travel the longer it takes making some circumstances even more life/limb threatening. Very little thought seems to have been made towards those in our society without the means to travel further or to the extreme costs involved. Lack of public transport is a huge factor too.		
674	communication with surgeries and pharmacies so that people can get urgent advice promptly. Some people are too shy to ask with correct emphasis, or do not recognise the need. Prompt Surgery appointments must be available for this.		

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		Response Percent	Response Total
	Low level care near to home is important, but make sure medium level is accessible.		
675	personally I think if the government brought back the contract for Out of hour GP's it would actually bring down the waiting times in the emergency depts. and MIU. unfortunately we will never be able to get across to general public about the what is an emergency and what's not, and people have come to expect to be seen. I feel we really need to stop fanny arsing around and tell patients when they are time wasting.		
676	accessible and easy to understand information on where patients need to go to seek help which would be understood by all ages. and also a good understanding on the new process so that people don't continue to turn up to a & e for non-serious issues, and know to seek help elsewhere		
677	A high quality focused provision that is local, and so easily and quickly accessible in an emergency. In Cheltenham this provided by the CGH, which I personally had recently need to experience and showed the importance of such a facility.		
678	I agree.		
679	I haven't seen the booklet		
680	close to home timely treatment		
681	For the size that Cheltenham and surrounding area is - it is essential that the Hospital is a 'full' service one. A & E is a key part of servicing the area and from figures suggested - this cannot be taken over by Gloucester Hospital. Further as both Gloucester and Cheltenham populations expand - this means that travel times will increase and getting to Gloucester would become more of a problem than it is now. The size of the area requires Proximate services especially emergency ones.		
682	Easy access and speed of response, which I would say is currently not what happens.		
683	Keep Cheltenham A&E open. The area covered by CGH cannot be covered by Gloucester alone. Already Gloucester is overloaded; how can the ED cope with Cheltenham patients as well?		
684	24 hour availability and within a reasonable short distance even for people without own car.		
685	I agree that all emergency cases might be better dealt with in one centre, i.e. GRH, BUT only if GRH A&E has the staff and facilities to cope with this, and Cheltenham A&E remains open 24/7 for urgent non-emergency cases.		
686	To ensure those in rural areas have good access to urgent care services, both walk-in and telephone advice. Tetbury Hospital is open until 4.30 weekdays, it should be open for longer and on week-ends, a Saturday service would be good as so much sport is played in the area. It is impossible to get public transport from Tetbury, so if you haven't got a car you're stuck unless you call an ambulance		
687	put emergency care closest to the patients that need it most. For heart patients, they should not need to travel to Cheltenham to receive their heart attack/ heart rhythm treatment if they come to Gloucester emergency department. This transfer will always put them at risk , and leads to patients dying.		
688	Location of facilities. It is important they are local so ALL people are able to access them. Not everyone can drive or afford a taxi to another town much further away. Closing local facilities unfairly impacts on the poorest in society. More people will have to either call 999 for an ambulance or go without timely treatment if they cannot make their own way to a local A&E facility. Just because a survey unsurprisingly shows that people consider the expertise of their specialist and the time taken to get an appointment as more important than the distance required to travel does not mean that the latter isn't of great importance to them; only those trying to orchestrate a particular outcome would claim that it does. If you were asked who was the most important person in your life, would it then be a reasonable assumption that everyone else is therefore unimportant to you and should be removed? No, it would simply mean that your answer was being manipulated.		
689	It's imperative that CGH retains its A&E service. For those of us in the Cheltenham area and to the north. My personal experiences are that CGH A&E are able to offer prompt and efficient services, whilst GRH is not. Even without the considerable travelling time, especially during busy periods, GRH waiting times are excessive. I don't see how it could cope with an even higher workload.		
690	Having a fully functioning A&E here in Cheltenham.		
691	You need enough trained staff to deal with emergencies at both Cheltenham and Gloucester		
692	Keeping options of services available locally		
693	keep a&e open local for fast response records are not important		

After reading pages 6-13 of the Fit for the Future booklet, please share your views below: In your view, what are the most important things to be considered in developing services to ensure everyone can access consistent urgent advice, assessment and treatment?

		Response Percent	Response Total
694	Accessibility of top rated services within the smallest radius possible from home.		
695	In order to achieve this Cheltenham General Hospital MUST keep its A&E. We live in Cheltenham and my daughter, who was 18 months at the time, received immediate care at Cheltenham General A&E for sepsis that saved her life. Had she been required to go to Gloucester Royal she probably wouldn't have made it. Cheltenham is a populous and growing town - it deserves its own A&E. Gloucester Royal can't cope as things are.		
696	If the aim is to 'improve urgent care services in local communities' then it is vital that the services are maintained locally. This means that Cheltenham A&E should be maintained as a 24 hour fully operational unit.		
697	The need to concentrate very specialised services and equipment is well-understood. However, there are slightly less critical services which are accessed by many more people and for the two big towns in Gloucestershire mean a lot of people travelling in individual cars or by bus to one or the other if most services are not provided in both hospitals. It seems to me that there is a danger that in the cause of extraordinary specialist services, the needs of the rank and file of the population are ignored.		
698	I am a pensioner and I do not drive, has this been taken into consideration in this day and age of 3+ car families. Why should a large town like Cheltenham be deprived of our a and e dep. We have 55 new homes being built in Bouncers Lane in the very near future, this is happening all around us. The Royal aren't able to cope on occasions now.		
699	1) Have good old fashioned time and motion consultants in and reduce bureaucracy. 2) Reduce the number of overpaid so called management personnel from the top down. 3) Do away with PALS and set up a real meaningful complaints procedure that deals with senior management. 4) GRH is by far the most inefficient and worst run hospital that I have encountered. 5) As neighbours of mine have experienced yet again recently, A&E at GRH was overrun and they had to go to Cheltenham. Common sense dictates Cheltenham A&E needs to be kept open.		
700	Well it's certainly not reducing the health services for people that live in Cheltenham. You don't reduce the service you offer residents and just reroute them elsewhere, then try and spin it as a master stroke of dynamic planning (which is what you're doing at the moment after having read your document), you need to think smarter than you currently are. Your triage system at A&E needs to be stricter. I had to go to Cheltenham A&E once with a back injury that saw me sat on a hard plastic chair for over 3 hours after the initial triage assessment with the nurse, I was trying to sit on the seat but my lower back was injured and eventually I suffered severe muscle spasms. Yet a woman with a "suspected broken toe" got wheeled straight past me and seen first because she was making a real fuss. I had to go outside and lie on the grass screaming in agony with spasms because I didn't put on a great act when seen by the nurse. The spasms became so severe the doctor told me I'd actually ripped some muscles. So you could say I've got first-hand knowledge of how bad the system is. You don't need to shut the A&E you just need to be stricter about who you actually admit as an emergency. Having said that I have the utmost respect for the team at Cheltenham Hospital, the staff are amazing, they just need better systems in place to deal with time wasters. Penalising everyone because of the actions of irrational people is not the way forward.		
701	an a and e department in Cheltenham. Recently I was ill and saw the GP out of hours. they can't do specialist blood tests and sent me to my GP to order them. Delayed my treatment. I have read your document and feel there are several things wrong with your proposals. For example...how do people get to Gloucester from Cheltenham. A taxi is over £25 each way. Low income people cannot afford this. So more will call an ambulance.		
702	Having emergency care i.e. A&E in both centres. No further downgrading of CGH. Reopening of A&E at CGH for 24hr response and care.		
703	Must be consideration for people who for whatever reason, including rural areas with no public transport, to access urgent attention.		
704	That the right services are available- not having to wait over a month for a GP appointment		
705	A good functioning facility at each site with an in house ability to transfer patients to the other site if that is where they would be best treated.		
706	Developing joined up care is the key element in the development of services. There is nothing more frustrating for a patient, than being asked the same things every time you visit a different provider under the same NHS umbrella.		

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		Response Percent	Response Total
	Secondly, the impact of having joined up services will save time for clinicians and ultimately have a huge financial impact as there will be less wastage (time, medications etc.)		
707	More staff and longer GP opening times. People who need the doctor don't bother going, or go to A and E because they can'[t get an appointment.		
708	better treatment and getting appointment quicker not having to wait for 3 months before we get any communication		
709	Speed to appointment for best specialist advice for condition.		
710	To be very close to an actual A & E unit. As a wheelchair user, with complicated needs, I do not want to be ringing up for a taxi late at night, in all weather, trying desperately to get to an A & E unit over 10 miles away. You must start thinking of people who have difficult needs and not cut out local services. This is vital.		
711	More Hospitals More GP Surgeries better Mental Health Access and Better After care i.e. Care in the Community		
712	Cheltenham General Hospital serves over 115,000 people in Cheltenham. This number is rise in the future as there are many new housing projects underway. CGH A&E is relied upon by all these people and many more in the surrounding communities in areas like Bishops Cleeve, Bourton on the Water etc.. Indeed I have had to use the A&E department on two occasions when I suffered sudden heart issues. Gloucester hospital A&E cannot service all these people because of its more distant location (eg. my neighbour doesn't drive but can get to CGH by bus - impossible for Gloucester hospital). It also lacks sufficient capacity. In my view it is very important that CGH A&E is kept open and I believe the service should revert to a 24/7 operation.		
713	That it is local and available 24/7		
714	Availability of appointments to see GP's and specialists. The right equipment being available to aid in early diagnosis of conditions. Equipment being up to date and not out of date, within normal lifecycle of equipment.		
715	There should be a defined process to follow the patients should be forced to follow it.		
716	The community service itself. In terms of minor injury and illness services - the important things is that exist and available in districts. As long as the service is available I don't care where it is provided from e.g. doctors surgery, medical centre or community hospital. Here the doctors surgery is opposite the medical centre.		
717	Easy access to information.		
718	Adequate staffing and resource to deliver urgent care and high standards of care. Patient accessing efficient and effective care appropriate to their needs.		
719	The most important things are accessibility in location and hours of opening bearing in mind that there is an increasing older demographic who may not have transport or family support. As more building of houses in the area will increase populations quickly there needs to be sufficient local services. Also anyone without transport may have difficulty accessing services.		
720	- 24-hour access to A&E - The environmental impact of people driving long distances - The length of time it takes to get to hospital - The number of hospital beds available for the size of population - Widest possible range of treatments/specialisations available		
721	Convenient and timely access to Emergency/ urgent assessment and treatment in close proximity where I live Timely access to specialist treatment when needed		
722	yes		
723	A&E units are integral. Well-funded GPs surgeries and pharmacies. Stop downgrading A&Es when they are so well visited. (Specifically Cheltenham General Hospital as this is threatened in my area)		

After reading pages 6-13 of the Fit for the Future booklet, please share your views below: In your view, what are the most important things to be considered in developing services to ensure everyone can access consistent urgent advice, assessment and treatment?

		Response Percent	Response Total
	Ensure employment of on the ground staff who know their duties. There are too many upper level managers and not enough staff on the shifts. Bring back bursaries to supplement NHS staff by attracting nurses. Give bonuses to the STAFF. Not the upper level managers who are making high salaries.		
724	Cheltenham having a 24 hour a&e is the most important thing.		
725	There should be A&E services available at both main hospitals (Cheltenham and Gloucester) in Gloucestershire. With only 1 centre too many people would have further to travel so longer driving time, it is likely that waiting times will increase at A & E. Fast triage is important, as it availability of diagnostic tests 24/7. Good telephone advice would help but the 111 service, while better than it was! Still needs improvement.		
726	That most people do not have medical knowledge, so, when they are ill or injured, they cannot be sure as to the seriousness of their problem. Neither are they in the best situation for travelling any further than absolutely necessary. It is therefore important that help is readily available locally., which means that, for Cheltenham, the General Hospital keeps its A&E.		
727	Patient safety and care		
728	Availability to Cheltenham and west of Cheltenham of 24 hr A & E. This is because the increased admission times, even with the best of intentions, for an emergency taken to Gloucester will cost lives.		
729	I think the most important thing is that patients can access emergency and non-emergency care in as short a time as possible. I believe this is being put in jeopardy by trying to remove these services locally and centralising them which is exactly what this proposal suggests. We need to not only keep A&E services in Cheltenham but we need to have it re opened to a 24 hour service. I was appalled when I moved to Cheltenham 3 years ago to realise that a town the size of Cheltenham and surrounding rural areas do not have access to a 24 hour A&E department. I moved from the midlands and we had much better access to GP services , out of hours and A&E services. The proposal to reduce this even further here is disgraceful.		
730	Cheltenham hospital must serve the community with a full range of services from A&E through to specialist advice and care.		
731	A and E in Cheltenham		
732	Good organisation - staff and infrastructure Excellent management Appropriate funding Communication - both of the services available, changes as they happen and how to use them Staff who are professional, motivated and lead well		
733	Having a 24 hour A&E department at Cheltenham Hospital is vital to the safety and sustainable health of people in the town.		
734	We should get the best services available here in Gloucestershire Need to keep GPS central as I have the greatest, responsive primary care and I need this due to my respiratory issues		
735	Maintaining appropriate emergency services in Cheltenham		
736	quality service, acceptable waiting times		
737	It is essential that Cheltenham General Hospital keeps its Accident and Emergency Dept. It provides for a growing town (more houses and schools planned) and a wide area. Gloucester could not cope. Nor is it easy to access for chelt residents. Those vital minutes stuck in traffic or negotiating roads in an unfamiliar town could mean life or death.		
738	Have access locally, that is easily reachable.		
739	The most important things are that when health is an emergency and often life or death....no one wants to travel 6 extra miles to GRH to then be in an even longer queue ....GRH is already under pressure....HOW could this be considered GOOD MANAGEMENT of anything!!!!! Especially HEALTH		

After reading pages 6-13 of the Fit for the Future booklet, please share your views below: In your view, what are the most important things to be considered in developing services to ensure everyone can access consistent urgent advice, assessment and treatment?

		Response Percent	Response Total
740	It is important to us that urgent advice and assessment is maintained at local facilities, including GP practices, and improved in capability over time. For those of us who live in Winchcombe and its surrounding villages, this means: -- maintaining the size and capability of Winchcombe Medical Centre and its associated dispensing pharmacy, which complements and supplements the commercial chemist shop in the town. The Medical Centre would benefit from the addition of X-ray and other scanning technologies; -- continuing to provide at Tewkesbury Hospital the Minor Injuries Unit, including its X-ray capability. The Minor Injuries Unit complements local GP practices by providing urgent care at weekends and public holidays, when GP practices are closed, thus certainly reduces the demand for A&E attention at the two major hospitals.		
741	In north Gloucestershire the rate of housing development around north Cheltenham, Bishops Cleeve, Gotherington and outlying areas needs much more of a health service than proposed by the CGH services. The reliance of paramedics and ambulances particularly in rush hour traffic is particularly worrying. Cheltenham needs a full service A&E hospital for all local residents, especially because of the major events held in the town and area, and at the racecourse. More homes needs more medical services not reduced or terminated The aged population of Cheltenham residents needs an effective A&E hospital in the area, not rely on doubling the capacity of Gloucester GH. Taking older people to Southmead is stupid, as how do aged partners visit with poor transport. 'Hospital Visitor' to in patience are vital to aid recovery and release the low levels of hospital beds.		
742	It is important to keep a full A&E at Cheltenham hospital. It saved my husband's life in July. He walked in and had a cardiac arrest while in A&E. He would not have made the journey to Gloucester because of the distance and would not have survived if we had called an ambulance.		
743	If Gloucestershire is to maintain a high quality care system that patients requiring life sustaining care then there can be no reason to shut Cheltenham General A&E. Patients both in Cheltenham and the East, North East side of Gloucestershire will need to access this care quickly and not travel to GRH. It is too far for many patients this would be outside the golden hour. When you take into account travel to patient and then to GRH. GRH is also incapable of covering over 600,00 residents of Gloucestershire.		
744	How long it takes to get advice or access to emergency services wherever you are in Gloucestershire. Cheltenham needs access to emergency services for its growing population Especially given the length of time it takes to get to Gloucester and the overcrowded facilities there		
745	We need to maintain high quality services across a large area, from Bishop's Cleeve to the Cotswolds, we need an A&E centre that has the capacity to handle the need from the public and which is close enough for us to get to when we are severely unwell. Gloucester Royal is not close enough, and it is already overstretched, so growing Cheltenham General is surely the best answer.		
746	That a large town like Cheltenham has its own A&E, so that the locals don't have to travel to what would be an overcrowded Gloucester royal A&E.		
747	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and its A&E is relied upon by thousands more across the county – from Bishop's Cleeve in the north to Bourton-on-the-Water in the east. GRH cannot replicate that provision – either in proximity or capacity.		
748	The service is most important and having the right number of skilled staff - not which building the service is provided out of. True of minor illness and injury units and other urgent care.		
749	as well as having a "right patient, right time, right place" strategy, we need to guard that we do not develop a service that allows a "wrong patient, wrong place, wrong time" option to occur. there are finite resources available to allow an excellent service to be delivered on both sites of the county. members of the public will need to recognise that specialist services need senior doctors to make complex decisions; these doctors are in limited supply and cannot be stretched over two sites without impacting on service. to maintain experience they will need to see a high volume of patients and this is unlikely to be delivered at two sites.		
750	It is essential that Cheltenham General Hospital kept its A and E to serve the growing population of Cheltenham which currently serves over 110,000 and is destined to add thousands of households over the next 5 years . The A and E is belied upon by thousands more households. Concentrating more demand on a single A and E facility in Gloucester would be discriminatory and reduce service for the populations of both cities.		

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		Response Percent	Response Total
751	I believe that splitting urgent care services across two sites is not viable given the current political and taxation landscape - let alone considering the situation created a government keen to alienate non-uk healthcare workers leading to shortages of staff to provide care. Higher taxes combined with nationwide reform of health services could work to provide the logistical and economic infrastructure to provide first class healthcare services in all small towns like Cheltenham but this is probably impossible. Given the unchanging situation I suggest consolidation of services on to one site; close Cheltenham and establish a centre of excellence for virtual initial consultation and vastly improving the paramedic fleet to provide transport to those who, following assessment, require a hospital visit.		
752	Time and expert attention. That means local facilities.		
753	You need to re-assess the conclusions you report in 'Fit for the Future'. For example, on page 5, the pie chart for requirements for emergency services shows 35% of respondents putting 'prompt assessment and decision making' as their priority and only 8% choosing 'distance to travel'. However, distance to travel usually equates time of travel and thus has a big impact on how long it is before certain assessments and treatments can happen, so really the two options should be treated as one. Equally, on the same page, whilst obviously the expertise of a specialist is very important, if the wait to see them is so long that one's condition has got worse or untreatable, their expertise may not save the day. I think you tried to over-simplify the problems and therefore their solution.		
754	Keeping Cheltenham À&E is THE most important thing that can be proved for the future. My wife and I are both over 70 and my mother in law who lives with us is 95 and time to get to an A&E could be critical. Instead of shutting down this facility you should be discussing improvements to the A&E at the weekend.		
755	Capability (skills/facilities) and proximity. You can't access anything with urgency if you have to go a long way.		
756	Making them locally available without the need to travel large distances		
757	Most important thing is numbers if population in chelt and surrounding areas to the north i.e. Bishops Cleeve are growing and chelt A& E is so important . Glos Royal can’t cope as it is let alone if the population increases. You only have to look at the Glos wait times and you can see the staff are drowning.		
758	Patents clearly understand to most appropriate system on contact		
759	The number of people living in Cheltenham is great enough to warrant an a&e. The one at Gloucester is a long way to travel by car and often crowded. When people are ill they deserve to have family with them. Sending them to Gloucester will make this more difficult and is not fair. It’s clear from recent NHS literature that family present is important for recovery.		
760	Sufficient levels of staffing to ensure services are safe		
761	Quicker access to diagnostic tools and people being believed that they are suffering pain that is not easily seen or understood. Rationing treatment that can help relieve chronic pain is pointless as it leaves people living in hell and not being able to fully contribute to society.		
762	Keep a&e at Cheltenham as it is to provide service to patients and stop and already over pressured A&E at GRH becoming worse.		
763	When considering services you have to aim to avoid a formulaic approach. it is essential to consider the geographics and demographics of the community you serve. Cheltenham is a big town and Gloucestershire is a large county, I am a healthcare Professional and I can say with certainty the Cheltenham A and E is essential for its access and proximity to a large town with a high and growing population. Short distances to travel, an A and E that understands and serves the local people. Having to travel to Gloucester is problematic for patients and their relatives often elderly too. It is expensive and wastes valuable time in getting there. In developing services it is important to consider.... Ease of Access, Convenience, Distance to travel, local demographic, speed of presentation.		
764	I note from an earlier survey 'distance to travel' ranked low. This is flawed because it assumes the current position which includes A&E and other services in Cheltenham and NOT what is likely under the plans. Withdrawal or a dilution of the services delivered from the Cheltenham General Hospital (CGH) would lead to distance to travel increasing, e.g. Bishops Cleeve to Cheltenham 5 miles, Bishops Cleeve to Gloucester 15 miles. Expect any future survey result to rocket, should this be the case; making 'distance to travel' THE most important criteria. Along with distance to travel is time to travel. Longer travel times are NOT conducive to urgent medical care.		

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		Response Percent	Response Total
765	More info on where to get advice and when to go to A&E etc. People cannot be expected to do their own triage unaided. Ensuring that the services sing from the same sheet. Triage cannot always be done accurately without seeing the patient in my view following this experience. I fell and hurt my ankle and rang 111. They told me to see my GP that day. I rang my GP surgery who said they could not see me that day and were dismissive of 111 advice. I got a triage phone call and was told I had probably sprained my ankle. It failed to improve over the next few weeks and I was told over the phone by my GP to contact physio. They spoke to me over the phone and gave me exercises by email. Eventually I saw my GP and insisted on an X-ray. I had an multiple break that I had walked around on and done physio exercises on for 12 weeks. I had surgery to re- break the ankle, could not bear any weight for 8 weeks and was off work for 3 months. I answered all Qs during my phone consultations accurately but the diagnosis was missed. I was told I should have gone straight to A&E.		
766	There are 100,000+ people in Cheltenham. Also there is Bishops Cleeve etc. I have used A@E both in Gloucester and Cheltenham, notably with elderly parents. I have a strong preference for Cheltenham especially if using my own transport.		
767	DISTANCE ONE HAS TO TRAVEL TO GET HELP TIME IT MIGHT TAKE TO GET ASSISTANCE TRAVEL RESTRICTIONS I.E. ROAD ACCIDENTS CAUSING DELAY FAMILY SUPPORT AND THEIR CIRCUMSTANCES - STAY LOCAL		
768	To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and its A&E is relied upon by thousands more across the county – from Bishop's Cleeve in the north to Bourton-on-the-Water in the east. GRH cannot replicate that provision – either in proximity or capacity.		
769	Most important is to retain and enhance all the local MIIUs, and also those MIIUs at Gloucester and Cheltenham hospitals. This will service the local needs and also take the pressure of A+E which should be for life and limb threatening services only. The MIIUs would be enhanced by linking more closely with the GP practices, in terms of direct referrals, diversion and appointments. This is turn would also reduce pressure on primary care. Greater use of technology in diagnostics at a distance. Greater awareness of the additional problems of access in rural communities (even greater need to retain the local MIIUs), particularly for elderly users		
770	Access to complete services for people across the whole county, from North to South, not just the urban centres.		
771	As a resident in Tetbury, I feel that it is important that we can have access to services locally, to avoid unnecessary long trips to major hospitals.		
772	Access to A and E		
773	- Clear communication of which services are open when - Clear communication on what sort of urgent advice can be provided by which service		
774	Keep CGH A & E Department OPEN and revert to 24 hour availability		
775	Access - swift, appropriate and local. This means that people wherever they are in the county - including rural areas - do not need to travel more than 20 minutes (not 30) to get to the urgent care facility Urgent care needs to be available 24 hours a day, 7 days a week in all centres Fully staffed with appropriately qualified and experienced staff Make sure that urgent care centres either have, or have easy access to, diagnostic facilities eg x-ray, scan, blood test Ensure mental health services are available and meet the same criteria listed above Staff have access to records and information so they know your medical history		
776	It is important to ensure that those patients who access urgent and emergency services at each of the two sites receive good quality and consistent care / support. Traditional A&E services include all diagnostic (blood tests / x-ray etc) and care facilities whereas Non consultant GP led non-emergency units do not have these services and facilities. They do provide referral or at best re-assurance but often only a limited solution requiring the patient to return at a later date (and venue) for follow up care. In my opinion we need to upgrade the Non consultant GP led non-emergency units so that they are of consistent quality to traditional A&E. At the moment patients know if they want good care go to A&E.		
777	We need to maintain high quality services across a large area, from Bishop's Cleeve to the Cotswolds		

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		Response Percent	Response Total
	Cheltenham alone has a population of 115,000 and rising and its A&E is relied upon by thousands more across the county. We need county-wide A&E provision that has the capacity to handle the need from the public and which is close enough for us to get to when we are severely unwell. Gloucester Royal is not close enough for those requiring emergency care in the north and the east of the region, and it is already overstretched.		
778	Having sufficient capacity to provide urgent services - something that is lacking at present		
779	The Cheltenham A&E Department needs to remain available for the 115,000 and increasing number of inhabitants in Cheltenham. For life threatening situations, Gloucester is too far away due to poor road and access capability.		
780	Retain Cheltenham's accident and Emergency dept 24/7 and its surgical dept		
781	Cheltenham is a large and expanding town, almost a conurbation, with large estates still being planned on the periphery.. In the past few years planning consent has been given for a considerable number of developments for the over 60s. Cheltenham is now known as a desirable retirement location which means in future years there will be increasing demand for A&E services as the population ages. A benefit of living in Cheltenham at present is that many services, including the hospital are easily accessible for residents. Moving A&E to Gloucester would mean longer journeys for elderly patients and the carers they rely on to interact with clinical staff once they have been admitted.		
782	Ease of access, consistency of care and being able to see the best qualified people.		
783	Keep Cheltenham hospital's A&E plus prioritise specialist services in Cheltenham. This hospital serves a wide range of Cotswold villages which find it problematic to have to travel to Gloucester Royal. Gloucester Royal fails to be customer focused. It is grubby and does not have a good track record.		
784	A&E at Cheltenham General Children's Services at Cheltenham General 24 hr access to Mental Health Support for under 18's		
785	Cheltenham hospital looks after an ever growing population and is a key service to the whole catchment area. The need is getting greater, not reducing give the number of new houses being built in the area. It makes no sense to reduce service when the population using the services is increasing.		
786	There needs to be clear information about where to go for help and when (time, out of hours, day of week). Gloucestershire is a large county and we need to recognise the needs of our rural population and the challenges they face with accessing services urgently. It is vital for Cheltenham to have its own A and E, as it is simply too unsafe to rely on access to Gloucester. Whilst on paper it looks very few miles, travel to Gloucester is fraught with delays frequently and travel times are excessive. For me, locality is a huge part of accessibility. I am fortunate to have had the assistance of Cheltenham A and E when a close relative had a severe reaction to a bee sting. I cannot imagine how the same level of care could be provided if A and E services were to be restricted to Gloucester. I think it goes without saying that I would expect highly trained and professional staff, and responsive care.		
787	Tell people how the service works Make sure that all elements of the service work make sure the service is efficient at all levels		
788	Make working for the NHS appealing. The trust is very unappealing. Staff can't work any harder or quicker or cheaper. They can't provide the care they want to. Glos a and e is not big enough now but more than that there aren't enough beds.		
789	Providing more GPs so that people in need of care can actually see a doctor when they need to. It is very hard to find a training place to become a doctor therefore many young people are not able to fulfil their desire to train as a doctor. So train more doctors. My recent experience of Gloucester Royal Hospital has shown that the hospital is woefully understaffed by people who care for patients. This booklet would indicate that there are too many administrators and insufficient careers.		
790	The achievement of access to the right advice and direction to the right service that is appropriate for everyone is obviously a very ambitious target. It appears to me based on experiences that correct advice and assessment is crucial if the services are to be specific to a local community service or to GRH or CGH		

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		Response Percent	Response Total
	Otherwise patients could be directed to the wrong place, or local community services incorrectly deployed, causing delays and unnecessary travel. In my recent experience my wife had to spend considerable time on the phone discussing my symptoms on the phone with an out of hours doctor at CGH before he decided that he should see me as soon as possible. As it turned out I needed immediate emergency care following which there was a debate as to whether I needed to be moved to the ICU or the ACU. The phone based assessment almost failed to identify that an urgent assessment was necessary and did not identify how serious my condition was. I don't know how often such a problem would occur so I accept that I cannot judge how important this point is. For everyone to have access then the policy needs to take into account that for quite few people the criteria mentioned of no more than 30 minutes travel could mean a long distance is OK for those who have a car or have support, but could be limited to the outskirts of Cheltenham or Gloucester for someone reliant on public transport, unless there is accurate determination of the need for Ambulance or Paramedic transport and such transport is readily available.		
791	The most important things are to be able to offer Cheltenham and surrounding areas across the county access to an A&E dept I cannot imagine how our family could have managed several times when my three of my 4 daughters have needed emergency care. One child had to be admitted due to a serious asthma attack I don't think we would have made it to Gloucester Hospital considering the doctors rush to attend to her when we only had to get to Cheltenham. If we had had to travel to Gloucester it may well have been too late! My older daughter developed a serious bowel condition where the bowel became twisted. This can quickly cause severe pain it's not easy to diagnose quickly and the bowel, if not operated on very quickly causes gangrene and death. The same daughter also developed streptococcus Pneumoniae a year later and if we had not taken her to A&E and have blood tests carried out immediately she may have gone on to develop meningitis. We have also had emergency admissions for a third 4 year old daughter who has a serious life threatening autoimmune condition . During out stays in hospital we met many families who would never have managed to get there child to Gloucester in time.		
792	To keep high quality NHS and health services in the county, it's essential that Cheltenham retains a full Accident and Emergency service. The hospital serves a town with a growing population, over 100,000 people and with new housing from Prestbury to St Peter's only adding to this. When combined with hospital patients from as far afield as the Cotswolds, we need to retain Cheltenham's A&E.		
793	Contact the service easily and know what happens to your health to get an action quickly		
794	Timely and appropriate treatment It’s all very well having centres of excellence but we know that the success of many treatments is very time dependent . This is illustrated well by the lack of vascular surgery provision in SWINDON adding lengthy and dangerous delays to treatment as patients are transferred to Cheltenham ! The closure of a and e in Cheltenham would very likely increase mortality and morbidity rates		
795	ensuring facilities are easily assessable to all areas of the county. Reduce distance to travelling to sites		
796	Equal access- not a postcode lottery. Considering population groups who are unable to travel too far.		
797	It is essential that A&E remains open at Cheltenham. This department saved my life in July. I walked in with chest pains. They were not severe and if Cheltenham A&E had not been there I would have just made GP appointment. While in A&E I went into cardiac arrest. I was resuscitated and will always be grateful to the staff on duty that night.		
798	It should be centralised with more staff		
799	Carefully planned - ensuring that its well-staffed, building work is thought out so the space works for patients and staff. Same services 24 hours a day		
800	Ensuring it’s as local as possible and you don't need to travel far. Good patient experience, delivered locally		
801	services need to be available		
802	Safety is the number one thing that should be considered closely followed by ease of access and reduced waiting times		
803	I live in Tetbury and in my view it is vital that the MIU at Tetbury hospital remains OPEN and the hours be extended to 12 hours per day and 7 days per week		
804	Good communications Continuing awareness of patient needs		

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		Response Percent	Response Total
805	Immediate access to specialist services		
806	Rapid access to a senior decision maker to avoid wasted journeys/tests/time.		
807	I can see the value in putting all the expertise in one place, however when it involves a 60 mile round trip for patients, many of whom are frail with no public transport direct to a venue - it is a risky strategy		
808	Please review the ambulance service. Here in Tetbury we are extremely lucky if when called we get an ambulance within the hour!! by which time a life has been lost.		
809	Easy and swift access to GPs and MIUs		
810	keeping A&E at CGH open and developing it further		
811	Staffing levels so that people can be seen reasonably quickly Committed strong and well supported staff teams Services are well located and accessible with good transport links Public go to the appropriate location for treatment Effective communications are regularly shared clearly identifying where to go for what condition/illness/trauma		
812	Educating the public regarding appropriate use of ED. The definitions of urgent care and emergency care are very clear and should be widely circulated. Skills and expertise - right professionalism in a timely fashion in the right place Reduced waiting times - Access to X ray and diagnostic tests		
813	recruiting staff with right experience and expertise so that quality of care is given		
814	People need to know where to go to receive the urgent care they require. The healthcare offer should be simple to understand and there should not be variation in the offer between different localities		
815	You need to remember that the majority of people have minimal medical knowledge and it is often difficult to assess them over the phone. Children in particular probably need to be seen if there is parental concern.		
816	Keeping both ED departments in Cheltenham and Gloucester. As an example: I regularly attend ED in CGH as I have problems with my retinas. My speciality is in CGH and lasering needs to be done within a few hours of symptoms appearing. I'm usually taken straight up from ED to be seen within a few minutes. To go from Bishops Cleeve to Gloucester, then back to Cheltenham would be pointless and very difficult since I can't see at that time and I won't be able to drive for obvious reasons. More to the point, this would also be extremely frustrating and emotionally and physically draining. I'm sure this would also be a concern to other members of the public when their speciality is on once site, but access to ED is on another.		
817	1- Access to advice by telephone 2 - access to an urgent treatment centre within a reasonable distance of home or work. No more than 30 minute drive 3 - Access to A&E for emergency care		
818	Timely telephone or on ,one access to trained individuals who can signpost to the most appropriate service during OOH During GP opening times appropriately Care navigation teams who can signpost clients		
819	Ensure a 24/7 A&E is available to all 116,000 people of Cheltenham and surrounding villages.		
820	safety and highest standards of care Rapid response Avoid duplication? GPs in A&E have a local GP 111 service so if worse knows facilities available locally		
821	Easy and timely access to well-equipped and staffed facilities (no long ambulance rides) Follow up care and treatment readily available with sufficient facilities for quick transfers to this follow up care (no overcrowded wards and long waits)		

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		Response Percent	Response Total
	Easy access for family members		
822	Accessibility Quality of care		
823	Easy access to expert NHS advice/treatment		
824	good quality care in the right place the first time		
825	Page 7 -Minor injury units. There are none listed for Cheltenham. Like many elderly people I do not drive and so the ones listed are not accessible. Taxis are prohibitively expensive. Even if one is able to drive I suspect that it is inadvisable to take the wheel if one had had a minor surgery. Many years ago I accidentally stuck a Stanley knife into my leg. It was a deep wound which refused to stop bleeding. I phoned Cheltenham hospital for advice and was told to attend hospital. I was also told if I drove in such a state that my insurance would probably be invalidated. A taxi was not an option with copious quantities of blood running down my leg. I walked to the hospital. Page 7 - It is suggested that I ask the pharmacy for advice. My local pharmacy closes on a Saturday and Sunday. On the few occasions that I have asked for advice I have always been told to see a GP. Getting an appointment with a GP is almost impossible. Page 9 - Just what constitutes a serious condition which warrants a visit to A&E department? Lay members of the public don't know what is potentially a serious medical problem. Page 10 -11 -The telephone 111 service is not great! The online is in my opinion useless. I have tried it. I was asked to enter my age which I did on the drop down table. I am 84 years of age. When I continued I was informed that the service was not available to people under the age of 5 years. I returned to the previous page and looked more carefully and then saw that the drop down table had + and - signs. I had selected -84. How utterly and unnecessary confusing. I rectified the error and continued, but found the site utterly useless as an aid to my question at the time. I might add that a lot of elderly people are not terribly happy with computers		
826	in view of the ever increasing population in and around Cheltenham and Gloucester, I feel it is imperative to have a 24 hour A&E department at both Cheltenham and Gloucester. I have witnessed Gloucester A&E in the past year and don't think it will cope with both Cheltenham and Gloucester patients		
827	I have received excellent care at both hospitals		
828	Sustainability Consideration of front door services (i.e. GP access) and where boundaries need to be put in place to ensure workload does not become dangerous to patients or GPs		
829	Accessibility to all - not everyone has their own transport This includes patients, family members and other visitors Where I live in Cheltenham there are no buses at all in the evenings		
830	Although it is essential to consider having the appropriate levels of expertise on a particular site, the time it takes to get to a site from home is still the most important factor for a number of conditions where time is of an essence and every minute counts e.g. stroke, heart attack. In the case of more minor injuries etc, it is vital that the facilities are in place in centres elsewhere e.g. minor injuries units, for the management of these cases, thus avoiding attendance at A&E units. These facilities need to be available 24/7, minor injuries do not just happen in the day!		
831	I am a physiotherapist working in a private clinic and we are often first assessment of patients and want patients who present with "red Flag" to be urgently seen		
832	As a physiotherapist working privately in Cheltenham I have found it difficult to get patients urgently seen who present with possible "red Flags"		
833	Ease of access and expertise of staff treating me		
834	communication with public so can easily find out which service is open when: they hate going to wrong place which is why many just go to A&E Clear clinical pathways for Clinicians to refer (NHS - Private) ensuring each unit staffed effectively and experienced staff		
835	All of the items on page 22 are important The main things missing are 1 - careful, serious analysis about what services the people need and how they can be provided in an accessible location 2 - Honestly by the NHS Managers in presenting plans and their true objectives		
836	Being able to access this care easily and within a reasonable travelling time		

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		Response Percent	Response Total
	Advice needs to be accessible to those who do not have access to computers as there are many of these people, both due to cost and ability issues.		
837	Proximity to an Emergency Department is vital. If you live east of Cheltenham, say in Bourton, then it will take you another 20 minutes to reach an emergency department, causing additional deaths and irredeemable damage. Cheltenham is too large to be reduced to a non-emergency hospital, especially given the number of retirement residences that are being built in the area.		
838	Hospital location, accessible to residents, not miles away. GP apts. available with appropriate referral to specialist services, using the NHS, not everyone can afford to access private health care. Heath 'experts' fine if attached to GP's, providing its workable, which I doubt. Community health services dismal. Retain Emergency Dep. at Cheltenham General. (Number 1 on my list)		
839	I believe that it's helpful for people to have different ways to access urgent advice, assessment and treatment but it is important to be realistic. Technology is not necessarily going to be able to replace face-to-face consultation and many studies are finding this. The problem is that when people phone in with certain symptoms it's not possible to safely say from a phone consultation that they don't need an appointment so many patients will end up being seen even if they have a phone consult first. It is difficult for patients to judge their own symptoms especially if they're elderly or vulnerable, and difficult for clinical staff to make that judgement without seeing the patient first. Therefore putting in technological solutions such as phone and online resources should not be the priority - ensuring staff recruitment and investing in the physical centres themselves should be. From a personal perspective, as an East Cheltenham resident, my surgery is now Cleeve Medical Centre in Bishops Cleeve (20 min car ride with no reasonable public transport alternative). I have had phone consultations, but on each occasion I have still had to go in in person to ensure that the treatment is safe. When the surgery was Severn Posts, this meant that it was easily accessible. Now I need to drive for 20 mins. If I was very unwell this would be extremely difficult. In actual fact it would be nearer for me to go to Cheltenham General Urgent Care Centre. This is not good use of resource as I should be able to access my GPs.		
840	Better education and signposting to ensure people know which services to access and when. Too many people access the wrong services for the wrong conditions currently.		
841	Safe Timely Local as possible Team approach to assert a degree of continuity into the service for patients		
842	7 day advice access and treatment care coordination - case management - key working care close to home equality of access joined up community health and care services personalised care		
843	Important that experienced qualified staff are available, face to face, to assess how urgent your health problem is. Our family have had times over the years when health problems were far more serious than we imagined and on two or three occasions substantial delay would have been life threatening - an unwell toddler who had meningitis and would not have survived a night's delay, a leg infection that was cellulitis evolving into sepsis symptoms. In both these cases we had a short drive into Cheltenham Hospital for assessment and urgent treatment.		
844	I can see no justification for closure of A&E services at Cheltenham General Hospital. Given that I live at Winchcombe such a move would add travel time for those in the north of the county, seeking emergency treatment.		
845	Communication with patients to know where is the most appropriate place to seek help.		
846	access to diagnostics and radiotherapy through UTC services have enough people attending to maintain specialism and affordability system should be easier to navigate so people go to the right service and can access services close to home		
847	Specialist Doctors available Right equipment available including for investigations		

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		Response Percent	Response Total
	Safe staff levels Right professionals doing the right jobs Reasonable travel time (45min max)		
848	GROUPS OF GP SURGERIES WORKING TOGETHER. COULD THEY NOT PROVIDE A GREATER RANGE OF URGENT CARE SERVICES AS HUBS TO INCLUDE INJURY? WE SHOULD NOT BE TOO OBSESSED WITH WHICH BUILDING THEY ARE IN AS LONG AS THE BUILDINGS ARE GOOD.		
849	That there will be no dangerous delays in accessing urgent care in life threatening situations. Will there be more access to air ambulances for example>		
850	Not sure		
851	To ensure consistent advice: need - simple signposting, ideally just one phone number that can be used at all times - ability to use the NHS app as a first step for urgent conditions (and this could prompt a phone number or get a clinician to call back) - the NHS app would need to be fast in an urgent situation - 111 call centre to be trained and have access to better information - standard care pathways that are understood by all clinicians - clinicians and call centre staff to have access to national guidelines		
852	Support and funding for GP practices to help them cope with increased demand and ageing population. Better education of public about how to self-care and stay healthy and active. Public health campaigns about not needing antibiotics for colds. Better info on what needs a pharmacy vs doctor.		
853	Consideration should be taken into account for those people who don't have access to a computer or don't drive. Helplines are all very well but there needs to be human interaction at the earliest point of contact.		
854	Education is neglected. If we started at school to instil the principles of how and where to get treatment then it would not be so confusing for adults. ASAP would be easy to teach in schools.		
855	Local proximity and capacity. Cheltenham General services a town of over 115,000 plus more from the surrounding area. That local provision cannot be replicated by Gloucester, so it's essential that Cheltenham keeps its A&E.		
856	Cheltenham still needs an a and e. Not urgent care. My GP surgery will be moving to Prestbury for a new super centre. How many GP surgery's do we need?? Because I'm sure that an urgent centre will be appt only. Then where will ppl go?		
857	Having the right resources - staff and equipment - to deliver urgent care at both CGH and GRI. This means having image guided surgery available at both hospitals - see my next comment. Maintaining urgent care in A&E at CGH, to serve the western part of the county. Journeys to Cheltenham are long enough, without a further journey to Gloucester.		
858	I am really concerned about the possibility of Cheltenham A&E closing. Although not very far from Gloucester it's loss would make a great difference to not just the people of Cheltenham, but those who would routinely access this service from the North and East of the county. In addition to the geographical loss, it is difficult to envisage how GRH would currently have the capacity to combine both A&E facilities. Your plans for centres of expertise sound interesting, but I would want to know more about how you will offset what Cheltenham stands to lose in terms of A&E. Are there aspects of A&E care that do not need a centre of excellence approach and could remain in Cheltenham, maybe a Minor Injuries type approach; paramedic and 111 would be able to signpost to the best suited care. I really liked the idea of similar services being open at consistent times across the county so that people would feel more confident about when and where to access care.		
859	More local urgent treatment centres. More doctors available. No hospital bed blocking.		
860	It is vitally important to make it easy and clear who to contact when one needs medical attention. One of the most difficult things is to decide is who to go to when one is ill. One of the most important roles of the medical community is to provide diagnoses.. Deciding whether to go to the chemist, the GP or the hospital is an extra pressure. The elimination of A and E services at Cheltenham Hospital would make this more difficult. Example. An acquaintance woke one morning feeling dreadful. This was during the bird flu episode and he		

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		Response Percent	Response Total
	thought that this was his problem. As he lives near to Cheltenham General, he walked down to A and E where they diagnosed a heart attack and operated that morning. If he had followed medical advice to stay at home, he would probably not be with us now. One cannot be responsible for one's own diagnosis.		
861	Cheltenham General Hospital must keep its A&E. Gloucester Royal cannot cope & currently only take ambulances diverted from CGH from 8pm Admission by ambulance to GRH overnight, can mean immediate transfer back to CGH in the morning... what a waste of ambulance time, transferring patients between hospitals. Additional journey time to GRH from Cheltenham, Tewkesbury & North Cotswolds will mean more deaths.		
862	Less waiting and more action i.e. scrap the 111 service which is repetitive and patronising and let there be more prescribers i.e. pharmacists and nurses in pop up clinics.		
863	To keep Cheltenham A and E open. It serves over 115,000 people in Cheltenham plus other smaller towns and villages.		
864	Enough staffing so advice (tel/web-base/skype) can be given 24-7 Would be happy to just have urgent care centres located next to A&E so that if urgent can go directly to A&E - happy to drive further to get well manned and 24-7 centre		
865	More local urgent treatment centres - at least as many as current MIIUs. More doctors available. No hospital bed blocking.		
866	Keeping local A&E's open - Cheltenham is such a case.		
867	Do not close the A&E at Cheltenham Hospital		
868	Geographical locations round the county. Needs of patients. Staffing resources and efficient use of these.		
869	Joining things up so that health professionals get a consistent and up to date record of the patient's needs and medication.		
870	Having 24 hour emergency care in Cheltenham		
871	1. To have the necessary resources - skills and equipment - for urgent care co-located and rapidly accessible from all parts of the county. 2.Also to have the resources on site to cope with the possibility of the requirement escalating rapidly to one for emergency care. Please see my comments below on your ideas about image guided surgery.		
872	It is imperative that Cheltenham retains all its services. It has saved my life before now and provides an excellent service. As towns around Cheltenham increase in size, roads become more clogged, parking becomes more of a lottery then the we need local hospitals to service the population. Winchcombe lost its cottage hospital many years ago and now we are seeing the gradual decline of the major hospital serving north Gloucestershire.		
873	Patient safety Resilience of the overall service		
874	Education - making sure service users know the best places to get the help they need Making the help easily accessible - currently GP appointments can be hit and miss dependent on your local surgery. How people can get easily to their minor injury units - some of them are in very remote country areas where a lot of elderly live - getting to these can be difficult. joined up communication - wherever I present as a patient the person providing the advice, assessment or treatment should have access to all my notes and information about my health.		
875	Charge a fee		
876	It is vital that Cheltenham retains its A&E service ideally 24hrs a day. The population of Cheltenham is growing and the distance to Gloucester particularly from the east of the Town is a significant risk to life		
877	Quick and easy access to emergency services in and out of hours		
878	Easy access to Pharmacies, GP Surgery and MOST IMPORTANTLY A& E DEPARTMENT at Cheltenham General Hospital.		

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		Response Percent	Response Total
879	community service so keeping services local		
880	Enough staff to manage services and to be able to provide a safe environment. More GP's who can see patients so preventing unnecessary visits to A & E. More hospital beds in the community so preventing acute beds being blocked		
881	Needs to be local to users		
882	Swift contact procedure to well trained staff wh0 can direct patients to nearby appropriate treatment centre.		
883	Locality of Emergency Departments, correct staffing levels (Doctors and Nurses).		
884	Services must be local not centralized and rationed which is the inevitable consequence.		
885	Make them local not 9miles away		
886	Keeping Cheltenham A&E open		
887	Making sure that Cheltenham A&E stays open and provides a full service not just move everything to the centre of Glos which is always too busy and hard to get to. Or a whole new purpose built acute hospital in between Chelt and Glos to replace both. As		
888	Ensuring Minor Injury Units are adequately equipped and resourced Using the two hospital sites effectively with centres of excellence on each site to avoid patients being transported between Cheltenham and Gloucester and that scarce resource is in the right place.		
889	It is important we keep our a&e, because Gloucester is struggling to cope at the moment, as I have had the recent experience to notice on my last visit, you could be waiting a long time to be seen. and it is only going to get worse as time goes on.		
890	Having access 24/7 every day of the week without having to A .travel too far and B. not having to wait hours for urgent treatment or advice.		
891	Consistent staffing and equipment with adequate numbers of staff with enough administrative support so that that particular service is always accessible via phone for advice		
892	Professionalism and care.		
893	Time to be seen, distance to travel and expertise , alongside shorter waiting times		
894	speed of being seen and getting an appointment by the right person.		
895	Services need to be accessible to everyone when its needed.		
896	Cheltenham is very much a school /college town and also very much dominated by older people - both ends of the spectrum requiring first class ,quick and efficient medical treatment. Gloucester is already too big ,making it bigger will make it less efficient. B A Taylor		
897	Accessibility and availability.		
898	access to qualified, competent care (ACPs, Specialist Nurses, AHPs etc) - in local and accessible locations clear communications so the public know when to go where and for what ailment services that can be resourced effectively		
899	Ease of access, clarity of where to go for help, confidence in the choices available, timeliness, proximity.		
900	Easy,, efficient, fast service to provide customers - and yes patients are customers of the NHS, to ensure suffering is kept to an absolute minimum.		
901	Develop it properly. Listen to the front line staff who give the patient care. If departments are understaffed they will not be given the best care possible whether at a "Centre of Excellence" or not. Joined up technology systems for efficient working. If Centre of Excellence staff should be paid appropriately for their specialist knowledge. This will retain good quality staff.		
902	1. Enhancing number and stability of staff (doctors, nurses, physiotherapists and OT) in the flow system. 2. Amalgamation of the two ED and Acute Medical Units.		
903	Quick access to local help and expertise. NOT having to spend the best part of an hour battling through		

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		Response Percent	Response Total
	heavy traffic to get to a nominated hospital which is difficult to access, overcrowded, understaffed an quite bluntly, not up to the job. A suspected stroke requires urgent diagnosis and attention - not an hour's journey in an ambulance and a four hour's wait on a trolley in a draughty corridor surrounded by the walking wounded.		
904	Having an a/e dept in Cheltenham open 24/7		
905	Knowledge to patients and give realistic expectations		
906	That there is a realistic view on the capacity of each hospital in the acute trust to undertake urgent assessment and treatment. Also that any changes do not impact negatively on other services such as cancer services.		
907	better customer service across departments.		
908	We definitely need to retain the A&E department at Cheltenham General Hospital. We live in the very North of the Cotswolds and even going to Cheltenham takes a considerable travel time. If we then had to go to Gloucester, this would significantly increase travel time, possibly resulting in life threatening situations.		
909	Local services - people need to access the services they need close to where they live not a 40 min journey away. Glos is a big geographical county with a lot of community hospital which I feel should be utilised more and awareness/education of MIU's is needed so people know what they should be used for. Having more allied health professionals in GP surgeries or clinics in Community hospitals will relieve the work of GPs and A&E so they are freed up to deal with more urgent/emergency care. Physios, Dietitians, pharmacists, OT's, SLT and nurse practitioners need a bigger presence to deal with these minor illnesses/injuries and the management of chronic disease. GP's surgeries having earlier and later appt and better out-of-hours services. Having specialist services centralised to one hospital site (GRH or CGH) is key to improving services.		
910	That the patient goes to the correct site to receive the best care from the best team which will ensure the best outcome for them.		
911	Timely access to urgent and emergency care facilities Timely access to specialist services		
912	not reducing the number of emergency sites available - it's not like London where patients can easily commute to another hospital - patients need to be able to access emergency services locally. the plans to reduce status of CGH ED will put patients' lives at risk getting across to GRH. The number of UTCs proposed will mean some sites will be shut completely to emergencies.		
913	transport between sites signposting of individuals to the correct point of care (primary care in most instances)		
914	To ensure high quality services in Gloucestershire is it imperative that Cheltenham General Hospital keeps its A&E. CGH services over 115,000 people in Cheltenham, this figure is going to rise with the new houses occurring around the area, and the A&E is relied upon by thousands more from Bishops Cleeve in the North to Bourton on the Water in the East. Gloucester Royal Hospital will not be able to cope with that capacity now or in the future.		
915	That Cheltenham has a 24-hour, fully-staffed and equipped Accident and Emergency Department		
916	Take privatisation off the table. Cheltenham must have its own A&E		
917	There is a need to always be very clear about differentiating between emergency and urgent cases and what the public should do in each case. This needs to be consistent (ideally across local and national strategy) and then more heavily and consistently communicated. This then needs to be reinforced by the deployment of resources to successfully deliver advice/assessment/treatment. There needs to be some local provision of a/a/t for urgent (non-emergency) injury and illness of the kind available currently around the Forest - plus a basic level of emergency capability (for example equivalent to a well-equipped ambulance) at local centres.		
918	To be treated in a timely manner, I owe my life to the speedy assessment and operation provided by Cheltenham. The extra waiting and journey time to Gloucester would probably have been too late.		
919	Keeping Cheltenham A & E opening all of the time.		
920	The most important things to be considered in developing services, is to listen to the people, and give them		

After reading pages 6-13 of the Fit for the Future booklet, please share your views below: In your view, what are the most important things to be considered in developing services to ensure everyone can access consistent urgent advice, assessment and treatment?

		Response Percent	Response Total
	what they want, not what the healthcare services, want, I know that the N. H. S. is strapped for cash, but closing emergency services, to save money could, and will cost lives, what price do they put on a person's life ?,. Well let me tell you life as they should know, is far too valuable to put a price on it, NO MATTER HOW MUCH IT COSTS . It seems to me that instead of closing Cheltenham's A.@ E it would be better to SACK Gloucestershire's, health managers, put them out of a job and start again, maybe then they would come up with the right proposals for the future ?, and make the right reasons for the people, and not for their health budget ? .		
921	Proximity - easy local access to quality services when you have no transport.		
922	Having a hospital and A&E 24 hours 7 days a week.		
923	Accessibility is key for those of us in rural areas. Quality of care too - it does not seem consistent. Cheltenham is the only hospital accessible by public transport from north Cotswolds and, whilst those in need of A and E maybe ok getting to the alternatives. That is not the case for family and friends. Patients may well find themselves isolated and that then may make recovery slower and a further burden on the NHS. The report focuses on the distant of travel and not how accessible it is by various means of transport.		
924	I strongly feel that a 24 hour emergency service is needed in Cheltenham. To get to Gloucester in a real emergency an take that extra time which can be a matter of life and death		
925	24 hour emergency treatment for a wide range of problems		
926	Emergency treatment needs to be available, fair and equitable. High quality with expertise		
927	A&E at Cheltenham hospital is essential. There wouldn't be consistent urgent advice, assessment or treatment if it closed. GRH simply wouldn't be able to cope.		
928	The most important thing is that there is a centre or centres offering the full range of emergency and accident care in both Cheltenham and Gloucester		
929	To ensure high quality services in Gloucestershire, it is essential that Cheltenham General Hospital keeps its A&E. CGE serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and its A&E is relied upon by thousands more across the county - from Bishop's Cleeve in the North to Bourton-on-the-Water in the East. GRH cannot replicate that provision - either in proximity or capacity.		
930	Local hospitals		
931	To be able to get to hospital as quickly as possible in an emergency. To have access to all treatments there, that if delayed could affect the outcome to the patient. That the distance is small so as to cause as little trauma to all ages, young and old, in getting there and to account for those who rely on public transport.		
932	Keeping the A and E department in Cheltenham. This is vital as one hospital cannot adequately treat all emergency patients. Ridiculous idea to close Cheltenham A and E.		
933	Fairness for everyone to have access to urgent advice		
934	Proximity for population. Levels of staffing Better access to GPs		
935	Availability of services locally		
936	A local ae is vital. Old people cannot be expected to drive to Gloucester in the small hours(it happened tiny father last week despite the present arrangements)		
937	Keeping access for the population of Cheltenham and surrounding villages to a staffed A&E where medical assistance and advice can be sought and received in an efficient manner 24/7.		
938	With all the new house building in the Cheltenham area, there is more need, not less to cope with the increasing population.		
939	There are currently two A&E departments in Gloucestershire, the most eminently sensible option for a county of this size. It is essential that this remains unchanged. Closing Cheltenham A&E would create serious issues. Cheltenham currently serves a large area of the county. Gloucester would not have the capacity to cope with the inevitability extra demands. Cheltenham, along with many other areas of Gloucestershire, is set to increase substantially in size and population, hence demand will also increase. Taking away the A&E service at CGH in these circumstances makes no sense.		

After reading pages 6-13 of the Fit for the Future booklet, please share your views below: In your view, what are the most important things to be considered in developing services to ensure everyone can access consistent urgent advice, assessment and treatment?

		Response Percent	Response Total
	940	The A and E at Cheltenham general hospital must be retained. If I am considered an emergency at any time , I do not want the extra time it would take to get me to Gloucester , that time could make a difference to outcome! Please keep Cheltenham A and E open . It will help people who live in the villages west of Cheltenham, they don't want to be travelling that extra distance to glos. you obviously haven't thought this through! As per usual! So the important things are distance and timing!	
	941	Ability to get to a hospital in the quickest time - and that includes a private car with no emergency siren or lights. Ability for the hospital to have the right facilities, including staff, to provide urgent and emergency care.	
	942	Be as local as possible for the most amount of people.	
	943	* COMMUNICATION - people tell you that they are confused about which service option to access and that is not surprising. * Empower GPs to give people written and verbal information that meets their anticipated and potentially unexpected needs. * Absolutely emphasise what an Accident and Emergency department is for and who should use it - don't blame users, blame your commas services. * Same comment in respect of the superficially esoteric public distinction between Urgent and Emergency, which is not the distinction people make when thinking about Accident and Emergency.	
	944	Having enough Professionals available for minor emergencies, its all very well saying that emergency departments are consistently overloaded with patients who would be better treated elsewhere, however, there is little information of where you should go out of hours. I also take issue in that all my family have no idea who their GP is, we see a different one every time. They ask the same questions and don't seem to have all the information to hand. All medical history should be available and appointments should be accessible. We also need to improve mental health support. It's a vicious circle of nothing being available until it's too late. My wife has suffered for a long time and has tried keeping herself fit to help with her mental health, however, she has suffered numerous joint, muscle injuries and the GP doesn't seem to link that this then has an effect on her mental wellbeing. Treatment needs to be holistic. As for 111, it's a complete waste of time. every time I've called it, I've been told to go to A & E.	
	945	Keep A&E in Cheltenham	
	946	Exceptional specialist care and expertise. Enough budget to allow health care professionals to run an effective service to a high standard.	
	947	For more resources to be available, more funding to provide the support/advice from specialist people.	
	948	Knowledge- Make sure that people know which service they should be using. So that when they are ill or hurt, or are caring for someone who needs help that they don't panic and just go to A+E. People need to automatically know where to go and how to get there. Make destinations on direct bus routes.	
	949	to consider the elderly and disabled, they are the ones who find it difficult to access services.	
	950	having someone to direct you to the most appropriate place where you don't have to spend half of the time waiting in an uncomfortable environment especially with children. Ensuring access to these places are 24hours and that they are also appropriately staffed. keeping services local for people is very important especially in a county as large as Gloucestershire	
	951	Geographical area. in Gloucestershire there are many village communities. Just because there is smaller population does not mean people don't require all the services on offer. Public transport doesn't help either; EG, even in a town such as Cheltenham, there is no provision for bus services from the Racecourse Park & Ride which accommodates travellers from the North Cotswolds.	
	952	Rural communities need to have access to urgent care, especially as farms/stable yards are very hazardous places	
	953	We need local access to services that are run by appropriately qualified staff and adequately resourced around the clock. Access to any person's medical records needs to be possible quickly and securely from computer records whether attending hospital, any GP surgery, NHS 111 and possibly with some access limitations, pharmacists.	
	954	You must keep a&e in Cheltenham	
	955	Capacity - the hospital must be able to cope with increased capacity and anything implemented must result in better care and outcomes for patients. Having the correct specialities on each site is I understand the priority but without beds and staff numbers this will not ultimately result in better care for patients	

After reading pages 6-13 of the Fit for the Future booklet, please share your views below: In your view, what are the most important things to be considered in developing services to ensure everyone can access consistent urgent advice, assessment and treatment?

		Response Percent	Response Total
	Future development in the county which will result in an increase in the amount of members of the public accessing the services. (for example the new cyber security unit bringing in 3000 jobs and the potential families that will come into the area with their partners. Future services needing to expand does the site have land to expand.		
956	Quality of outcome - get me to the right person, service, advise first time. Clarity on how and when to access services		
957	Access to the best services, equipment and facilities. I think minor injuries and illness service could be provided from GP surgeries i.e.. injury service alongside the existing illness offer to ensure we have the best service, equipment and facilities. We may have to have fewer units - but access must be fair. (i.e. overall access in the county)		
958	This survey is very badly designed. Survey should be on the front cover and not distributed ad hoc via surgeries but sent in the post to all residents * Better consultation with ALL Gloucestershire residents. Send survey in post to everyone *Surveys should not be conducted online - it excludes many elderly people *TRANSPORT in rural areas of Gloucestershire is terrible. Buses stop at night, buses don't go direct to Gloucester, nor do trains, this means centralising services to Gloucester will make it very hard for people with no cars (old, disabled and low income patients) Difficult and time consuming to reach services *Emergency services in Gloucester will mean more people DIE on the way if the ambulance collects them in Moreton or North or East of the county - it takes ages to drive to Gloucester from here. Its quicker to Cheltenham, Oxford or Warwick if you live in Moreton in Marsh or North and East of the county.		
959	To develop a time line with side branches for each person with an NHS number which shows how they can access all services from advice to treatment and where they are on that time line		
960	consistency would be the most important thing. Having listed pharmacies in Cheltenham for advice. The level of advice they will give varies tremendously Educating people about which service to use		
961	Personalised care, avoiding conveyor belt approach		
962	separating A&E from planned surgery		
963	Trained staff (from top to bottom) to respond to questions - the GP practice is my 1st call		
964	Mental health help, more support before a person has to reach a crisis Local hospitals to stay the same but be open more and more staff so waiting times are not hours		
965	Local to people and the population base		
966	Locality. There is a risk that by putting urgent care in just one location that those further away may not act when the problem is urgent, rather letting things become critical and creating a further burden on emergency care. Being assessed locally, even if that means transferring or having to attend another centre once assessed, is preferable to having to travel further to the initial assessment centre.		
967	Knowing who to contact first to access care, too confusing at the moment		
968	Skills and expertise of a staff Facilities within 30 mins Rationalise services		
969	To maintain the emergency service in Gloucestershire and surrounding areas it is essential that CGH retains its A & E department. Gloucester county has two main population centres, with the rest of the county fairly sparsely populated. Maintaining both A & E departments will continue to provide sensibly quick local access for those resident in the two towns, while CGH will continue to serve the rural areas to the North and East of the county. The East/West transit between Cheltenham and Gloucester is frequently time consuming at busy times if you don't have flashing blue lights; closing CGH A & E runs the risk of dramatically increasing the load on the emergency ambulance service as more people will dial 999 rather than risking traffic delays. There is also the concept of putting all one's eggs in one basket to contend with; A & E is very much a time sensitive service. Retaining both CGH and GRH would ensure continuity of this critical service in the event of unforeseen events like localised IT failure or fire.		
970	The need to keep things local as possible		

After reading pages 6-13 of the Fit for the Future booklet, please share your views below: In your view, what are the most important things to be considered in developing services to ensure everyone can access consistent urgent advice, assessment and treatment?

		Response Percent	Response Total
971	Location not miles away. good quality knowledgeable staff. Reduce waiting times. Gloucester Royal A&E is not a good example of emergency care at present, reduction of half who attend to urgent care would be beneficial		
972	Better 111 service - it needs clinicians Current triage is poor Decisions made by inexperienced non clinicians Poor use of paramedics and GP appointments		
973	Availability, accessibility and localised care		
974	Local access		
975	Down grading CGH is a good idea, the building is not fit for purpose and should be moved to do minor treatments and day cases		
976	Important to avoid confusion - with knowing whether to go to Cirencester, Cheltenham or Gloucester etc. Distance to travel - really good to have Cirencester hospital for urgent care as nearest for us than Cheltenham and Gloucester Ease of access - traffic and Car parking		
977	Maintaining high quality services it is essential that Cheltenham G.H keeps its A&E given the numbers living in Cheltenham and the planned growth in new housing. how can Glos RH cope with all the patients presently treated in Cheltenham		
978	First consideration is that each hospital has sufficient staff with the right skill set. You need to ensure that your staff would be willing to transfer between Gloucester and Cheltenham as it could add up to half an hour or more each way to their working day. There is a danger that you could lose staff and therefore have more shortages on the wards etc. If the staff do not want to do it then there is no way you will be able to change to operate differently. You should also consider the distance patients and their relatives will have to travel to obtain their treatment and visiting etc		
979	Assuming that all the methods you list on Page 11 work well, there will be enough ways to get in touch for almost anyone. In my experience the telephone link to my GP practice is crucial it seldom lets me down. My impression is that the 111 service is important, but off variable quality. The MIUs are underused and A&E overused. Work needs to be done on both problems. Also I worry about "need": those who by reason of age, mental health or other cause are overlooked. Awareness of study is required		
980	Cheltenham MP 1 To ensure high quality services in Gloucestershire it is essential that Cheltenham General Hospital keeps its A&E. CGH serves over 115,000 people in Cheltenham (a figure that is only going to rise given the number of houses planned for the town) and its A&E is relied upon by thousands more across the county - from Bishop's Cleeve in the north to Bourton-on the-Water in the east. GRH cannot replicate that provision - either in proximity or capacity.		
981	24hr emergency service (within sensible time and travelling). Reasonable access to GPs (not more than 3 weeks to see your own GP!!. This document is a classic example of the vast inefficiency of NHS senior management and I must say incompetence i.e. how much has this cost and will cost to complete? All these questions have been asked and answered before by the public and press! I have received the very best and the very worst service form the NHS In Cheltenham. I can tell you without fear of contradiction that a minimum of 10% can be ripped out of your total spend without affecting front line services!! (Please note I have a long history as a "turnaround ??????? [Illegible]" in industry.so this would be a piece of cake. If you are really interested phone me - please confirm).		
982	Travel time to the hospital		
983	Communication to the public: Too few people know about minor injury units and out of hours services in the county. There needs to be publication of opening times and whereabouts of services.		
984	Efficient services that are accessible when you need them		
		answered	984
		skipped	42

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	900

1	"Talk before you walk" is used in some places and gives a clear message.
2	I am interested in the proposal to introduce a new service through NHS 111 as at the moment this service seems to be very risk adverse and we hear of people being diverted to other more urgent services when perhaps alternative options might be available. The proposals for same day treatment (Personalised care) seem a very positive way forward.
3	In principle they sound positive, but if Cheltenham General A&E is closed, the back up service will need to be robust as GRH struggles to see patients within the 4 hour window as it stands. Additional patients from around the county will cripple the service.
4	on the whole good urgent and sometimes emergency care across the settings you are talking about frequently includes mental health care and the focus in the leaflet seems very physical illness and injuries. I don't think this is a consistent approach when the philosophy is to bring services together.
5	I don’t see how it will all be implemented. it can take up to 3 weeks or more for me to see a GP for a routine non urgent appointment.
6	Makes perfect sense. I like the idea of easier access to most care through the GP and NHS 111
7	I think it quite a good idea.
8	yes it needs to be achieved quickly so that all resources are best used making the most of expertise in the right place without their being a need to break the clinical pathway with no cross organisation barriers and development of improvements in the future better support prevention rather than treatment
9	GREAT, AS LONG AS ACCESSING IT, IS NOT LONG WINDED, AS WITH 111 AT PRESENT!
10	I think ASAP is a good idea however I think the training for 111 staff needs to be improved.
11	Generally support
12	They are fundamentally flawed. Cheltenham A&E must be retained and returned to 24/7.
13	Good providing they are at Cheltenham
14	If these services are going to be more accessible then that has to be good.
15	These seem sensible but I would not like to see any reduction in the emergency assessment and treatment at CGH
16	An urgent advice, assessment unit is no better than 111 and look what a disaster that has been with increased attendance at A/E centres. We demand a fully staffed A/E in CGH
17	Poorly thought out. The suggestion of 24/7 walk-in service on both sites is not good enough to be the same an A&E service on both sites and leave a large population in the East of the county with poorer reach at present and worse off if A&E is removed from Cheltenham,
18	I think they are sound bites at best and just allow local and nation government departments to put a tick in a box. The problem with civil service is there isn't really any accountability. I suggest that should Matt Hancock be made to attend court on corporate manslaughter charges everytime someone dies due to not be able to get to hospital on time due to lack of ambulances etc. The service may suddenly change.
19	Good. People definitely need to be encouraged not to present to A&E if they do not need emergency care.
20	It sounds like a positive step in tailoring treatment. The personal care aspect is definitely an excellent idea due to the nature of many patients needing consistent, specialised care.
21	Whilst a very good idea in theory, I would like to see outlined how it work in practice. You have to realise that not all people who need ASAP services live in Gloucester or Cheltenham. There are many other parts of Gloucestershire to consider - what provision of services will be available via ASAP at local Hospitals - e.g. Cirencester or Tetbury?
22	Laudable ideas but do we have the infrastructure to deliver it? We have an ageing population we need to ensure they have the necessary support to stay well and at home. We need services at Both acute hospital sites, there has to be a A&E CGH, but fully support the centres of excellence principles.

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
23	Very little. You present "news" interviews saying that no decisions have been taken , adding "However" [we need to "rationalise"....Balderdash] Your "consultation is dishonest at best]		
24	Sounds a great idea, it's always the implementation of the ideas that can fall short. I think that whatever care we freely receive, we should receive a ticket that shows the average monetary worth of that care. Maybe your adverts to launch this sort of service should show a comparison of cost, time and outcome against the different service. I.e: twist or tweak your back and in pain: trip to the pharmacy, 10 minutes, advice to use hot and cold and to take regular (suitable for you) pain relief (max £4 perhaps) given a sheet of gentle exercises Call the Dr, maybe wait several hours to speak, cost of Dr time, still a trip to get pain killers A and E visit.... huge cost probable same outcome!! Most people don't seem to have a grasp of the huge costs of medical care as it's "free"		
25	Not convinced, I think that the current minor injuries or a & e servicees currently available are probably the best way to feed into Central centres of excellence.		
26	A little unclear to be honest!		
27	There needs to be adequate provision of these resources at multiple locations in Gloucestershire.		
28	Would like urgent advice and assessment services - but what does that mean? face to face is needed not on the end of a phone or miles aware in Gloucester		
29	good		
30	See above. It makes sense if we are just a business - based on a purely financial model. We should be providing CARE and maybe having a degrees of built-in redundancy (e.g. spare beds, excess staff) is exactly where we should be. Yes, that's inefficient, yes it costs more, but think of the service that could be provided. Tell the government, and we need to tell the voters too. It's time we all appreciated that we can't having something for nothing. We need to be willing to vote for parties that tell the truth, and pledge to raise taxes to pay for things like the NHS (& social care, education...)		
31	Not everyone can get to the assessment and other treatment services. No bus service in their area. Do not have a car. Pensioners living on a state pension can't afford a taxi as there is a cost and their money does or doesn't go that far. ie their live from week to week on their state pension. As do the poor in the UK.		
32	I think we need advice, the problem is getting this through to the layer of the public who automatically think of the hospital when a child or adult is injurred or sick. The GP surgeries are often difficult to get appointments at and where else can you turn. My pharmacy is excellent at giving advice, not all are.		
33	These guidance and advice services should be developed anyway due tinincreasing demand and to take the strain from emergency hospital departments and GP’s.		
34	Good ideas biut the government needs to invest more money in health and social care and the NHS and encourage recruitment to stop having lots of agency staff and wasting money on inflated fees on an already stretched service.		
35	The ideas look as if they could work. However, I think that they should run alongside the A&E provision until people get used to the different levels.		
36	in principle good but not if you have to travel great distance to get treatment and a local hospital is best		
37	Need both sites to be open and staffed.		
38	Too much to read in the time I have available. My greatest concerns are as stated above.		
39	With demand for health services always increasing, I do not see how reducing the provision of these services will benefit the population in Gloucestershire. For those people in the eastern half of the county it is much easier and quicker to access Cheltenham hospital than Gloucester. Having 2 A and E departments means that one is always available if there are unforeseen issues at the other one. You cannot guarantee that a single A and E department would be 100% available		
40	Urgent care assessment already takes place with the 111 service and we know what a disaster that has been with an increase in people using the A/E service. If someone uses an urgent care service in CGH then needs further emergency intervention you will them have to use valuable resources to transport them to GRH, this uses more fuel, more traffic on the roads. The patient will then have to make their own way home at a significant expense. Why would anyone in Cheltenham and surround8ng areas think any part of this is a good idea		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
41	See above, and also need walk in facilities at larger GP surgeries.		
42	We certainly need to obtain advice as quickly as possible but ensuring we don't miss anything in our haste.Advise needs to be from all grades of staff		
43	I am concerned that 'your' ideas include the removal of Cheltenham A&E, replaced by services at Gloucester. A town the size of Cheltenham requires it's own such services accessible to all within the locale.		
44	Not happy		
45	Wholly inadequate unless you keep A and E open and properly staffed with DOCTORS .		
46	The ASAP model proposed in the booklet aspires for A/E " to be there for you" means I have an A/E locally in Cheltenham. If I have a life threatening emergency I want the expertise and right of access to an A/E in my town. The best way to make sure that aspiration is met is to keep A/E at Cheltenham		
47	The ASAP model proposed in the booklet aspires for A&E to be there for you, if patients have had a life and limb threatening medical emergency. The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
48	Urgent emergency treatment should be available by the quickest to reach. How can your ideas be seriously considered if you wish to double the distance needed to travel.		
49	I do NOT think that your plans to close Cheltenham A&E at ANY TIME IN THE FUTURE can ever be conceived as a good idea. People who are seriously ill need quick care and NOT TO HAVE TO TRAVEL from Cheltenham to Gloucester as you currently propose as that will put their lives at serious risk and could even result in death for them. I would go as far as to say it would be a ridiculous, foolhardy and negligent idea to move any service ps from Cheltenham A&E and a,so to close it. It should be open 24hours a day as it was before stupid managers made the decision for it to close at 8pm at night.		
50	In order to be ASAP Cheltenham A &E must be available for people living in the area. It takes far too long to get to Gloucester in an emergency.		
51	The 'ASAP' model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
52	The ASAP model proposed aspires for A&E "to be there for you" if patients have a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E Department at Cheltenham General Hospital OPEN.		
53	Very necessary for rural areas particularly in North of county		
54	This model would be better defined if A&E is retained in Cheltenham and the north of Gloucestershire is serviced more locally from Cheltenham.		
55	Keep an A&E service in Cheltenham, access for the north, north east and north west of Gloucestershire will extend the time to access these services which may be come a matter of life or death for some when they have to travel the extra distance to GRH.		
56	I'm concerned you are going to close A&E in Cheltenham. We have used the facility 4-5 times in the last 6 years (primarily with our young children).		
57	Not much		
58	The concept of ASAP is in itself an endorsement for the argument of keeping a fully fledged A&E service in both hospitals. It is stark staringly obvious.		
59	Closing ~Cheltenham General Hospital A&E is a discrace		
60	See above. To separate is to exclude the reality of saving lives.		
61	The 'ASAP' model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency".The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
62	I do not think it is practical to combine most of the A & E services in Gloucester as people from outlying villages would have a much longer journey to reach treatment.		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
63	The idea to Close CGH A&E is not acceptable. Cheltenham and surrounding villages need this care. It should be increased to 24 hours not be reduced or closed.		
64	You are not listening to the public of Cheltenham who need a 24/7 A&E		
65	There appears to be a deliberate confusion of terms. URGENT and EMERGENCY are not even similar in their meanings.		
66	Not applicable!		
67	Ok but I dont think A and E should be lost from Cheltenham		
68	Excellent ideas!		
69	The best way to fulfil your obligations to the people of Cheltenham is to maintain quick access to the local A&E.		
70	Minimise travelling for urgent cases across Gloucestershire Ensure both hospitals adequately staffed and funded Gloucester is already over stretched		
71	Crap you don't care about the health or hospital that was paid for by the people of Cheltenham for their emergency and ongoing care, it was once a post graduate train g centre, you stopped that combined it with Gloucester and now look what you are doing.. This hospital needs to remain a general one with 24 hour a and e services.		
72	Much of it is theoretical, and it seems as if those proposing them have no practical experience of how it actually is. We need both Cheltenham and Gloucester hospitals to be fully functioning for emergency care at all times.		
73	Great but you would be better off extending GP surgery hours to 9pm and making them open 7 days a week.they are there to serve us not the other way round.		
74	Problems getting help quickly in an emergency		
75	Essential that travel is kept to a minimum. Older people are especially vulnerable where travelling is concerned		
76	Other ideas generally good, but lacking in specific detail to allow detailed comment.		
77	A&E should be available without the increased journey times (and therefore increased risk to life and limb) of traveling to Gloucester for emergencies. Time is of the essence in these situations.		
78	I can only remember A and A so you might need a better slogan! Generally a good idea to help people work out where they should be going to get assistance and not clog up A&E		
79	The ' ASAP ' model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency" . The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times and extra costs involved. There would be more fuel used and more pollution (which is bad for the enviroment) if patients had to travel further to get to GRH.		
80	Emergency care not urgent care/advice		
81	These services will not save lives. I already know of one woman who died in the ambulance on the way to Gloucester Royal at a weekend. Urgent advice is irresponsible.		
82	How can people with urgent medical needs receive the service / treatment that you aspire to give if they don’t have access to services in Cheltenham. It just doesn’t tally up. Ideas and reality need to match!		
83	The 'ASAP' model proposed in your booklet aspires for A&E 'to be there for you' if patients have had a 'life and limb threatening medical emergency'. The best and most obvious way to ensure this is to keep Cheltenham A&E open!!! Thus ensuring local access and avoiding totally detrimental increased and dangerous journey times.		
84	Cheltenham A & E should be kept. No doubt this is an 'efficiency saving' but can I suggest you look elsewhere for savings eg. the amount of bonus payouts given to staff, even to [redacted] who was required to leave having performed appallingly. At a high level the NHS salary is good and paid for good service, no bonus is necessary.		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
85	The best way to achieve the aspiration that "A&E is to be there for you" is to retain Cheltenham A&E to ensure access for local people and avoid longer journeys and environmental impact.		
86	Keeping A&E in Cheltenham for people who live nearest to Cheltenham		
87	I think that these services propose best options for life/limb threatening emergencies. Surely this means local to the people of Cheltenham & east/north of the town. Easily accessible.		
88	Not much. Completely unsatisfactory.		
89	The ideas are great but the best way to make sure that A&E is 'there for you' is to keep the A&E department at Cheltenham General open 24/7.		
90	The present system works well. Just leave it alone and stop meddling.		
91	I think that Cheltenham should have a fully functional A & E unit as surely having emergency patients taken to Gloucester will put more pressure on Gloucester. Furthermore, taking patient who live in Tewkesbury and the outlying rural areas could have their lives put at risk. if they have to go to Gloucester I also do feel we should have another walk in centre somewhere in Cheltenham to cater for minor conditons.		
92	If there is no place for me to go, your words are cheap. The infrastructure promised with all the new builds has not been forthcoming. In fact, closing Cheltenham A&E goes in the opposite direction.		
93	How is a patient to know if an urgent care centre is suitable ? They can't do their own blood tests , scans etc before deciding if they need A&E. It's vital that they have a full emergency service accessible to them. Closing Cheltenham A&E cannot achieve this,		
94	Not very goodgg		
95	Concerned that online advice may be inaccessible to older and vulnerable people, or difficult to interpret.		
96	Nothing new .		
97	Great idea - as long as it involves keeping Cheltenham A&E open and restoring 24/7 service. I've lived in Winchcombe all my life and whilst we have a smashing medical centre it isn't open 24/7 and can only deal with minor injuries. The terms "Urgent" and "ASAP" for us mean getting to a larger medical centre quickly, and that for us on this side of the county is Cheltenham.		
98	As I said before upgrade Tewkesbury.		
99	Ill though through, poorly debated, ignorant of modern medical practice on show outside the UK (please just acknowledge that India, Singapore, New Zealand and Australia for example run far more efficient and effective systems than the UK does. The NHS is not the envy of the world and never can be when our cancer survival rates are so dreadful.		
100	The ASAP model proposed in the booklet aspires for A&E " to be there for you " if patients have a " life and limb threatening medical emergency". The best and only way to ensure that aspiration ins met and as many lives as possible are saved is to keep the A&E at Cheltenham General Hospital open ensuring local access and avoiding increase journey times and unnecessary loss of life.		
101	I think people have more coinfidence in a service which is based in their local area		
102	Having two hospitals open means that patients can be seen quicker and then diverted if required		
103	Full A & E cover is essential for Cheltenham		
104	Cheltenham A&E should remain open as an operational unit. MIU provision in the Forest of Dean should be consolidated into 1 fit for purpose unit in the Cinderford area.		
105	Insufficient.		
106	Developing centres of excellence sounds great, but should NOT be introduced at cost of removing Cheltenham's A&E service		
107	I believe closing Cheltenham A & E would be a complete betrayal of the people who need and have good access to that facility. Suggesting adding at best 20 minutes to a journey to A & E is a disgrace. We hear a lot about "The Golden Hour" your proposal to close CHG A&E reduces a large swathe of the Gloucestershire peoples "Golden Hour" to a "Golden 40 Minutes!"		
108	I do not like what you are trying to do with Cheltenham as Gloucester Royal can not cope (I do have experience of waiting in Gloucester Royal but I will not blame the staff as they were overloaded with work.)		
109	I don’t, it is a stupid idea		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
110	See above		
111	Rubbish. Keep Cheltenham General as a fully functioning hospital with its A&E open 24/7. Gloucester cannot cope at present never mind when everyone is directed to go there.		
112	I'm concerned that our service will be cut back and we won't have access at the right time and place. We have already lost a huge part of our maternity care and a friend of mine was put in jeopardy recently when an infection developed post birth and she had to be blue lighted to Gloucester. Please put better maternity care back in Cheltenham and don't mess with our A and E.		
113	As above . Keep Cheltenham A&E open		
114	not much if it leads to closure of our A & E. there has already been a down grading of services. I had cause to be taken to Gloucester Royal as an emergency during the last month as Cheltenham could not deal with my needs		
115	The Fit for the Future model talks about an ASAP model. Travelling an additional 20-30 mins for emergency or life-threatening treatment for people located in the north and east of the county cannot possibly meet this goal. CGH A&E must remain to address this need.		
116	You need LOCAL access that is available quickly especially to those that are vulnerable (ie without access to a vehicle or who is economically 'on the edge')		
117	The model proposed suggestsA&E will be "there for you" if you have "a life and limb medical emergency" the best way to guarantee this aim would be to reopen A&E in Cheltenham full time, thus giving quick local access. I know many Cheltonians are fearful of bing taken ill now and having to be taken to Gloucester and if it is busy, on to Bristol. This extra journey time is bound to cost lives		
118	If this aspiration is to be met we need A&E services at a Cheltenham General Hospital. Increased travel times will impact on ASAP.		
119	Very rarely used, as is 101 service as there's two outcomes always. No point		
120	You're being very sneaky. Urgent ain't the same as emergency. No, no, no. What happened to the "golden hour", huh? Again, no, no, no.		
121	I think it's essential and should be kept in Cheltenham		
122	If managed in Cheltenham , fine		
123	Very good		
124	chelt a and e must stay open end off		
125	The ASAP model appears to be sound		
126	The ASAP model suggests hospital services that are there for you and readily available in medical emergencies. The only way to follow through with this is to keep Cheltenham's A&E open.		
127	It sounds good on paper but may be more difficult in reality, especially for patients in rural locations.		
128	The underlying issue seems to be overworked GP surgerys and visits to A&E that could be cared for outside of that. The consultation, therefore is misguided if it doesn't directly address these issues. For example, it mentions calling the GP surgery as a first point of call after going online but in many cases, GP surgerys do not have lots of qualified people answering the phone and the professionals are probably too busy to take a triage call. The only way to solve the problem practically would be for all treatment to go through "central booking" either online or the phone to justify the visit. Unless the injury is critical, visitors to A&E could be turned away if they have not booked in (or cannot book in at reception). The consultation does not address the simple fact that GPs do not have capacity. Booking an appointment is a Bull run at 8am and several times, I have got through in as little as 10 minutes to find out that there are no more appointments available. Unless you can work this out with GPs, the system is broken. If I have a non-urgent issue like a rash, I could wait until the following day but I am not allowed to book in advance so I have to call up again. I could keep calling and never get an appointment until it is considered "urgent" at which case I would have to take someone else's slot. I also think your estimation for A&E visits is under by a long way. As an example, my mother, who is generally fit and healthy and a retired nurse got a semi-severe cut on her hand from a knife. In reality, she is not going to call a GP surgery or attempt online diagnosis since there would be no easy way to tell		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	whether the cut was superficial or might have damaged nerves or tendons without somebody looking at it. Nothing in these suggestion would have prevented her visiting A&E to make sure. personalised care and booking sounds great but teh reality is that having blood taken at Cheltenham hospital takes an age. I took a ticket that was only about 30 behind the current number and still waiting an hour and 40 minutes. Why? Because some people got to jump the queue by being booked in by wards or doctors. If you cannot handle the simple workload already, then no intelligent systems will make it any better. It will just make it more expensive and complicated for people (my dad would never book in to anything, he can't even send text messages).		
129	I think closing Cheltenham a&e would double waiting times at Gloucester hospital,many people would not be able to get there without an ambulance		
130	For A&E "to be there for you" and to prevent an increase to journey times that could mean life of death in the event of a "life and limb threatening emergency" it is essential that A&E and full emergency care is retained in cheltenham general.		
131	They’re not as good as having an accident and emergency department		
132	as long as theres a 24 a&e department in Cheltenham general hospital		
133	We don't seem to have access to urgent advise.		
134	I believe that Urgent Care specialisms and depth of service derive from and inter-relate with A&E care and it should not be the aim to separate these as this will lead to an eventual demise of both services in the location (Cheltenham)		
135	I am not sure they will meet the needs of people, see above		
136	The 'ASAP' model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency"- The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
137	I think, from personal experience, that Cheltenham General A&E are excellent--Gloucester Royal A&E is not equipped with doctors who know what to do! And as Cheltenham has such a surge in population, Cheltenham General should be given more options, more properly trained doctors and more necessary equipment,both night and day,to serve Cheltenham and its satellite areas--from Leckhampton, it takes a long time to reach Glos Royal.even by car at night! --must be just as bad from Bishop's Cleeve or Winchcombe,or even Up Hatherley, or Shurdington. WE MUST HAVE ADVICE AND HEALTH HELP IN CHELTENHAM AT ALL TIMES,TO SAVE LIVES AND AVERT TERRIBLE CONSEQUENCES		
138	As it doesn't mention the closure of Cheltenham A&E it seems very disingenuous. Even on pages 18 and 19 you don't actually admit what you are proposing to do.		
139	I disagree with your opinions. It sounds like you are trying to streamline your resources instead of putting the patient first and then spending more money on a 24 ambulance shuttle service instead. There is no sensible logic to this. When I had my pregnancy I was in Cheltenham hospital and then had to be transferred for emergency c section to Gloucester in an ambulance over speed bumps. This took 10 minutes of precious time for my distressed baby that luckily didn't cost her life. What happens when a planned issue turns into an emergency, the staff won't be on duty. Are you going to pay for more shuttle ambulances from Cheltenham and Gloucester that are on 24 standby. My father had complex needs including 2 stroke, he would always start in a&e and then move to a ward, so are you going to transfer elderly to Gloucester through a&e and then back to Cheltenham once they've been diagnosed. Weekend issues, transferring these to Gloucester every weekend. You'll spend more money on ambulance resources than you would if just kept your local services.		
140	see above.		
141	Logical based on responses to questions - but not so sure about the questions which were sometimes worded in such a way that may lead to a biased answer. For example which do you think is most important (you might want to tick several points but can only tick one)		
142	Specialist services at Cheltenham should not restrict Cheltenham having an A&E. Specialist services do not necessarily mean urgent response and can be generally located where distance and speed are not such a priority in developing services for the community		
143	The service needs to be there for us ... travelling to Gloucester isn't an effect solution due to distance, entry volumes, blocked processing due to volume. I speak from the heart, the system failed us in our hour of need for these reasons. Please keep Cheltenham A&E open.		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
144	The idea of a urgent ASAP advice, assessment, and treatment service is how a Health Service should be run. I people are worried about their health they need urgent advice followed up by immediate action if the situation should be a medical emergency. Keeping the A&E open at CGH is one way to achieve such ambitions ensuring total local access in shorter times.		
145	Sounds like tax payers money has been spent on PR to give the spin that future care will be over hauled for the better. Given the the history of the NHS and here in Gloucestershire it is difficult to believe that the service will be improved for the better. Emergency services need to be local concentrate on providing that.		
146	These make little sense to me. The A&E at Cheltenham needs upgraded, not removed. It would seem odd that the two hospitals become centres of excellence in different areas. Yet only one is to have an A&E department ? Not sure how you can then argue that you should be brought to the hospital that gives you best expertise. When only one has an Emergency department.		
147	Not a good idea. We already have an A&E that needs retaining not changing by wasting money on new ideas that are a backward step for the residents of the Cheltenham area. It fills us with dread having to travel further for URGENT help!!		
148	unworkable and clearly just an effort save pennies		
149	The ASAP model proposed in the booklet aspires for A&E to be there for you. If patients had a life and limb threatening medical emergency. The best way to ensure that aspiration is met is to keep the A&E at CGH open ensuring local access and avoiding increased journey times.		
150	Excellent idea		
151	Given the ASAP booklet suggests A&E should be "there for you" moving it 12 miles away doesnt seem to fulfill that criteria.		
152	To ensure that "A&E will be there for you", it must be there for you - not at a distance where transit times will be a matter of life and death, not to mention inconvenience and uncertainty for patients and friends/relatives at what is likely to already be a stressful time.		
153	For my wife and I personally the only answer for 'emergency' help would be via the A&E dept. at the Cheltenham General Hospital. In no way would centering all A&E (i.e. emergency service and help) at the Gloucester General be acceptable. Everybody west of the M5 would be much better served by maintaining an A&E dept. at Cheltenham General. Every other option that does not provide this should be ignored or scrapped.		
154	I cannot see that those ideas will solve the over riding problem - shortage of staff! When someone is ill stress is the last thing they need whereas having to travel so far and just hope for a vacant bed.		
155	The only way to ensure that the aspirations of the ASAP model are met is to maintain and , where possible , enhance existing services within the county. In particular , this area really highlights and emphasises the need to retain A&E functions at both Gloucester and Cheltenham hospitals. If either of the A&E departments were to be closed , then the aspirations of the ASAP model are simply nothing more than a cynical exercise in spin.		
156	I have considered your fit for future brochure which is really pie in the sky who ever wrote this lives in Cheltenham or Gloucester not in the South Cotswold none of your wonderful bullet points are true and will never happen except round the board room table . What we need to see is local A&E hospitals returned to fully functional use not MIU then i could really believe your are concerned about ensuring high quality care in the right place at the right time. Your words very noble but totally meaningless coming from NHS Trust.		
157	I like the suggestions		
158	This needs re- looking at, as the ASAP, although looks good on paper, is open to potentisl life threatening issues. Already people ask at pharmacies and are reffered straight to gp or a+e There is already delays in accessing 111 and relevant treatment		
159	How can patients be assessed or given advice over a phone. A & E is the only place to go		
160	The ASAP model proposed requires A and E to be there for us, if patients have life threatening emergencies then keeping Cheltenham A and E fully functioning and open 24/7 will ensure local access and shortest journey times		
161	The ASAP model proposed requires A and E to be there for us, if patients have life threatening emergencies then keeping Cheltenham A and E fully functioning and open 24/7 will ensure local access		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	and shortest journey times		
162	I am very concerned that emergency facilities will be centralised at Gloucester as it can easily take over 60 minutes to get there from the north Cotswolds. This is exacerbated by a lack of ambulances for transport, especially at night. In my opinion, the only way to make this acceptable is to station more ambulances in the Stow/Moreton area 24x7. Even then, it is unlikely patients from this area would arrive at Gloucester within the "golden hour".		
163	I think calling 111 for advice is a waste of time. Visiting the pharmacy (when you don't feel well) is only useful if they are able to offer ways of "at home" treatment. If you need a GP then access to your local surgery on a same day, urgent basis should always be available. Or a LOCAL out of hours service.		
164	The 111 service is a good model and I support expanding that. Calling 111 is much easier than visiting the GP. The problem with GP service is that everything has to start with a visit to a doctor and that creates the bottleneck which sends people to A&E		
165	I'm not impressed, they strongly suggest that Cheltenham residents will be forced to go to Gloucester for A&E treatment. This vital A&E service needs to remain in Cheltenham and SHOULD be available 24 hours a day 7 days a week.		
166	I don't support them. Cheltenham is an expanding town which has a diverse demographic, and so it remains essential that Cheltenham General Hospital operates with a fully functioning A&E Department that is available to the Community 24 hours a day & 7 days a week.		
167	Nurse led clinics to provide assessment but with the ability to request any necessary bloods/imaging.		
168	We need an EMERGENY service not urgent advice service - that is simply a downgrade		
169	The ASAP model proposed in the document can only be met by keeping A&E at Cheltenham General if people have a life threatening emergency condition. I know this from personal experience since I had a heart attack in 2012 and was able to be treated immediately at Cheltenham A&E and it would be a frightening prospect to try to get to Gloucester in time.The best way of meeting the ASAP aspiration is for Cheltenham A&E to remain open to ensure local access and avoid increased life threatening journey times		
170	If I have understood your wording you project an aspiration of A&E being 'there for me' if I have a 'life and limb threatening medical emergency'. If that were the case I would be best off knowing that I had access to A&E in Cheltenham because getting to Gloucester would put my life at risk! So to ensure that you meet your commitment to MY HEALTH and that of those living in the town itself and areas to the North and East ensuring, and even expanding, the A&E service at Cheltenham General is essential.		
171	More confusing for the public to understand		
172	Very clear and local population based, makes it much easier with more options than having to attend the main emergency departments when living in Gloucester		
173	Think local is very important and easy access.		
174	A good idea if it can be made to work subject to a clear understanding by all involved -patients and professionals alike as to how the service should be accessed and used (as outlined above) to maximise the most efficient and effective way of matching the appropriate use of the resources staff, equipment and finances available. to patient demand and need. It w ill go some way towards meeting the increasing demand for urgent services resulting from delays in appointments for GP and hospital out-patient services reducing the workload on the latter and increasing patient satisfaction. ,		
175	Naive. Penny-pinching. Out of touch		
176	How it actually works is not clear to me from reading the booklet. I am not confident that levels 1 and 2 (A & S) meet the need and any uncertainty or hold up can push the issue up the chain. As above retention of Cheltenham A&E helps ensure local access and avoid critical journey time.		
177	The ideas for be there for people when needed are sound - however, to deliver this Cheltenham A&E needs to be open.		
178	Generally support them provided Cheltenham General A&E re-opens 24/7 with approriate support services		
179	It’s essential and would reduce strain on ambulance service		
180	Keep Cheltenham open nothing else will work		
181	Waiting times in A&E departments are too long already. If you have to add in a journey time of 45 minutes or more (Cheltenham to Gloucester in most traffic conditions) this could be life threatening		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	So your ideas for closing A&E in Cheltenham are very disturbing indeed.		
182	The ASAP model proposed in the booklet aspires for A&E "to be there for you" if patients have had "a life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep A&E at Cheltenham General hospital open, ensuring local access and avoiding long journey times. On bank holiday Monday 26th August both A&E departments at Cheltenham and Gloucester Hospitals were asking people, by lunch time, not to come unless it was a matter of real medical emergency- how on earth would they cope if A&E in Cheltenham were closed?		
183	It's essential that people have easy access to and vitally know where urgent care can be found. Just having a minor injuries unit is pointless if all people remember is where the hospital is.		
184	Need broad approach to reduce attendances at ED but the CCG and primary care are failing at preventing more patients turning up for emergency care - we can do little to alter that. Even more of a reason that providing emergency services at CGH is a good thing to offload GRH		
185	I agree that every effort should be made to educate people where and how to seek appropriate help and advise.		
186	Too restrictive - advice available but no-one responsible for implementation		
187	Sounds good,		
188	I am worried about any further watering down of our A & E facility		
189	The NHS plan is acceptable		
190	Sending all A and E to Gloucester is a very unwelcome idea. The population in Cheltenham is not much different from Gloucester. We have extra visitors when the races and festivals are on and travelling further in an emergency will damage people's prospects of recovery. If an individual is told to visit A and E and they do not have a car or ability to travel their health will suffer. People from surrounding villages will not wnat to travel a further 10 miles to get emergency treatment.		
191	We need to have ‘local’ services not centralised services that are inaccessible to many. Efficiency does not always equate to effectiveness		
192	It's not going to work		
193	Have a trial then ask for feedback.		
194	I find they do not take into account the need for local access. If a Cheltenham person suffers a major injury such as a bad cut or a broken limb, large numbers make their own way to their local A&E service. You have concentrated in the very severe end of A&E provision and not taken into account the massive population growth around Cheltenham		
195	see above.		
196	Broadly I agree. My own health is currently fine but I worry about gaining immediate access to post-stroke expertise and resources e.g.. accurate assessment of blood clot or brain bleed by scanning followed by timely treatment to minimise long term effects. I also worry that if I am travelling it may be difficult to identify and locate the nearest NHS system access point, particularly if one could be nearby and I could reach itquicker that by ambulance. The Ambulance Service seems to be a choke point when seeking access. Ideally Ambulance Service paramedics would have an on board scanning device to enable diagnosis en route and the administration of asprin or a clot-busting drug.		
197	We are very glad you propose to have CGH open for urgent care 24/7.		
198	Will not work		
199	I feel frustrated that the issue of clinician availability and availability of expertise is being used to remove local urgent medical services.		
200	A&E need to be easily accessible to public.. ie distance travelled and hours opened.		
201	Minor injury units make sense, there should be one in Cheltenham and one in Gloucester to relieve		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	pressure on A&E and stop minor injury blocking emergency care. Sceptical on how the 'S' - would work. If there are 3 channels in to get the advice 'A' - how would that be coordinated to get the right help at the time you need it? Have you tried getting through to your doctor's surgery if it's urgent? Not sure how you stop people dialling 999. Only a medical expert can say if a condition is urgent or an emergency.		
202	good as long as it works		
203	Rubbish, it is about cutting services.		
204	I am not convinced that allowing the wrong patients to walk in A&E with non-life-threatening conditions has been fully tackled by the NHS locally. I think that merging A&E departments into one unit at Gloucester will not solve this.		
205	They seem sensible.		
206	Total garbage that will kill people.		
207	Again an emergency hub to remain at CGH		
208	Ridiculous suggestion to close Cheltenham A&E will cost lives, it should not even be a consideration.		
209	The notion of providing superior services through a system such as ASP is commendable. However, if this is at the expense of moving services away from local provision to say Gloucester, then this does not make sense, the economic argument is only one part of the cost-benefit analysis equation. Village communities suffer enough marginalisation putting up with infrequent bus serves (once a week in many villages) and asking remote communities to attend Gloucester for ASP services is a real challenge, winter will also take it toll on the elderly and infirm.		
210	Again I feel that A&E needs to be retained at Cheltenham.		
211	We all need educating on the variety of options available for different levels of need, but in an ill health scenario, people panic, and are not best placed to decide what emergency or urgent, or which suite of different options or contact numbers to negotiate. A single contact number with an expert directing them to the best option for their condition seems best. Having one 'centre of excellence' in Gloucestershire may suit consultants and their travels, but not patients. I notice that in private care consultants seem happy to offer their skills at a number of hospitals.		
212	The ‘ASAP’ model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening emergency". The best way to ensure that aspiration is met is to keep A&E at CGH Open, ensuring local access and avoiding increased journey times		
213	I think the idea of ASAP is good if it can be delivered. A lot of the time doctors even out of hours doctors can’t treat certain conditions which means more strain on a&e. The expansion of A&E, the staff and facilities needs to be expanded. There needs to be more funding into ambulances & paramedics for first response care. There needs to be a better approach that if you’re admitted into hospital you can be seen by the relevant consultant and get testing done within same day or at least within a couple of weeks. I don’t understand why patients are expected to be left months before being accurately diagnosed and treated meaning in more visits to doctors, and A&E. If the patient had a good first line of overall treatment it would save the demand.		
214	Too much emphasis on none medical advice (try phoning 111!) for medical problems and too much emphasis on "distance" advice.		
215	Excellent, though I think a 30-min drive will be challenging (Same Day) for those living in rural areas who do not drive		
216	Need at least Cheltenham and Gloucester and maybe Forest of Dean and Cotswolds. Should be open 24 hrs. Very clear guidance what conditions they can and cannot treat.		
217	You already have an overloaded phone system that requires a long wait...now you wish to extend that...who ever thought of this plan needs to be sacked		
218	I disagree in the strongest possible terms, any reduction in the current A&E services provided by Cheltenham General Hospital. There are great periods in the day, when the journey time from Cheltenham to Gloucester hospital can be almost 1 hour - long enough for someone seriously injured, to die. Also, there is a fundamental point to be made here - concentrating A&E at only one hospital will create a single "point of failure", and you do not say how you might overcome this.		
219	As a clinician in the Acute Trust I think the idea that we can redirect patients away from the ED is		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	misguided. The attendances at our EDs continue to increase year on year. It will not be possible for us to turn back the tide and send patients elsewhere. Any streaming needs to be done on site and must be available 24/7 if it is to be of any benefit.		
220	'ASAP"aspires for A&E to 'be there for you' if a patient has a 'life and limb threatening medical emergency'. The best way to ensure that aspiration is met is to keep the A&E open in Cheltenham to avoid increased journey times and ensuring local access.		
221	Nothing can beat seeing professionals fac to face		
222	Good idea if it frees up A and E		
223	good to promote use of local pharmacy. we see many people in MIIU who really need a same day dr appt and are unable to obtain one - so easier access and extended service will be great.		
224	a town the size of Cheltenham should have a full range of A&E services - having in mind the following criteria: 1) the need to have A&E services close by 2) the difficulties that the old, infirm, sick or otherwise handicapped have in travelling between Cheltenham and Gloucester 3) the probability - and I write from recent experience - that decanting services from Cheltenham to Gloucester will overload the department at Gloucester 4) the widespread opposition to the proposals in Cheltenham		
225	The ASAP model proposed in the booklet aspires for "A&E to be there for you" if patients have had a "life & limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A & E Dept. at Cheltenham General Hospital open, ensuring local access, availability & avoiding increased journey times.		
226	This seems obvious to me & is what I thought happened anyway. Nurse practitioners, GP practices sharing appointments & covering on call etc will all help to direct patients to the correct place/time. To me it all hinges on getting the correct information to direct the patient appropriately. I was recently admitted to ACU via A&E & nearly all the people there were non urgent & could & should have been see at a minor injuries unit or a GP the next day i.e. a lady with a cough, & a teenager with grazed arms. However, instead of being advised & assisted to be seen elsewhere they were seen in A&E & treated after triage. Surely the whole point of triage is to assess & then respond accordingly. Cheltenham's AEC works very well alongside A&E for these patients who need care but may not know where to get it. Running 2 such centres in Gloucestershire should not be difficult.		
227	I think they are god , if it happens		
228	It looks like a load of fancy words, produced by a very expensive PR company which has probably cost a massive amount of money to commission which could have been better spent on recruitment.		
229	Access to GPs is too slow. It's hard to trust a pharmacy when the pharmacist is a different person almost every day.		
230	Based on incorrect premise. Keep provision in Cheltenham		
231	People are better served by local hospitals and not having to travel to Cheltenham or Gloucester		
232	These will only be delivered by keeping CHELTENHAM A&E. As a single mum when my children were small there was no way I could have taken them to Gloucester A&E instead of CHELTENHAM when they had accidents. The waiting times at GRH are already too long. I recently sustained a severe injury to my knee and waited 4 hours in GRH to be seen. This will only be exacerbated if there is no other option that GRH. WE MUST KEEP CHELTENHAM A&E.		
233	I think it's a bad idea to close Cheltenham A&E. The town and 10 mile radius villages has grown hugely in the last ten years. The travel time to Gloucester at commuter times is often over 40 minutes. Sell both hospital sites and build one amazing hospital in Staverton or Shurdington - equal distance from both growing towns, space for parking, good public transport access.		
234	The promise of ASAP states that A&E should be there for you if you have a life threatening medical emergency. How then can this be provided in Cheltenham it you close our A&E? If you live in Cheltenham the journey can take 30 minutes but if you are unfortunate enough to live in Cirencester or Bourton on the		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	Water or any other surrounding villages this journey will take even longer and could be the difference between life and death,. Cheltenham A&E must be retained and reopened for a 24 hour service.		
235	Good idea		
236	My parents aged 94 and 99 died earlier this year. They lived as long as they did because their house was 10-15 minutes away from Cheltenham General Hospital		
237	Fair enough if the acronym delivers		
238	The ASAP model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency" The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times		
239	OK but to split the demand between the two hospitals		
240	Its right - if I needed advice I would contact my GP and NHS111		
241	Excellent		
242	I like the idea, it gives you advice and directs you to the appropriate action to take,		
243	I am concerned at the lack of emphasis on the provision of emergency care.		
244	They need to be in locations that are accessible quickly. One emergency centre per county is not enough		
245	The principles sound ok but in practice for two towns as large as Cheltenham and Gloucester and the far wider area and size of population they cover both centres need to be fully equipped to give the urgent care required on a 24 hour basis. It should not be a question of one or another.		
246	Emergency services should consist of :- 1) Trauma surgery 2) A 24 hour catheter lab for treating heart attacks. 3) A 24 hour brain imaging service for treating strokes A single new hospital would probably have the critical mass for providing these services. The MIIUs should be merged with general practice which has been more or less abandoned by the government with out of hours care provided on the same site. The government should stop restricting the access of foreign doctors to this country so that the service can be adequately staffed		
247	I certainly do not like your idea of closing Cheltenham A&E, and making anyone who needs urgent medical assistance travel to Gloucester. You mention A&E should be 'There for you' it will be if Cheltenham keeps its A&E Dept open.		
248	The concern here is the downgrade proposals of Cheltenham A&E. it is vital this is reversed and A&E extended back to a 24hr service. Appropriate use of A&E and education of the public in its appropriate use is vital but often there are no alternatives so pts end up in A&E. Use of physios as per above should be able to free up GPs to free up GP appts to help in this		
249	Not enough		
250	Good plans, well thought out. The only issue I have is the plan to build the new Forest Hospital in Cinderford - the access is much poorer to there than to Lydney or Coleford especially in winter.		
251	The ASAP model in the booklet says A&E should be therefor you if you have an life or limb threatening medical emergency. The best and most effective way to do this is to retain A&E at Cheltenham General Hospital to ensure faster access and avoid increased journey times.		
252	Generally good, but I think degrees of urgency need to be considered. I think problems that need attention soon (eg within a couple of days) are not catered for adequately. If I say 'no' to 'Does your problem need urgent attention today' then I am offered an appointment in 3 or 4 weeks !		
253	Sensible and logical.		
254	It is good, but this needs to be available locally and not have to travel far.		
255	Centres of excellence with aggregation of best staff and equipment sounds good but will one unit instead of two A & E units have enough capacity to serve all of Gloucestershire?		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
256	I fully agree that A & E Services should be centred in one unit at Gloucester. There is no point in duplicating this service when the two units are so close together. The Hospital at Cheltenham is very old and not really suitable for 21st century health care. It is surprising that it is still being used and compares very badly with the new hospitals situated in Worcester, Swindon, Hereford and Birmingham		
257	My husband was in a great deal of pain, there was a 5 month wait to see a specialist so we paid £2000 for him to have treatment at a private hospital it was all done in 2 weeks.		
258	Recent experience - extremely infected insect bite Online - no relevant advice Pharmacist - Take antihistamine / or GP appointment GP surgery - Appointment in 7 days GP callback - advised to take antihistamine - "it should disappear" Self referred that day to Cheltenham General A&E - A&E doctor administered antibiotics immediately - ? ASAP		
259	I do not believe ASAP would work effectively as you propose. It is my view that the best way to ensure that aspiration is met is to keep A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased longer journey times		
260	111 or new system must be what it says ASAP I have had 2 experiences when have first telephoned at 10am, spoke to a doctor at 230 and visited by a doctor at 8.30pm - not good experiences		
261	Health education program to help patients decide if its emergency or urgent care they need. Provide local urgent care facilities with x ray / limited diagnostic facilities - many patients attend A&E as there is no where else to go and often calls to 111 are advised to attend A&E		
262	I think Cheltenham GH needs an Accident and Emergency facility		
263	All this should be available in Cheltenham - a town of 110,000 plus the outlying area		
264	Typo on page 10 "life and limb" should be "life or limb" Otherwise think its ok, the idea not the typing		
265	Very good		
266	THE ASAP proposed states that A&E should "be there for you" if patients have a "life threatening medical emergency" this will not be achieved for Cheltenham residents if you close our A&E		
267	Not much!!!!!		
268	ASAP means local in Cheltenham - not travel elsewhere. I know what its like to be forced to travel at night to Gloucester, worried, stress levels increased, condition deteriorating, will I get help in time? Where can we park?		
269	I totally agree it would be marvellous to be able to have this all done locally and in turn would help and take pressure off both Cheltenham and Gloucester.		
270	Closing Cheltenham Emergency Department is a mistake. I have two experiences of the Cheltenham ED 1. I had sepsis, my friend drive me to A&E, I was on anti-biotics within the hour. Had A&E been at Gloucester she would not have been able to drive me there because of her work commitments. Instead I'd have gone with my plan of trying to get an emergency GP appointment somewhere. Neither of us knew how serious a situation it was (I thought I was coming down with flu). It's not just about quality of care but also accessibility. 2. I broke my elbow badly on Cheltenham High Street at 6.20pm at night. By the time an ambulance got to me it was 7.10. by the time they assessed and loaded me it was 7.30 and I was told Cheltenham would not accept me. I was driven to Gloucester ED. The care was great but it meant my partner and friends couldn't visit me. I was in for four days with no visitors, clothes and belongings off my own, anyone to talk to, and none of my own medications (orthopedics ward was dangerously understaffed and not care forward and pharmacy wouldn't issue my mental health prescription) having undergone major surgery. To get home my partner and I had to pay for round trip taxis which was a significant cost.		
271	Most of what is suggested is good. However some people need to be seen in A and E even if condition is not life threatening. People in severe pain need to be seen within an hour. Not all conditions causing severe pain are life threatening. This does not seem to be stated anywhere. Also, if people are assessed at other places and are found to need A and E they should then be seen quickly as they will have already been waiting a long time. Recently I accompanied a very sick friend to a hospital in a different county. She had seen a paramedic at		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	an out of hours clinic at the hospital. He assessed her as needing admission on the third day of follow up. He saw her at 9:30 am and she was admitted via an admissions area that was not A and E. She did not get properly assessed until 16:30 hours and was extremely ill. In other words the main A and E needs to have extremely good staffing levels of the correct expertise.		
272	People won't understand the difference between urgent and emergency. Life threatening emergencies will arrive at Cheltenham and die before arriving in Gloucester		
273	All good in theory. We have a long way to go to really provide responsive services. We need a team that is not as resource heavy as rapid response but that can still respond as speedily to those who are less sick. This could prevent hospital admissions as well as expediting discharges. There needs to be greater integration across organisations with community teams coming into hospital to 'pull' people out. So many people struggle to get quick answers and help from social care - this is a huge problem locally which needs addressing.		
274	How will it connect up and be relevant for seldom heard communities who may not be as vocal and knowledgeable as other community groups?		
275	Your idea to close Cheltenham A&E is disgraceful.		
276	Looks reasonable on the surface. Implementation may not be straightforward.		
277	I think they are predominantly lead by economic necessity and are not in the best interests of the local communities.		
278	It s no good relying on pharmacies or indeed online/NHS 111 services to meet the needs of house-bound, older people who are more often than not, not internet users. Dealing with so-called 'urgent' cases by referring them to make a GP appointment is all very well but have you tried to get an on-the-day appointment with a GP recently? Impossible.		
279	ALL ideas need to focus on CHELTENHAM. This needs to be the key word.		
280	I think it is only common sense.		
281	Not enough. All our emergencies have been admissions.		
282	Ok could be better we pay our taxes for a 1st class setvice		
283	I don’t think it will be utilised as well as it could be. Local communities will always go to their Gp and or Pharmacy first, I think it’s here in the primary sector more investment is needed. ASAP is just a detour.		
284	Excellent . Infact no one unless by ambulance or obvious trauma should be allowed into the A&E until they have passed through a triage system ! enabling those that really need it are seen. Also, triage in the hospitalk is ridiculous and should be streamlined so that the initial contact should be with a highly exeprienced nurse /dr who can arrange an Xray/Bloods etc without having to have "been seen " and then have to wait yet again for a nurse or doctor who is able to complete and Xray form !		
285	Anything which increases distance to access urgent care, is a retrograde step and unacceptable to patients.		
286	Important to keep minor injuries units at local medical centres. Important to keep Cheltenham General A&E open for urgent care cases and local drop in Distance from the North Cotswolds area of Glos. can be very difficult owing to traffic in summer and also bad weather in winter. Agree that best to have a centre of excellence for trauma and emergency care cases providing the equipment (scanners, lab. facilities etc) are available and it is staffed by consultant cover 24 hours.		
287	My main concern is that we keep our A&E department at Cheltenham General Hospital.		
288	In rural areas away from the population centres of Gloucester and Cheltenham, having access to Minor Injuries Units are crucial for preventing travel to ED. Greater availability of GP appointments would also benefit this - could GPs do surgeries within Minior Injuries to further prevent unnecessary hospital admissions?		
289	definitely		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
290	I think they are good. However, I am confused by the statement "Both hospitals also provide a range of other'walk in' same day urgent care services (not life threatening emergencies)" - I don't know what Glos and Chelt have other than A&E to walk in to? I feel strongly that something like a minor injuries unit, with access to x-ray facilities, is needed at Glos and Chelt. Patients can first go there with less serious issues (I am thinking about out of hours). If they need to be re-directed to A&E or admitted in to the hospital, they can be, without staring the process of assessment from the beginning. I did the right thing a while ago and took my dad to a minor injuries unit, rather than come to A&E, but living between Glos and Cheltenham, it did seem a little mad that we had to drive to Stroud to do that 'right thing'. The injury was dealt with well, but we were told it needed follow up in a few days - and told to come back to Stroud. Perhaps we could have gone elsewhere, but it wasn't made clear. Minor injuries clinics need to exist in the largest population centres: Glos and Chelt as well as elsewhere.		
291	Good		
292	Good plan		
293	I think the ideas appear sound as long as they are put to the test to ensure they will work effectively. Would support a pilot scheme for any new service arrangements.		
294	see later		
295	Should be accessible, bearing in mind the geography of where the care provider is located		
296	Make sure all services are fully accessible to all disabilities, age groups and ethnic groups. Advice via text message may be useful for some, all websites and apps need to be screen reader compatible, have high contrast and size options, need to be simple and easy to use for the non technical minded. They also need to be secure with no sharing of data, anonymized or otherwise to large companies external to the NHS, Google and Microsoft for example. Face to face contact may also be the only thing that works for some, especially those with learning disabilities. In my experience 111 already checks everything before suggesting you go to A&E, so really adding other systems may not overly reduce minor injuries visiting A&E. I would also say there seems very little or no advice regarding Mental Health issues and where to go should you need help on the app or other places.		
297	again I stress everyone is entitled to emergency care NOT just urgent care. urgent care is already provided by the 111 service and look how that already clogs the A/E services. its emergency care needs to stay in Cheltenham		
298	In my observation, human resources led medical services, and coordinated care, have been demonstrated to work in everyone's best interest. The building construction sites, have to be configured..... around human resources, not the other way around.		
299	Good if it works. I was unsure as to what was going to happen to alcohol and drug abusers and those with mental health problems. I also feel, as one of them, that there is a larger elderly population in Cheltenham and I wonder what will happen to us if we become unable to look after ourselves.		
300	Good Idea		
301	Just get on with it		
302	I am in agreement with all except the inadequate and unrealistic plans and lack of them regarding transport , ie patients getting to and from treatment centres. Old and infirm people, the poor, those who live alone (and become ill or injured), children whose parent is working at night and who have a babysitter etc, and others, will not be able to "drive in 30 minutes" to a treatment centre. Patient transport arrangements which completely cover this issue, 24/7 and without delay, must be built in to ensure access for all.		
303	They look good and sensible. People need to be educated about alternatives to EM. The word 'urgent' may need to be changed as 'urgent' and 'emergency' can be mixed up for those people who do not work in a clinical environment. To me they say the same thing. There is not a big enough difference to explain the meaning.		
304	I think 111 needs to be reformatted with more training and consistent advice. Longer GP hours for urgent appointments would help. More publication regarding minor injuries units would be helpful - as not many people are even aware of them		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
305	They make good sense They assume understanding of emergency vs urgent They don't make mention of post operative or post emergency longer term care		
306	they are well thought out The emergency pathways are multiple and complicated A +E departments are only one cog in the wheel so we need to talk more about the emergency service as a whole		
307	you have your assessment wrong. Distance to travel is much more important than 8% its wrong		
308	The assessment unit needs to be local - e.g in Cheltenham as getting there e.g GRH would be a nightmare, then perhaps have again late at night. so ideas are ok but don't think they go far enough		
309	A good idea - if appropriately staffed		
310	Good - clearly set out and would be great to have them in place and working well		
311	Wonderful! it makes "us" the general hoi polloi feel that someone is looking after our wellbeing		
312	Good		
313	Yes good as long as you don't have to wait ages for a callback		
314	you have maybe deliberately used a common acronym ASAP will be mixed up with As Soon As Possible. Good idea bad acronym		
315	I don't like them. I would like both emergency departments to be staffed and functional 24/7		
316	In an ideal world this sounds great, I fail though to see how this would be workable with current services, resources and funding		
317	good to make the public seek appropriate care		
318	A logical process but a challenge to persuade patients to deal remotely (telephone, App, web) with NHS staff. Most important is the delivery of the Same Day appointments where considered necessary.		
319	Its rubbish. Doesn't help me work things out where i should go and over complicated.		
320	to be simplified and advertised well		
321	Good ideas, that address the issue of a 'messy' menu of choices that currently can result in being passed round services eg attending an MIIU and having to move on to CGHT.		
322	Very good but 30 minute drive for non drivers might be difficult so there's a need to ensure that the appointments are at practices that are accessible by regular bus or train services. 30 minutes might be a difficult target to meet from some locations in Gloucestershire		
323	So far this year the Trauma Orthopaedic split has seen 234 elective case cancelled in CGH due to transfer of staff to GRH to cover Trauma operating. A similar number of elective cases have been cancelled from the remaining elective sessions at GRH. Splitting sites does not protect Elective services. The waiting times for elective surgery in CGH have more than doubled since the reconfiguration. The trauma service at GHR is in trouble as described by its director on 20/09/2019: " As you are aware the lack of adequate trauma theatre capacity has scored highly on the Trust's risk register as there have been excessive waits to treat acute injuries. Over the first 6 months of 2019, we failed to operate on 41 hip fracture patients within 36 hours. The hip fracture mortality has risen to over 10%. "		
324	To be 'ASAP' it has to be there closest to the point of need - extending the journey time across a busy town coulkd lead to fatal delays.		
325	It sounds laudable but directing patients to appropriate centres will be difficult.		
326	Generally they sound great. But please read my later comment about A&E.		
327	KEEP A&E OPEN IN CHELTENHAM 24/7. SERIOUSLY.		
328	Not specific enough, just vague ideas which sound great but are not new and no real information on exactly what or how anything is to be achieved		
329	Without doubt, many people do attend A&E when it is not necessary, however this is often as a result of not		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	knowing where else to go. 1) 111 service, if this is to work properly it needs to be managed by properly trained persons with medical supervision on a 24 hour basis not simply manned by someone reading off a list of questions from a computer screen. 2) If Pharmacists are to take on the role of giving advice on certain medical matters then this must be rolled out to all pharmacy facilities, I am aware that certain pharmacists are reluctant to do to this, especially where a child is involved. What training are they given? 3) In the S for same day service you mention, we, who is this WE? If the 111 Service I refer to (1) 4) With regards to providing personalised care, again this will only work once we have a properly organised dedicated NHS administered service.		
330	Not a lot. Most people would not know where to find the relevant help or numbers etc. Especially the elderly...my mother was a very independent strong woman until her 80's but then became unwell. She could not look after herself and needed care. She was fortunate to have her family but still needed care which she had to pay for. What happens to the people who have no family and no money. I worked in care but decided to leave due to the ruthless cuts that were being meted out to people who needed help. Home visits cut down to 15 minutes in some cases. Day centres closing so families were not getting breaks or people living on their own socialising. I can only see things getting worse not BETTER. Its all about money and not care. Many will not see the booklet because it won't have been well publicised. The booklet should be put through everyone's door not just doctors surgeries (if they are placed in there at all), libraries and suchlike. Not everyone can go online or know how to use a computer. I have witnessed many of these consultancies before over the years...A TOTAL WASTE OF PUBLIC MONEY		
331	Good. As long as it's really clear how to access these services.		
332	The "ASAP model proposed in the booklet aspires for A&E "to be there for you" if patients have a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
333	Where will the GPs come from to run the UTC?		
334	Agree that A&E at Cheltenham & Gloucester should not be used for minor injuries, therefore, the 'A&E' in 'ASAP' may encourage this practice rather than deter it.		
335	Too wordy and difficult to understand		
336	ridiculous as you have already decided same as above		
337	Centres of Excellence sound fine in principle, but not at the expense of local services.		
338	Cheltenham A&E needs to remain open.		
339	Sounds very sensible		
340	Keep Ed in Cheltenham		
341	see above, what is impact on services in Cheltenham?		
342	fine		
343	I think it glosses over the fact that Chelt A&E has already been downgraded and is at risk of being further reduced. What happens if someone in Charlton Kings needs Emergency Care (your definition) e.g. has a heart attack or anaphilactic episode when the closest A&E is Gloucester? The answer is that their life is at significantly higher risk. Ensuring that other less threatening situations (what you define as 'Urgent care') are met is important, but it doesn't address how we are to identify whether our conditions are life or limb threatening or not.		
344	I think you need to keep Cheltenham's A & E as G.R.H is often on divert..where will patients be sent then??		
345	Good advice for non life threatening situations but urgent care would not be possible within the 30 minute time scale for most places if Cheltenham A and E was not open 24/7.		
346	Just keep it in Cheltenham as being moved between hospitals is dangerous and life threatening		
347	Do not agree people are happy to travel far for treatment. Specialist care should be reasonable near and appreciate this may been some travel. Again social media may help with patients talking to medical staff via this means		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
348	Not impressed at all. Not sufficient.		
349	I have not seen this document so cannot comment. Will this be accessible to all?		
350	Treatment needs to be done at our hospital CG not having to travel to GRH		
351	Pointless without emergency services close by.		
352	I `m not sure		
353	Helpful but won't replace our dwindling a & e services. A friend call the 101 service over the weekend due to a urgent heart related issue took 36 hours for a response luckily she's still alive no thanks to there care		
354	Do not consider closing Cheltenham A&E		
355	Rubbish. We need a full A&E cover.		
356	Managing expectations will be the most difficult part of this.		
357	Sounds good but where would they be? Most of the cottage hospitals around Gloucestershire have been closed. Urgent to me would be locally accessible.		
358	This surely demonstrates the importance of continuing the presence of an A&E resource in both Gloucester and Cheltenham.		
359	I would have thought ASAP meant getting to the nearest hospital as quickly as possible for urgent treatment. Therefore Cheltenham General is the best option for those in the area.		
360	The theory is plausible but the reality would be Aand E continuing to be swamped with patients unable to get a GP appointment within a reasonable time. One A and E department located at Gloucester would leave many patients with excessive travel times to an overcrowded department within an overcrowded site with insufficient back up .		
361	There are a number of question / concerns that I have and without satisfactory answers to them I cannot support the proposals. 1. With a few exceptions the majority of specialities may be needed for optimal care in an emergency as well as performing planned treatment. For example for optimal emergency care of a trauma that causes knee injury an orthopaedic surgeon specialising in knees is required. If therefore knee surgeons are located at Gloucester are they also to be located at Cheltenham to provide planned knee surgery? If knee surgeons are to be available at Gloucester to provide emergency cover for knee trauma would there be enough work for them there if all planned knee procedures were carried out at Cheltenham? This is an example that can be applied to the majority of specialities. You can see that for specialities that may be needed in emergencies but also perform planned procedures there is some benefit in having both undertaken at the same site so that they can spend the majority of their time performing planned procedures but be available should there be an emergency requiring their speciality. Inevitably this leads to some disruption of planned procedures but the alternative appears to be either having virtually all specialities available at both sites with those at Gloucester probably being very poorly utilised if needed only for emergencies (and therefore an expensive underutilisation of resources) or essentially reducing the specialities at Cheltenham and leading to its terminal decline as a general acute hospital. In other words it would run down over time to "cottage hospital" status. Clearly there could be an exception for oncology / radiology and similar cancer related treatments / investigations that are not generally needed as an immediate treatment. The fear is though that the logic of requiring most specialities to be available for the best possible emergency treatment would deplete Cheltenham of the status of an acute general hospital with capacity for performing a wide range of planned procedures over time. 2. No details are provided of the investment / extra staffing that would be provided in the emergency facilities at Gloucester. Without a plan to increase its capacity by at least that currently in the Cheltenham emergency facilities the overall waiting times are bound to increase. What additional staffing would be provided at Gloucester / what additional overall space for emergencies would be provided and what additional diagnostic services for emergency use are planned?		
362	It is vitally important that a fully staffed A and E service be provided for Cheltenham and surrounding areas. Speed of being seen and diagnosed without having to wait hours in an overworked A and E Department cannot be over emphasised. Providing a fully available and no Appointment service is the least the population of a busy town should expect.		
363	I do not understand the proposals. They seem to suggest that some issues will be dealt with in Cheltenham but all serious stuff has to go to Gloucester. If this is the case then this plan is not credible. The Gloucester A&E appears to already be stretched so adding more cases makes no sense. Having a capable and, in my		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	experience, very responsive A&E in Cheltenham makes perfect operational sense.		
364	In Cheltenham		
365	Excellent		
366	Are they believable?		
367	My overall feeling I'm afraid, is that this document was beautifully produced to sound wonderful and encouraging - when, if able to read between the lines, it is clear to me that it is primarily about CUTTING services. We need accessibility above all - not a resource placed miles away. Community GP services should be combined to offer the maximum possible within a locality. The idea that an A&E can be placed in Gloucester to deal with urgent care of people in the North Cotswolds is more than deeply worrying. It has unnerved me and everyone I know that this has even been thought of as a possibility. I have read the whole document but unfortunately don't now have it with me anymore so I cannot remember all that it said. I do remember trying to respond at the time I read it - but online, this was impossible to do. Much of it sounds so appealing but I'm afraid the public cannot trust that these days of Cuts. I have also asked for meetings to take place in the North Cotswold, not only in the South. I am sure there are many decent caring people trying to work out what to do for the future - but it seems that more effort and money is being spent on clever brochures and clever wording, than on telling the whole truth. This is more than very sad. And I appreciate all that those who care are trying to do, but this issue is of extreme concern now.		
368	Poorly thought out		
369	Good on paper. More difficult in reality.		
370	Accidents happen unexpectedly and are not planned therefore a local A&E department is essential and must be retained in Cheltenham,		
371	CHELTENHAM A&E MUST BE KEPT OPEN. GLOUCESTER ROYAL IS TOO FAR IN THE EVENT OF EMERGENCIES AND IS ALREADY OVER SUBSCRIBED.		
372	I think the survey is worded to 'guide' people to make the responses theTrust wants.		
373	I like your ambition, and hope you have the resources to put your plans into action.		
374	?		
375	All positive examples of better service for the public should be based on quick, immediate service to the public as near to their homes as possible. It must alleviate stress for the patient!		
376	It would be really important for a facility in Tetbury which is open 7 days and longer hours		
377	Reasonable		
378	A consistent system that works is a good idea. Unfortunately the 111 experience has not worked well and if it is to work then it must be staffed by staff who are medical professionals and not people trained to follow symptom flow charts and deliver the answer that happens to be in the end box, whether appropriate or not. At present advice from GP surgeries is not readily available, to be able to have a same day telephone slot to talk to a doctor at a GP practice could work very well and help reduce the pressures on A&E with so many non-urgent people attending.		
379	Still too complicated for most people to fully grasp when they are panicking about immediate health concerns. Simple educational films run at prime times, backs of buses, anywhere where people waiting might be able to read them. Our doctor's surgery runs films on loop whilst you are waiting and more surgeries could adopt this method of informing patients of various options. 111 Help Line would be effective if manned by properly qualified doctors and nurses. On-line NHS information is very helpful.		
380	Wrong when it comes to minor injuries -by yr own admission they are not busy by day-turn them into A&E 2 nights a week and see the difference.		
381	I do not believe concentrating specialist care in one location is a wise or sensible option. This is not a solution to providing excellence, it is just to save money and to pander to the convenience of NHS staff		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	This has been shown in the provision of maternity services in Gloucestershire, which has meant many mothers having to travel big distances in considerable discomfort, and if they have to stay, being a long way from their families..		
382	They are aspirational but may not be achievable within likely budgets. You have difficult choices to make when balancing effectiveness, efficiency and economy My observations, based on experience as a patient, are that the service currently survives through the goodwill of dedicated staff in all areas, but those staff are continually stressed because there are not enough of them.		
383	It is good		
384	Makes complete sense in view of local geography.		
385	Agree it would help relieve the burden on A&E if people felt sure they could get help more locally promptly, so making sure all those other services (MIU, GP, pharmacies, etc) can easily be accessed and encouraging people to do that is very much a first step - closing one of the A&Es should only ever happen after this has been shown be having a positive effect, or the single remaining A&E will go into meltdown!		
386	Ideas look good, delivery is vague. Not sure how often some of the services will run etc ie will the planned services be comparable in equity to those in Gloucester and Cheltenham? Open regularly etc		
387	I don’t think the public use the effectively and still prefer to be seen by a professional.		
388	Yes.. all very good on paper but services that are already ongoing need urgent attention		
389	I think that the approach is sensible. However, there is something really obvious to me: the largest part of the population live in Gloucester and Cheltenham, and yet these locations do not have minor injuries unit. I think that key way to reduce unnecessary A&E attendance (particularly out of hours) is to have minor illness/injuries units located right next to A&E at Glos and Chelt. Patients can normally go to the minor injuries unit first. If necessary, they can be sent through to A&E (but not have to start the process from scratch).		
390	Broadly agreed		
391	Shared and discussed with everyone An agreed timescale / managed effectively considering all options available		
392	Without doubt, many people do attend A&E, when it is not necessary. However this is often as a result of not knowing where else to go. !) 111 Service, if this is to work properly it needs to be manned by properly trained persons with medical supervision on a 24hour basis not simply manned by somneone reading off a list of questions fropm a computer screen. 2) If Pharmacists are to take on the Role of giving advice on certain medical matters then this must be rolled out to all Pharmacy facitities, I am aware that certain Pharmacists are reluctant to do this, especially where a Child is involved. What training are they given? 3) In the S, for Same Day service you mention we, who is this WE? IF the 111 service I refer to (1). 4) With regardto providing personalised care, again this will only work once we have a properly organised dedicated NHS administered service.		
393	Appropriate use of resources		
394	Absolutely agree that A & E is for life & limb emergencies only. For non-emergency cuts & bruises, infections, etc should be minor injury unit. GP Surgeries should be for follow-up, continuing care. 111or 999 should be portal of entry and/or every NHS member of staff should know the appropriate pathway (I.e. consistent message) AND public should be educated as to what service to choose/expect		
395	Reconfiguration of general surgery is safest option if emergency care goes to one site. GRH makes sense as it is level 2 trauma centre and paeds on GRH site. Better urgent care services outside of GRH and CGH are desperately needed, current MIIU provision is poor.		
396	Fine		
397	A- only works if you can get through to a GP and there also has to be value added at every point. There are specialised services which GP etc are not going to be able to offer advice about that will still require direct contact to secondary care. R- Personailised care works fine for those that want to but there is a large chunk of people who would		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	rather let someone else do It as opposed to look after themselves.		
398	Absolutely vital		
399	It is good in theory but not sure how it will work practically. Be mindful that not everyone has the internet or is able to work the internet.		
400	I think there's a key distinction to be made between being happy to travel for the very best services (i.e to Bristol or Oxford) and needing to access urgent care locally. People don't mind travelling for preplanned surgery. But in an emergency situation it's crucial that both Cheltenham and Gloucester maintain an A&E service.		
401	the 111 system is failing patients by sending them to hospital when they don't need to be there, and by giving them poor, non-evidence based information. This is not a service that should be relied on to direct patients correctly. The system relies heavily on IT and using a joint IT system, which will be fantastic for patients and health care providers if it works. This service relies entirely on patients calling a telephone service and being able to get through; will there be significant numbers of call handlers to meet demands?		
402	Love the idea of NHS111 being staffed by doctors and nurses. I haven't used this service but I would feel more confident to have advice from a suitably qualified professional. Looking very much to the future and considering the great number of housing developments being established in Gloucestershire, I feel that it is imperative that there should be two A and E centres with 24 hour provision. Personalised Care would appear to be an excellent principle. I wonder how manageable the system would be and if the levels of IT provision within the NHS are sufficient.		
403	Its too silly, forget the ASAP name. The key bit is 'Advice'. If I'm at home and worried, what am I meant to do ? If you don't make this clear then we will all just go to A&E. The new NHS 111 service sounds OK.		
404	If the services you reference in your booklet were actually available when people needed them I think it's a sensible ideal. Ensuring they are will be difficult.		
405	Sounds good on paper		
406	I am particularly concerned about the inclusion of pharmacies in this. Our local town used to have two, but one has now closed which has put a huge strain on the other one. The pharmacist barely has time to deal with perceptions, let alone giving advice to people. The CCG was warned about this four years ago when they started the Pharmacy First campaign. The situation has not improved since then. Again, the rural areas are being hit the hardest. It still feels a bit confusing. Are we supposed to ring our GP surgery for same day appointments, or NHS 111? Most people would ring the surgery so they can see a doctor or nurse they know. Seems to me it would be better to avoid a call centre of NHS111 and embed the assessment and advice in the local surgeries with sharing of expertise within the PCNs. Call centres never make things better, they increase failure demand, and end up costing more. If care is to be brought closer to home, then bring it back to the GP surgeries and expand their roles.		
407	A good idea yes and hope it will be a good improvement		
408	As above		
409	Struggle to see how this is different from what is already provided. Needs to be a mechanism to easily divert someone to another service if they turn up at the wrong location. Access needs to be as convenient as walking into a hospital A&E dept Consistency. Out of hours access to services like eye care needs to be considered Handover between different areas of healthcare should be efficient, failure to put a speciality or possible diagnosis on an ED referral can lead to hours of delay for a patient.		
410	Emergencies treated as close to locale as possible		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	Closest to home Cheltenham		
411	I think each city / town / village should have one NHS building that houses all NHS services (Urgent, Accident and Emergency and GPs and Consultants, MRI etc)		
412	I fully support some proposals. care in the community is good. Becomes more difficult on weekends especially sundays		
413	Good in principle, however having moved from Somerset where wee could book same day appointments or if not urgent within a week, my new practice has very few phone appointments available daily, a triage service, which I had to use, only to be told I would need to see a GP, which I had already told the receptionist I had been told in A&E to do		
414	Yes		
415	Don't know what it is?		
416	Really very good		
417	Inadequately researched Poorly communicated Your pre conclusions (which you pretend have not been decided) and transport		
418	I think we need to ensure the public are given experts medical advice and a full time A&E at Cheltenham		
419	Surely this is what an accident and emergency department is, so why change it! Increased travelling time to get to Gloucester Royal would be detrimental to immediate life threatening injuries or conditions.		
420	Making access as local as possible for those who cannot travel too far.		
421	Telephone access should be maintained. Not everyone has access to the internet or is happy to use it.		
422	Good in theory. Encourage healthy lifestyle. No Smoking, No drugs, Little Alcohol Less pressure on A&E dept More respect for staff Simple really		
423	Good, but how are you going to do this?		
424	Logical advice, but in practice not always easy when it can take a long time before you get a solution to the problem. Pleased if the NHS 111 helpline has been improved because it certainly needed to provide a service which dealt with specific symptoms		
425	Good		
426	The problem is that of talking and more probably seeing a professional healthcare specialist on the same day to get an immediate diagnosis. This is likely to be the case of someone who cannot differentiate between something that is actually urgent and something that is considered to be perhaps life or limb threating. Based on experience, whilst the prospect of actually seeing a professional healthcare specialist at local hospital or GP surgery on the same day sounds great. But other than going to the Accident and Emergency Department at Cheltenham General Hospital, it is hard to believe that there is any other sensible of indeed achievable solution.		
427	1 - lots of services available - need a way to ensure everyone knows how to access also need to consider how people physically get to these services, also need to make sure back up services 1.e chemists are also able to meet needs		
428	Makes sense if the WHOLE system works, if one part fails it all goes back to A&E as it does at present		
429	Very good advice given		
430	Expand facilities in stroud, Dursley and The Forest. Give us back our community beds, especially at Dursley for some people a 30 minute drive by car is 2 hours by public transport, which is why it is important to keep duplicate facilities in all areas It is especially difficult to access CGH & GRH from the Forest, as there is only one road in basically		
431	Only works if people understand it - which they do not at present		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
432	Agree you have to use available resources efficiently but this can conflict with ease of access for patients. Local communities e.g at the parish council level could be asked to draw up transport plans for patients and their relatives who have to travel to a more distant centre for treatment, reduce anxiety and you will reduce some of the excessive demand and missed appointments that currently impact on efficiency and effectiveness. How do I get there? Who will I see? What will happen to me? these are questions that need to be answered for your most frequently occurring patient visits Dentists are good on this now - A source of guidance?		
433	Based on current experience, The prospect of actually seeing a professional healthcare specialist at local hospital or GP surgery on the same day sounds great, but other than going to the Accident and Emergency Department at Cheltenham General Hospital, it is hard to believe that there is any other sensible of indeed achievable solution.		
434	As above - the strategy is sound but the devil will be in the detail. Will this effectively become a gateway system to making a GP appointment? If so, that will need a lot of public education and if that's not the case how will bookings be handled?		
435	The person making the decision about where and how to access health care is allowed to choose where to present. This has benefits and down falls i.e. those who are informed may choose an alternative to the Emergency Department. Others will always default to this resource. I think the points made in the document made re shorter waiting times etc are helpful illustrations.		
436	Sound good in theory but not convinced they would be effective. Telephoning GP surgery can mean a long wait to get through, you then talk to receptionist who arranges for a G P to phone you back. This might be a 2 hour wait. Have used 111 and ended up with a transfer to 999, should have just called 999 in first place. Care closer to home must be delivered. A&E needs to be available at Cheltenham General.		
437	Despite repeated efforts to keep patients away from ED and direct them to other services the demand on the ED continues to increase. It is very confusing for patients when there are multiple different options about where to go with an illness or injury (with different opening hours and different capabilities). Patients recognise the A&E brand so will often opt for the service they know and trust.		
438	I am supportive of the new model of care for urgent and emergency care (ASAP).		
439	good		
440	All emergency care on one site is a good idea. I work across both hospitals and I am struck by the lack of capacity at GRH I have worked in several hospitals at the time of new builds or major restructuring - QE, Swindon, north Bristol - all suffered from significant lack of capacity which damaged patient care in the main because management were unable to see anything other than efficiency saving and benefit. Lets not do that - we need honesty.		
441	I agree with the principles and feel that eductaion is again important. Working in teh North Cotswolds I know that access to Xray in the community Hospital is an issue, however I was not aware of the low statisical analysis on its use. Would it be worth investiagting what other services are availible in bordering counties eg Oxfordshire and Warwickshire to ensure that diagnostics are still available within 30 mins even if not in Gloucestershire? I know that local people from Chipping Norton, previoulsy came to Moreton as there are no X ray facilities in Chipping Norton....		
442	The current situation regarding emergency treatment at night when ambulances have to go to GRH is unsatisfactory. Anyone who has had to go to Glos A&E in the evening, especially at weekends is aware of the problems and I understand that on occasions Paramedics have been sent to Cheltenham as GRH is unable to cope with the number of patients. If the trust does decide to downgrade CGH A&E even further this will only make the situation worse in GRH.		
443	think these are good but still need the A&E in cheltenham you need to get the ambulances to use these minor injury units as well so it becomes the norm		
444	I think it could work well for some things, but I have rung 111 quite a few times for myself and for an elderly relative. On a couple of occasions they have been brilliant (noting a mild chest pain within a host of other symptoms and sending an ambulance which diagnosed a heart attack), but I think precisely because they have to go through such a long set of questions, lots of people including me are put off from ringing them. I would probably use an online service initially, but if you are feeling very ill, you would tend to feel safer if		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?		Response Percent	Response Total
	you were in a hospital building, even if you had to wait to be seen.		
445	As above for accessibility to local services for people who can't drive. Availability of same day GP appointments are dire in Tetbury. As above regarding A&E.		
446	Need to be centre's at local hospitals as travel can be a problem		
447	Wasted money, since people will still go to A&E.		
448	I would welcome the opportunity to obtain advice via local pharmacies, retaining the face-to-face contact.		
449	Good ideas , but people need satisfaction and be able to trust the health professionals providing the service. Centres of excellence will usually always have better results.		
450	An excellent service if provided correctly, having the right staff to run it effectively i.e. GP's and more ENP's, ANP's. staff training more opportunity to grow.		
451	Good and see above. Weekend /after hours specialist/consultant service essential although understood that this can only be practical at regional centres say 10/15 mile radios		
452	The 'ASAP' model proposed in the booklet aspires for A&E 'to be there for you" if patients have had a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
453	What is already being offered is a good start for an improved service to patients. However is a need for information to be circulated and shared. There is an assumption that pharmacists do prescriptions not everyone is aware they can offer medical help and advice. Surgeries must make sure hours are advertised clearly in house and through media. NHS 111 not always understood or welcomed by people.		
454	ASAP - it does not look like anything has changed. If you phone surgery you have to wait for a return phone call - not always good for elderly or disabled. Also cannot always access transport No change. Joined up care records should be done now		
455	The best way to ensure the ASAP model of being there fro you is to keep A&E at CGH open. This ensures local access and avoids longer journey times with the associated increase population		
456	Excellent - if some were able to be transported safely around the rural communities (poor and even NO transport links) Regular portable / mobile health services		
457	The principles are good but success will depend on how well and when these can be implemented especially in the more remote rural areas of the county		
458	The first thing is that this information given in your booklet needs to be more readily available. Tell us the way the service is changing because at the moment all most of us know is that we will have to travel further, use a road system that isn't very good, Potholes, diversons, accidents, etc which not only takes more time it adds more stress and of course cost to gain the help we feel we need. Will people seek out this help or just soldier on? Esp those who are elderly or in a job when often the desire to seek help is spur of the moment. This is where local 'cottage' hospitals are in valuable. However having access to a GP, nurse, pharmacist during the hours of wakefulness, eg 8 - 21.00 hrs would provide the help needed. So in short, increase the open times of local chemists, and have someone at the local GPs to be able to help people looking for assistance. Qualified people locally and easily accessible. We have the buildings already in Lydney for health treatment. Please - we want to keep them.		
459	good idea but needs to be adequately funded and staffed to make it all happen. Appears similar to what is in place now but lack of staff and locations mean not always easily available.		
460	sounds fine if you feel it is achievable without GP services and A&E departments open all the time at both hospitals, I doubt whether it would be		
461	Sensible idea recognising that too many individuals default to A&E As patients we need to take some responsibility for our own care.		
462	As a Cheltenham resident I would much prefer Cheltenham to retain a fully functioning 24/7 A&E. I terms of your overall ASAP I think your division A S A P makes sense and the key ingredient is, as stated above, an		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	effective triage system staffed by people who really know what they are doing, and which specialities are where. (Background:trip over in street and break jaw at about 23.00h, ring 101, sent to Cheltenham but then to Gloucester since all jaw specialists are in Gloucester...)		
463	You should have MIU in Gloucester and Cheltenham, this would take pressure off the emergency depts. All people should be seen same day, maybe extending GP opening hours would help.		
464	Much more support needed for keeping people well - rather than subsequently firefighting.		
465	CGH definately needs an A&E dpt.it is too far for patients to travel to gloucester from villages in the cotswolds. I worked for the NHS for over 24yrs.and was always told minutes saved are vital in an energency, making the difference between life and death-How can this have changed?		
466	Excluding A&E there does need to be some rationalisation of services across the to sites provided that the infrastructure is fully resource supported with staff and financially.However it cannot be stressed enough how important it is that consideration is given to all the necessary support services such as portering services, CSSD, Pathology, blood transfusion etc. as on so many occasions in the past the clinical service being rationalised is viewed in isolation (the silo mentality) and the supporting services ignored. There has to be a holographic thinking approach and the changes cannot be purely driven by finance as I suspect they are.		
467	ASAP services can only be provided if they are within short travelling distance of the users		
468	The first thing is that this information given in your booklet needs to be more readily available. Tell us the way the service is changing because at the moment all most of us know is that we will have to travel further, use a road system that isn't very good, Potholes, diversons, accidents, etc which not only takes more time it adds more stress and of course cost to gain the help we feel we need. Will people seek out this help or just soldier on? Esp those who are elderly or in a job when often the desire to seek help is spur of the moment. This is where local 'cottage' hospitals are in valuable. However having access to a GP, nurse, pharmacist during the hours of wakefulness, eg 8 - 21.00 hrs would provide the help needed. So in short, increase the open times of local chemists, and have someone at the local GPs to be able to help people looking for assistance. Qualified people locally and easily accessible. We have the buildings already in Lydney for health treatment. Please - we want to keep them.		
469	Don't agree with moving all care to GRH. Need to move services to CGH too - eg general surgery , cancer work, functional ED		
470	The service needs to be a one stop service. The assessment needs to be robust enough to ensure that someone who calls 111 gets referred appropriately 1st time and that all information is passed on and ready for other health professionals for further diagnosis without going through the same questions again and again. It is important that all records are available and used appropriately by professionals. AI technology could help professionals by identifying information on previous medical records potentially relating to the most recent presentation of symptoms. Also look at likelihood of specific diagnosis based upon socio economic factors and age, ethnicity, etc. More efficient services.		
471	It puts too much onus on the patient to give a clear and detailed account of their symptoms (111 service) or to determine the urgency of their condition (NHS online). Phone consultations are not equivalent to physical examination and have a much higher potential for misdiagnosis than being assessed in person. Your proposals otherwise principally rely on same day GP access when GP services are already overwhelmed or after hours pharmacy services when many (including my local pharmacy) are not available after hours or on Sundays. What are other urgent local care services, you don't specify? My local MIIU is not open after 7.30 pm and has no radiological services despite your stating 20% of those attending still require radiology.		
472	Genrally good but Gloucester A&E is too far from Cheltenham and already too busy		
473	ASAP has been in place for a while - are there any figures to evaluate its usage so far?		
474	Overly reliant on the patient (111 and NHS online) rather than an appointment with a trained professional. Overly optimistic regarding same day availability of community based services. Existing services will not meet demand. The public don't know the difference between urgent and emergency care		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	Would leave Gloucestershire with only one A&E department, more than a 45 minute drive for residents in the North Cotswold		
475	You need to tabulate the differences between 'as is now' and 'to be in the future'. Without this, it's hard to get a clear picture of the changes you are proposing. The content on your web pages has a rambling, narrative style that is frankly hard to take in when trying to understand *changes*. The way you've done it makes it sound like so much marketing blurb ('everything will be wonderful...'), and to be honest, by the time you've read it all, you are starting to glaze over. So, pretty as those web pages are, they are not effective at all.		
476	We need advice ASAP. It prevents something happening further down the line. It prevents misuse of other more urgent services.		
477	I understand ASAP to address both a quality and immediacy of response to a medical emergency. Surely this can best be met by retaining the current A&E provision in Cheltenham - not creating more traffic for the already congested roads.		
478	This can only be fulfilled by maintaining a 24hr A & E facility in Cheltenham General Hospital.		
479	Me and wife support your proposals to rationalise and connect services. 'Centres of excellence'		
480	Overall your ideas seem sensible but please bear in mind that if you change things it needs to be better than what you had previously and if done well it sounds like it could be. Services like xray need to be kept at the community hospitals and open every day. You mention the importance of the 30 minute drive from treatment centre but please consider parking and ensure there is plenty, especially for the disabled. Thank you.		
481	Sounds very good in practice but more money needed to make it work in the real world. More advertising around the 111 service as I think people, me included are unaware that we should call them in the first instance for assessment. My concern is not having a hospital in Cheltenham may inpact on a family member for example having a heart attack who may have to travel to GRH. I think the idea of separating emergency care and planned care on two different sites is a very good idea to minimize cancellations. It can be difficult to get a Doctor appointment or sometimes even get through on the phone and my experience of seeking help for minor issues in my local chemist is not great either. Therefore these would need to be improved on for this to work.		
482	111 need to stop sending patients inappropriately to ED Otherwise a good way of addressing the different levels of need/urgency		
483	I don't believe that the goal of providing emergency treatment throughout the County can be met from Gloucester only. I think it is essential for people in all parts of the county that the load is spread. The fact that Cheltenham has some periods of peak visitor numbers (race week, Literature Festival etc) is another reason why it needs to maintain local emergency provision.		
484	The 'ASAP' model proposed in the booklet aspires for A&E 'to be there for you' if patients have had a 'life and limb threatening medical emergency'. The best way to ensure that aspiration is met is to keep the A&E at CGH open, ensuring local access and avoiding increased journey times.		
485	In principle it all sounds ideal but as a health care professional myself I know that sometimes the wrong advice is given to patients about how soon they need to be seen and by whom. Unless the first person you speak to has specialist knowledge in the area of concern, incorrect advice may be given or the patient may be delayed unnecessarily.		
486	I thought this was good and gives a good range options that should cover individual needs well.		
487	If they involve closure of Cheltenham A&E, then very reprehensible given the size of the area currently covered by Cheltenham A&E.		
488	Good		
489	A & E must stay at Cheltenham		
490	Appalling! We need more emergency centres not fewer. We are well served for urgent		
491	I feel Cheltenham AandE needs to remain open as the thought of getting to Gloucester in heavy traffic makes me feel ill. The out of hours care is almost nonexistent at a local level so we need the next best which is not one centre for a huge area. This leaves no capacity spare for peaks in demand as services are provided with skeleton staff		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
492	Not a great idea.		
493	Closing down A and E in CGH is not good.		
494	The ASAP model can only be upheld by the retention of access to A&E in Cheltenham, both in miles and in time.		
495	I think it's just an excuse to close Cheltenham, this isn't about advice assessment and treatment it's closing a hospital to save money		
496	They look like a recipe for disaster for Cheltenham and anyone living east of the town		
497	I think closing Cheltenham A and E will be disastrous. There are already long queues at Gloucester so it makes no sense.		
498	Cost cutting to save relative pennies rather than putting patients and the Community first.		
499	I agree 100 percent		
500	The ASAP model proposed in the booklet aspires for A&E to "be there for you" if patients have a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
501	We have them already in two places, Cheltenham and Gloucester. It gives people choice and importantly saves time.		
502	Local access to emergency and urgent services is essential. The only way this can be met is by keeping the A&E at Cheltenham open. Take this away and this forces residents to travel miles and miles and GRH will be inundated and not able to assist those in need to adequate timeframes		
503	Poor. Closing Cheltenham A & E will be a disaster. Gloucester already gets overwhelmed at peak times. I nearly died in there because heroic staff could not cope with the demand.		
504	These services should be available 24/7 in Cheltenham General hospital.		
505	The ASAP model in the booklet says A&E should be there for you if you have had a life threatening medical emergency. It is vital therefore that Cheltenham General A&E continues to provide that service so that local access is available and journey times are shortened.		
506	Needs improving		
507	The ASAP model proposed in the booklet aspires for A & E "to be there for you" If patients have had a life or limb threatening medical emergency, the best way to ensure that aspiration is met is to keep A & E at Cheltenham General Hospital open, ensuring access & avoiding increased journey times.		
508	KEEP CHELTENHAM OPEN		
509	Offering the best service in the world does not help the patient who cannot reach the service quickly in an emergency situation. Proximity is important in emergency medicine. It is why the forces have medics who operate in the field with the combatants. It is why the MASH units in the Korea conflict meant so many more survivors than in WWII. The best hospital in Seoul would not help if half the arrivals were DOA. Lengthening transit times means more dead people.		
510	I like the concept you are describing but I think you need to ensure you provide an inclusive option for rural communities and non-drivers and drive customer behaviours through consistent messaging in all service providers. This may need to include some tougher messaging for people who do not make appropriate use of the A&E services. I have some concerns about the strain this will place on GPs who are as entitled to a work life balance as the rest of us. You may need to consider bolstering the teams in some smaller practices in order to make this achievable without adversely impacting staff wellbeing.		
511	Not impressed as it considers closing Cheltenham A&E		
512	Not good enough. You shouldn't be removing our A&E. Gloucestershire royal is already over-stretched. The people of Cheltenham deserve access to emergency services closer to home.		
513	I hope they are workable. In the recent past I have "walked in" to Cheltenham A&E and within minutes been in a CAT scanner; the diagnosis was necrotising pancreatitis which developed into sepsis. I was delivered at the run (literally) to intensive care and then required image guided specialist treatment to relieve pressure in the damaged area of the pancreas . I was told that this procedure saved my life. I am very pleased that all these facilities were available in Cheltenham since I believe that transfer to Gloucester in the midst of all this might well have led to a different outcome		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	My conclusion: while I can see the value in concentrating specialisms at one hospital, the effect may be to make it more difficult to provide some patients urgently with all the facilities they need.		
514	ASAP model is staring too be there for you' increasing journey times and moving away is the antithesis of this.		
515	Don't close Cheltenham A&E		
516	Please see my comments above.		
517	They are either incomplete or confused or both. They lack ambition and imagination.		
518	The "ASAP" model proposed in the booklet aspires for A & E "to be there for you" if patients had a "life and limb threatening medical emergency". The best way to ensure that aspiration is met, it to keep the A & E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times		
519	I think people need to come first local people who need help, advise or treatment should be entitled to that near by not miles away, which increases anxiety and illness in people		
520	It is a good idea, but overloading one hospital is not going to achieve it.		
521	I think you are dreaming of an ideal scenario and not looking at practicalities. Any OAPs living in say Winchcomb who have a stroke will have their chance of getting to hospital and receiving the necessary clot busting drugs severely reduced if you close Cheltenham A&E. The same applies to cardiac cases. What is the point in having a specialist A&E unit in Gloucester if people in the north of the county will deteriorate or die on the way.		
522	Quaility service will only be maintained by keeping Chelt A & E open, You need to retain local access, and avoid long journey times.		
523	Positive		
524	It is positive and will benefit the community.		
525	I find it difficult to reconcile the aspirations of the ASAP model with closing Cheltenham A&E. If the aim of the model is 'to be there for you' it cannot support increased journey times.		
526	From the experience I have had regarding myself or a member of my family visiting minor illness and injury premises or dialling 111 they nearly always send you on to A&E anyway. They either haven't got the equipment or the expertise to be confident of giving you the correct treatment so hedge their bets. I don't see that any of your proposals are going to change that problem. If you need urgent treatment the chances are you are going to end up in A&E and the only way you can cut down the numbers requiring urgent treatment is to have a minor injuries department in the same building, sort the cases on entry and have two separate queues. Cutting down the number of A&E Departments will just make the problems forty times worse and result in people dying unnecessarily.		
527	The best way to meet these ideas is to keep Cheltenham General Hospital A&E open ensuring local access to services.		
528	Not very much as they do not fulfil some of the above priorities.		
529	I don't think it's been thought out.		
530	It is obvious that in order to "be there for you", it is imperative to retain A&E services in Cheltenham General Hospital. Travelling anywhere these days involves the reliability (or unreliability) of transport, unpredictable traffic jams, pollution and stress. Development plans show increases in house building and population and therefore, ensuring that access to advice, assessment and treatment is distributed to be as local as possible, is key.		
531	Anything that helps to provide a quicker service to provide these services would receive our our utmost and 100% support, after all, it could make the difference between life or death		
532	Fully re-open A&E in Cheltenham		
533	This can best be implemented by keeping the Cheltenham A&E open with adequate staffing unlike the Gloucester A&E where you have had no doctor on call but two receptionists. If there is an issue with management then the Health watchdog should be called in.		
534	I think that if you intend to close either Cheltenham General Hospital or the accident and emergency department at that hospital you shall be directly putting yourselves in the way of possibly being required to explain why you have directly put a large aging population at risk of being unable to obtain treatment within		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	the first hour, the golden hour, after a stroke to save their lives.		
535	If it isnt broken leave it alone. If the service was improved not taken somewhere else.		
536	The best way to ensure urgent assessment and treatment is to keep Cheltenham's A&E open 24 hours per day. On separate occasions, my wife and I have had to go from our home in Cheltenham to Gloucester Royal, on one occasion by ambulance. This is very inconvenient and time-consuming.		
537	The essential part of treating patients is to be able to assess and treat as soon as possible following trauma Closing or restricting A & E is short sighted and is not in the best interest of patients. It might baoance budgets but that does not save lives		
538	Just keep the A&as where it is		
539	See above		
540	The ASAP model proposed aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency". The best way to achieve this is to keep the A&E at Cheltenham General Hospital open, this ensures local access and avoids increased journey times		
541	Cheltenham A&E needs to remain open for the reasons stated above		
542	That they are side lining A&E as a cost cutting exercise. Better GP availability and better education can stop A&E being clogged up with non-emergencies, but A&E must still be prioritised.		
543	Poorly thought out and for the short term		
544	It would help if waiting times and rules for booking appointments in GP surgeries were less onerous and consistent between surgeries. My wife has had two occasions when contacting her surgery only to be informed that the rules for on the day appointments had changed and she couldn't speak with a doctor when she wanted. Without 'goodwill' being shown by the receptionist she would have had to raise her issue via a hospital visit. Last year I had the misfortune to be sent to Cheltenham A&E by my surgery due no doctors being able to see me to diagnose what turned out to be something rather more minor than what actually required A&E. I have to say though that I was dealt with swiftly upon arrival and relieved I didn't have to go to Gloucester A&E at the time.		
545	They take no account of the needs of people in northern Gloucestershire, Winchcombe area in particular, who would have UK travel twice ad far for emergency treatment. How will the elderly or those with young children and no access to s car cope? Travel to Cheltenham by public transport is not always easy, to Gloucester it is pretty much impossible, especially for the frail or ill.		
546	They make sense, but I believe location is important. It may not be the MOST important thing, but it will be high on the priorities (not necessarily reflected in the single-point pie charts). A place to receive advice and a consultation needn't be called "A&E" – a call to 111 and an appointment with an out-of-hours GP, for example. For anyone who lives very close to Cheltenham hospital, the prospect of a 30 minute drive and parking fees – while obviously not life-and-death stuff – can be a significant inconvenience. For those in a truly life-threatening condition, is there evidence that the much longer ambulance ride to Gloucester does not adversely affect outcomes?		
547	The concept seems ok, however my experience of remote diagnosis over the phone has always ended up with us being advised to go to A&E to seek a doctors diagnosis in person. Moving A&E services to Gloucester will therefore result in further delays with accessing services in the future if traveling from Cheltenham.		
548	the quote is to "be there for you" --- to achieve this and given the above comments we need the reinstate and sustain a full Cheltenham A&E.		
549	A and E needs to be kept open like the whole of the hospital for the Gloucestershire people if they need emergency care The best way to ensure this happens is to keep this open ensuring local access and avoiding increased journey times		
550	Need to keep an all hours a&e in Cheltenham		
551	Cheltenham provides local access without long travel times		
552	Bewilderingly complex and impractical		
553	Good		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	My GP - Chipping Campden is amazing. Responsive, available, great pharmacy The Pharmacy in Chipping Campden is great EVERY time I have been to the MIU in Moreton, the experience has been super. The nurses are professional, repsonsive, effective. How about a skype service > that might help		
554	The 'ASAP' model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
555	Services are good as they are, downgrading of them is not a requirement of the public...		
556	There is a limit to the advantages that can be provided by technological advances. Direct consultation with a clinician within a minimal timeframe is essential for an effective service.		
557	The idea of closing the Cheltenham A&E is completely contrary to the objective of providing ‘Urgent’ service and should be abandoned.		
558	Full service need to be concentrated at Cheltenham.		
559	Not adequate as no specialist doctors on hand, and as stated above, patients should not have to make the decision whether the issue is urgent or an emergency. Many people are not in a fit condition to judge these things rightly, plus they don’t know the condition, therefore can’t decide properly.		
560	Not too sure about pharmacies having involvement. They seem more interested in making a sale of some medication than really helping. I went to pharmacy where I was misdiagnosed but fortunately went to GP for a second opinion. Not a very efficient process.		
561	I think they are to the disadvantage of genuine emergency treatment, ie life or limb threatening.. It is recognised that about a third of visits to A+E departments could be treated elsewhere which clearly leaves a 2/3 majority which could not. No mention is given to simple measures for dealing with this problem, ie appropriately dealing with non-emergencies at the door rather that throwing the baby out with the bathwater. It is noted that the aspiration that supercentres would be ideal if availability and access was not a trade off. You tend to prioritise urgent over life threatening and not make it clear what are the pros and cons of your upward looking remarks. Urgent care and A+E are very different situations.		
562	Seconds can save a life		
563	Better health advice to encourage people to look after themselves is a good idea. The rest seems like a PR exercise to me. By all means have a triage by phone system but make sure it is up to the job. also, recognise the limitations of pharmacies and the reality of busy local GP practices. Whatever you think, A&E will remain the fall back centres so keep them both and staff them adequately.		
564	Needs 2 ENP’s per site in the miiu’s, not just one. Better pay and recognition of the autonomy of their roles. 111 - need registered health professionals. Have been given dangerous advice on multiple occasions, even the GP called back early as he happened to read the call notes and was as worried as me.		
565	I believe it is vital to to keep FULL medical, emergency, urgent, maternity, operations and life support in Cheltenham. Cheltenham General Hospital cover a wide area (into the Cotswolds) and getting to Gloucester is too hard, takes too long, the route may not be known and the critical one hour window could be lost. Plus visiting - which is vital to recovery of a patient cold be reduced for the same reasons.		
566	As above and agree with all Alex Chalk's points, for the rest of this survey.		
567	Not a lot live in the real world		
568	I think the idea of concentrating 24 hour access in one site that ios already under pressure is ridiculous. staffing may be an issue BUT GET creative with the employment package. So what if its a better deal for some employees. thats life		
569	Personal help is best		
570	Why change with a growing town		
571	Ill thought out		
572	We still need a A-E fully open 24-7		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
573	As I said, any improvements are welcomed if balanced with still providing the same access to A&E as now. But you should be looking at improving services across the board, not removing. And from what I have seen, creating efficiencies wouldn't be too difficult and would likely result in a better service and cost savings.		
574	Creating specialist teams seems to make sense; they need however to be located where most needed		
575	I'm not sure you have suggested any changes in the document so it is not clear what your ideas are for change?		
576	CHELTENHAM NEEDS 24 HOURS PER DAY ACCESS TO A FULL A&E SERVICE. ANYTHING LESS IS NOT ACCEPTABLE.		
577	See above		
578	Your ideas for urgent advice, assessment and treatment services do not serve the best interest of the people of Cheltenham or the outlying villages and towns. Cheltenham Accident and Emergency serves is a first point of contact hub to a large population, both in the town and the outlying villages and smaller towns, particularly to the north and the east. This would delay critical treatment for example for stroke patients.		
579	THE ASAP model proposed in the booklet aspires for A&E to be there for you if patients have had a life and limb threatening medical emergency. The best way to ensure that the aspiration is met is to keep the A & E department at Cheltenham General Hospital open ensuring local access and avoiding increased journey times.		
580	Terrible, my wife is a paramedic and tells me that Gloucester can't cope at the best of times. If Cheltenham closes, lives will be put at risk		
581	I think you are investing a lot of time and money trying to convince everyone that GRH is the only answer in terms of providing excellence of service. We need A&E services- doctor and nurse led- at both CGH and GRH. Get over yourselves and accept that this is what the people of Cheltenham want in terms of urgent and emergency healthcare.		
582	Not very impressed. On line is too generic Surgeries not open 24 hours. 111 delays in answering 100 people a day for A&E surely implies that Cheltenham A&E needs to remain open 24 hours. You cannot expect people to got to Gloucester from Cheltenham if they have a life threatening emergrency.		
583	The whole idea negates the idea of urgent treatment. Paramedics (wonderful people in my experience) say that the most important thing after treating patients in an emergency is ti get them to hospital quickly. Having to get casulaties from Cheltenham and further East is going to take a long time, navigating the busy Cheltenham streets and the extra miles. This will not be helped as Cheltenham does not have a ring road and the develoment of the A417 upgrade will have major impacts on East to West traffic flows. The consequence of these delays is simply increased deaths. Presumably this is something the Trust has factored into its decision.		
584	Ill thought out, impractical and unrealistic		
585	Your ideas of transferring most urgent advice, assessment and treatment services to Gloucester is sadly lacking in any compassion for the many people who live in and around Cheltenham. Gloucestershire is a very large county and trying to move all urgent advice and care to the one hospital which is already full to capacity is the most ridiculous idea ever considered. Gloucester Royal is overworked, cramped and for many people living in the north of the county it will be impossible in terms of receiving support from families. If so many people have to travel further for urgent advice and treatment have you considered the carbon footprint of all this travelling. As Gloucester Royal Hospital car parks are usually full where are people supposed to park in the centre of this very congested city.		
586	Not sufficient for the whole of Gloucestershire		
587	Not bad as kong as they don't involve closure of Cheltenham Hospital's A&E service		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
588	I think the most important thing in healthcare is to treat patients with care, compassion and dignity where as we are moving more and more towards specialist centers where patients are treated as statistics. There may be evidence to suggest that this keeps more patients alive but at what cost. Surely quality of life should take precedence. A large part of this will require local care so that relatives and close friends have easy access to provide support in addition to nursing staff.		
589	Not much		
590	I think that when people are in a medical crisis they need to be able to access care quickly and for a lot travelling to Gloucester would put their lives at risk - this is the only way the ASAP aspiration can be met		
591	WE, AS MEMBERS OF THE PUBLIC, AND EVEN THOSE LIK E MYSELF WITH SOME KNOWLEDGE OF THE NHS, ARE NOT QUALIFIED TO INTERPRET YOUR 'SPEAK'. THE FACT REMAINS THAT A FULLY FUNCTIONING A&E IN CHELTEMHAM IS FUNDAMENTAL AND ESSENTIAL NOTWITHSTANDING THE GEOGRAPHOCAL ISSUES AFFECTING MORE REMOTE PARTS OF THE COUNTY. FURTHERMORE GRH IS SINGULARLY DIFFICULT TO ACCESS PARTICULARLY AT PEAK TIMES TO THOSE WITH VEHICLES. THOSE WITHOUT TRANSPORT HAVE AN EVEN BIGGER PROBLEM. WITHOUT AN A&E IN CHELTENHAM THE LESS ABLE ARE BEING PUNISHED AND THEIR HEALTH PUT AT RISK. THE AMBULANCE SERVICE WOULD ALSO SEE A SERIOUS INCREASE IN DEMAND. AS THE PARTNER OF AN EPILEPTIC IT CONCERNS ME GREATLY AT A MOMENT OF CRISIS TO BE COMMITTED TO TRAVELLING TO GRH BE DEFAULT.		
592	Not aware of your ideas. How do I find out what they are?		
593	"One Gloucestershire" plans to close Cheltenham A&E will severely limit the choices open to people - particularly those situated in NE Gloucestershire. This planned closure will mean that access to A&E for time-critical treatment will now be at risk and therefore lives will be at risk.		
594	Ideal, but it must be staffed to provide what is planned		
595	It is not sustainable without Cheltenham A&E remaining.		
596	All very good but you need more time spent on educating and making people aware of this so they understand what's available. It feels like a decision has been made on the service provision and now justification for that decision is being communicated, but not very widely, If it weren't for Alex Chalk I would not know about this change.		
597	Absolutely a priority ! The demise of our access to immediate assistance should not be compromised at the expense of peoples well being . Much emphasis is on mental well being currently , but surely not in order to sacrifice their physical needs !		
598	I think what is need is 2 A & E units with high level early triage, which can sign post patients is to GP, Minor injuries or A & E with urgent care minor injuries along side each unit. Although X-rays are need by 20 % of patients , the delay in treatment that can occur when one attends a unit without these facilities available. I had a ruptured Achilles missed intially because I attended a unit with insufficient diagnosis facilities.		
599	One A and E is NOT the answer- getting to Gloucester and parking is too difficult from North Cotswolds and hopeless on public transport Minutes count and we need to keep A and E at both Cheltenham and Gloucester The realities of rural life are not being catered for the poor internet services and lack of transport to Gloucester (and back!!!) make it an intrinsically flawed proposal Yes to being able to talk to an effective professional on the telephone who knows the local geography and can within a short time advise on where to go and give a sense of joined up care so that the person is not left struggling alone and there could be follow up by local help		
600	Sounds good on paper but it often does not work practically.		
601	I think they are inadequate. When Line One on getting assessed reads "Going online" (or even worse - an		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	'app') and Line Two reads "Making a phone call to your GP, NHS-111 or 999" one immediately knows one is being sucked into a Kafka-esque spiral of uncaring and remote non-help. Why do you think people go to A&E?? It's to see a real person who physically examines and treats their injury, not someone who says "go and see your GP" (and good luck with that!). The only good thing I see here is the idea that you can book an A&E appointment. That would be a real benefit.		
602	You already have centres of excellence. The CEO says that there cannot be two of the same thing. There is not enough space on the e list at GRH for any other specialties to use this service.		
603	I think encouraging people to take control of their own health is good, but it should only be used when appropriate. It should be recognised that just because someone looks and seems ok, they might not be. I am in recovery from an eating disorder and I get constant reprimands from health professionals about my weight. Yes, I need to lose weight. But I am also battling with a desire not to relapse and so telling me to go on a diet is not in any way helpful or appropriate.		
604	Sensible and more joined up. Seems to make clinical sense rather than basing service on political agenda.		
605	I am concerned about the idea that local same day services will require booking rather than being walk in. Booking an appointment through 111 sometimes happens now and it doesn't work well. I am concerned that there is no mention of how this will be deliverable for patents who do not have access to their own transport as public transport in rural ears is so poor and being cut constantly. I am concerned that this will mean that older people will simply choose to suffer in silence and not attend at all		
606	I think it is a logical approach, but whatever you do, it needs to be deliverable and properly resourced, otherwise, people will still continue to inappropriately access A&E departments.		
607	I AM VERY CONCERNED GIVEN A RECENT EXTREMELY POOR EXPERIENCE AT GRH A&E THAT AN OBVIOUSLY ALREADY STRUGGLING A&E DEPARTMENT IS GOING TO BE EVEN MORE OVERLOADED SO THE PROBLEMS WILL GET EVEN WORSE?		
608	Advice in person generally better than by phone or electronic system. Need to be able to adapt to innovation and change, competencies and resources, links and capacity all need to be considered.		
609	Should be across both sites, both ED and assessment units.		
610	This would certainly free up A&E		
611	The ASAP model proposed in the booklet aspires forA&E " to be there for you" if patients have had a "life and limb threatening medical emergency" . The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
612	Conceptually ok but not if it means the closure of the Cheltenham A&E and the consolidation onto one site I don't think it matters that a large % of people could be treated elsewhere they have to be treated somewhere so why not at a place that can deal with minor and major - just triage the issue at the door if that means turning away then do that but closing A&E removes your ability to decide to do that effectively everyone is turned away		
613	the best way for the ASAP idea to work would be to maintain Cheltenham's A&E department to offer the services to those who need it, urgently, without having to travel a significant distance.		
614	The ideas are good but that depends on them being properly funded and staffed by experienced qualified people.		
615	I am particularly concerned about the inclusion of pharmacies in this. Our local town used to have two, but one has now closed which has put a huge strain on the other one. The pharmacist barely has time to deal with perceptions, let alone giving advice to people. The CCG was warned about this four years ago when they started the Pharmacy First campaign. The situation has not improved since then. Again, the rural areas are being hit the hardest. We have to make sure that the infrastructure can handle the demand before we ask the patients to change their behaviour.		
616	You need to be able to go to one point to start with to get assessed. People are not doctors and are often		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	not aware whether the problem is serious or not.		
617	Sounds sensible		
618	The ASAP model proposed aspires for A&E "to be there for you" this isn't possible if you take Cheltenham's A&E away. GRH is over 20 minutes away (minimum) so I don't see how you plan to be there for people. If you have a heart attack then 20 minutes is TOO FAR AWAY.		
619	See above		
620	They have not been thought through enough. No logic has been attached to the ideas.		
621	The best way to give urgent advice, assessment and treatment for Cheltenham residents is to have a Cheltenham A&E,		
622	As your question says, Urgent advice, assessment and treatment are required urgently and NOT miles further away. It is not possible for Gloucester A&E to deal with a 50% increase in volume no matter how you try to explain it.		
623	Greater public awareness of the true purpose of A&E to reduce footfall and leave the facilities as A&E. Better triage and more staff to reduce waiting times and make it a better experience for staff and users.		
624	same day appointments for 3500/4000 is unlikely from personal experience, and getting there at short notice is an additional problem for many in rural areas. With increasingly older population the personal care is more important but also more difficult to achieve. Very town-centred on Glos and Cheltenham. What about evening and weekends in rural areas when GPs closed? 911 is only possibility? 30 mins drive from a centre unlikely in Forest if have to go to Glos.		
625	on paper it looks good, if it happens in real time a miracle . communication has and will always be an issue between not only the different trusts but the specialities too.		
626	there is a bit of a stigma that if you dial 111 you will end up in an ambulance or sent to hospital anyway, hopefully with an updated service 111 will be more widely staffed for better advice and information rather than continuing to make a & e a busy place.		
627	On the A (A&E) I note 'be there for you'. As I consider locality is important in an emergency, I consider the A&A at CGH vital.		
628	They sound very sensible.		
629	is this evidence based & proven to provide the right advice and avoid A&E attendances?		
630	NOT A LOT! The response above answers this question as well. The hospital HAS to service in all respects the population of Cheltenham. A & E is an essential part of that.		
631	I want Cheltenham A and E to remain open, having a 91 year old mother for whom I am the main carver I have had cause to use 111 and paramedics a lot in the last few years. I am at best disappointed by the speed of response, and at worst, frankly appalled. On one occasion, after she had a fall, I was left waiting for over an hour with her, trapped, bleeding, in pain and distressed.		
632	Keep them in Cheltenham. If specialist treatment is required that only Gloucester can provide, the patients need to be transferred. CGH is a general hospital and should remain as such.		
633	A definite firm requirement to maximise chances of success.		
634	See above		
635	An appointment system at Tetbury Hospital would be good as the doctors is very busy and it is difficult to be seen.		
636	urgent advice and treatment is fine. However the public needs to see a specialist at their earliest opportunity once general problems have been excluded.		
637	confusing		
638	Life and limb threatening emergencies need dealing with promptly. As mentioned above, the additional journey times to GRH from Cheltenham are not acceptable in delivering a fit for purpose service and, in my		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	opinion, neither are the waiting times at GRH. It's also not always possible to determine whether a condition is life threatening or just urgent, without an assessment from a medical professional. This may also require prompt access to a range of other services, such as X-Ray, etc. Outpatients undergoing treatments, such as Radio- or Chemo-Therapy, may be best assessed at the hospital providing that treatment. If needing to be admitted, then that hospital is best placed to ensure that their treatment continues uninterrupted.		
639	It is absolutely crucial to keep the A&E department here at Cheltenham General.		
640	In theory it sounds good but putting it into practice and maintaining it is another thing		
641	I agree ...ensuring a local A&E is available in Cheltenham		
642	dont close a&e it is needed in cheltenham it is a growing population		
643	Any service needs to as local as possible to the area where people live. No service should be more than a maximum of forty minutes from any one area. Time is crucial for many medical needs and distance and travel time must be a priority for any future planning.		
644	The only way to ensure the stated objectives of the 'ASAP' model is to retain the A&E at Cheltenham General Hospital. Closing it to try to save some money is a false economy - people's lives are at stake here.		
645	If the aspiration 'to be there for you' means anything it surely means being where everyone is located - in Cheltenham.		
646	No one disputes the need for this service. But it is not highly specialised.		
647	Unable to comprehend the cost of all of this. The money should be put into the a&e dept in Cheltenham		
648	As usual your ilk have already made up your minds, but for me Cheltenham hospital, and I have great experience of treatment at both, is way above GRH. Existing advice from 111 and Cheltenham A&E is already sufficient in my experience.		
649	Not smart, so now you'll have more 999 calls and a greatly increased ambulance usage. You won't stop the time wasters, you'll just in effect be putting on an ambulance taxi service as the 999 operators can't make the judgement call as to whether or not to send an ambulance. So you'll get the time wasters calling for an ambulance because they think it's an emergency. Before anyone can medically assess if it is urgent the tax payer has incurred the cost of the ambulance usage and more importantly you've reduced the amount of ambulances available for genuine emergencies. So what happens if your doctor's surgery is shut and you don't have access to the internet? The individual gets to assess themselves whether they have a life threatening or non life threatening injury so they can then decide the best action. Are you seriously expecting to convince people that they are medically trained enough to know the difference? What are you going to do on the occasion that someone rings up NHS 111 and the operator wrongly diagnoses it as a non life threatening and they then die. Oh and i also sadly have knowledge of how badly this can go wrong. My friend's father died from a massive stroke because he was wrongly diagnosed by the then telephone operator. I'm not sure whether the non emergency NHS telephone line she called is still in service as this was many years ago but it was exactly the same principle as what you're pitching with NHS 111. My friend was told when she called to report his condition "it's just a headache and get back in contact if it gets worse later in the day". She trusted the advice and waited but after a few hours he wasn't getting better. Unfortunately due to the delay the damage was done (as confirmed at the hospital), he never recovered and sadly died. Besides this terrible loss of life, on a business level how to you plan to mitigate the potential litigation you will be at risk from with such a service? Again more tax payers money (my money) potentially going down the drain in compensation because of pencil pushers and their cost cutting nonsensical plans.		
650	Dont like it at all. 111 in my experience has been useless every time i used it and i shall not bother again and gp's do not have the same expertise as a and e doctors. Pharmacist dont know your medical history and in some cases your other medicines because i need to use different pharmacies to get different drugs. Personally i shall just call an ambulance because at least you get quick service. Cheltenham a and e needs expanding not reducing in size. If there was private cover for a and e i would defo purchase it because the services proposed worry me and i think people will die as a result.		
651	Unsuitable to Cheltenham residents needs. Delays to urgent emergency care and treatment for residents. Reduction of Specialist care and availability for experienced advice and treatment.		
652	Not everyone is tech savvy!!!!! Think about them!		
653	All good in theory but not sure in real life		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
654	Reasonable However it doesn't work well at times at present You can only get an urgent lap cholecystectomy if an upper hi surgeon is on call As against having a separate rota we should have a facility to do these during daytime hours much the same as we have with our current Acute PCI service		
655	I am a 30 year old who does not drive, booking me into an urgent care appointment 30 mins drive away - I would expect you to send an ambulance, Centres of excellence are fine and probably all of us could manage accessing appointments across the county even without a car. But the issue has to be focused on Urgent Care! I don't think its appropriate to have to get yourself 30 mins away (50-60 in traffic!) when you need urgent care. If I live in Cheltenham and there is a hospital in Cheltenham and I don't have any means to get to Gloucester, then I expect to be seen in Cheltenham. If I need to go to Gloucester then I would think an ambulance would take me. When you call NHS 111 you get sent to ED every time, well I have anyway and when I get there the clinicians always say that they send everyone.		
656	You need more staff. There's no point having your needs assessed on the phone if you can't then get an appointment at your GP. How is this system suddenly going to make appointments available if they aren't available now?		
657	more communication between the patient and the gp and hospitals very lack on contact		
658	Good theory.		
659	Keep Cheltenham A & E to serve the town and outlining areas please.		
660	They are OK I guess		
661	The Fit for Future Booklet says that A&E care will be provided "ASAP" if patients have a "life or limb threatening medical emergency" . The best way to achieve this for the population of Cheltenham and the surrounding areas is to keep Cheltenham hospital A&E department open, ensuring all have access (including those that do not drive) and avoiding potentially life threatening longer journey times.		
662	My experiences of 111 have not been particularly good. They ask silly questions on a protocol rather than letting you say what is wrong. Have you thought of messenger consultations where you could see the doctor and patient		
663	Like the centres of excellence approach.		
664	I think this is a good model		
665	Have found NHS111 advice to be poor in the past so any changes would have to improve on this		
666	Makes sense.		
667	Waiting for advice and treatment when your ill can add to the stress. Services being ASAP is better for everyone.		
668	This principle seems sound.		
669	If the system works as planned and enough local resources are available it would be a step in the right direction.		
670	Not very impressed		
671	Centralisation of services bring capacity(beds and transport issues) with it as well as issues related to out of hours emergency care for the specialist/ non urgent site. These have to be reliably addressed before implementation of this.		
672	Pretty good		
673	111 needs more qualified healthcare persons. Using Apps (systm online) and online (like DoctorLink) can help relieve pressure on community services like GPs and pharmacies. Turn away people who come to A&E who should be somewhere else. An increase in Triage staff would perhaps alleviate this.		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
674	I think Cheltenham needs a full 24 hour a&e service.		
675	Of course help and advice is available from other places such as GP, pharmacy and 111 but until these services are improved, demand for A&E will be high for both urgent and non urgent cases. I have in the past used the walk in GP surgery at A&E, (Cheltenham)I think that is a great service although I suspect it is not there any more. The 111 service can feel like a chore to get through a mountain of seemingly irrelevant questions. Going through them sounds like a chore to the advisor too, and you don't get the reassurance required. My experiences with a consultation by pharmacists is very poor,, especially from the one who asked me all the questions over the counter so everyone could hear. In summary, the ASAP is excellent in theory but until all the other services are improved, along with communication to the general public, demand for A&E will always be high.		
676	The "ASAP" would certainly provide advice which would be useful up to a point. But, as stated above, self-assessment by anyone not having medical knowledge is unreliable, When I felt unwell two years ago I didn't think it was serious, but when my daugther saw me she had a different opinion, and I ended up spending two weeks in hospital.		
677	As long as it doesn't effect other areas by taking cash away.		
678	Sound very vague and little facts.		
679	I think that they are frankly going to endanger lives. I have read the leaflet and believe this is a dumbing down of services. It takes no account of elderly people who will have to travel much further distances to access the services, nor does it the the wishes of the patients who I would argue would like to see emergency services available in their local area rather than a huge centralised hospital were quite frankly the services are already under extreme pressure and will only get worse. Having used the 111 service and it nearly being responsible for my mum dying due to the dreadful advice I would not like to see this being more heavily relied on. There needs to be much better access to GP services and appointments - people go to A&E departments because they are worried and can't access their GPs.		
680	As I say we need a full range of services, with A&E as the back bone of the service.		
681	Keep Cheltenham A and E		
682	I think they are unrealistic. In my experience urgent care doesn't follow a one size fits all mnemonic. There is a degree of fear, ignorance (of what is wrong) and panic that means that you can't access a rigid system effectively. It would be fine if you knew that your urgent situation was not life threatening but i would not. Equally if treatment appears to be prohibitive you could delay seeking advice and the situation becomes life changing.		
683	Having a 24 hour A&E department at Cheltenham Hospital is vital to the safety and sustainable health of people in the town.		
684	Agree with specialist when needed but most care can be given in the community and primary care. I do not want to travel 25 mikes if I can get care nearer to home		
685	Will downgrade the service for the population on the East side of Gloucestershire		
686	agree that it should be centre of excellence on 1 site		
687	The ASAP model in the booklet aspires for A and E to be there for you in event of life and limb emergency. Best way for this to continue is to keep Cheltenham Accident and Emergency open to avoid long journey times on busy roads and in same town.		
688	There should be access for both Gloucester and Cheltenham, at the same level.		
689	Poor.....		
690	No comment.		
691	Very poor, too much reliance on verbal consultations are no reliable when someone needs an A&E service, especially the old.		
692	If A&E is "to be there for you" we need an A&E at Cheltenham		
693	The 'ASAP' if actually used would mean retaining Cheltenham General A&E to achieve what you propose. If you wish to meet expectations then patients should be able to keep journey times to a minimum not increase it as a journey to GRH would. Plus, where is the additional parking going to come from for those travelling into A&E by car to GRH? It has no grounds to develop for this problem.		
694	It needs to be as local as possible		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	It is urgent and quick treatment that saves lives This is OBVIOUS		
695	Yes, we all need ASAP care at some point in our lives, and we need that service to be available nearby and at any time of day or night. The best way to achieve this is surely to keep Cheltenham A&E open, and expand it to support the growing size of the town.		
696	That Cheltenham needs to keep its A&E.		
697	The ‘ASAP’ model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
698	Logical		
699	good overall view but needs practical application. public will choose easiest option for them		
700	the ASAP model aspires to be there for you if people are exposed to a medical emergency. the best way to do his is to keep the A and E facility at Cheltenham General hospital open so that access is close and available and journey times and the journey impact on climate, pollution and infrastructure is minimised. This will also ensure that ambulance access have alternatives if for any reason one or the other A and E facility is not open or has no capacity for admissions.		
701	I think the educational aspect of the ASAP model - to encourage health advice to sought at the appropriate touchpoint - is excellent. It would be useful if our Cheltenham MP could engage with this instead of being a luddite. In my limited experience more could be done to clearly highlight the message in GP surgeries and Pharmacies - Badhams does not give this enough visibility - and I have not once been spoken to about ASAP by any pharmacist or GP or clinician. If your service providers cannot 'sell' it to the population it will never gain adequate traction.		
702	Not a lot. You seem to be trying to dilute services which were until recently in operation.		
703	I worry about the '30 minutes drive from a centre for the majority of people' [p 13]. Particularly because of the large number of people living in rural Gloucestershire, you need to state clearly where in the range 50.1% - 99% of the population you serve lies your definition of a 'majority' and to state the number of people not included in this definition, the maximum time this would involve and measures you would take to provide suitable alternative options for these people. Are you, for instance, envisaging more use of air ambulances? You say 'A&E treatment only for people who need it'. This must be a 20/20 hindsight issue. You say 1 in 3 attendances at A&E could have gone somewhere else. Why not aim to reduce these unnecessary visits to, say, 1 in 6 by 2021 [or whatever you think possible]. but for this to work, the alternative sites need to be open consistently and their hours and services publicised well. Even in minor emergencies people won't necessarily want to do web searches to find out where to go and not all of us use phone apps.		
704	Urgent advice and treatment for my family is to walk to Cheltenham A&E. Even if you provided a helicopter 24/7 from Sanford Park to bypass the choked roads to Gloucester it would not be our best ASAP option.		
705	Concentrating an emergency department at Gloucester gives many people to the east further to go on roads that are increasingly busy. This is not such a challenge for routine appointments or scheduled procedures, but when the need is urgent then the extra time could be the difference between life and death at the extreme.		
706	I don’t wish to travel large distances. I’m getting older and may not be able to drive		
707	Keep chelt A& E open. My mum had acute closed angle glaucoma and it took the ambulance 3 hours to arrive. They went to Glos where it took her another 4 hours to be seen and more than 5 hours to be treated . That’s not ASAP. It will be even worse if Cheltenham closes completely and everyone will experience the awful treatment my mum did in the middle of the night		
708	Good idea.		
709	Time is always critical for recovery from emergencies. Therefore having a local a&e in Cheltenham is critical.		
710	Excellent. The key will be advertising it appropriately. In an perceived emergency, people will revert to the known, which is invariably 999 or ED. However much communication seems enough, treble it.		
711	Cheltenham A&E should be restored. Gloucester A&E has long waits and is grubby.		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
712	I think no one will listen anyway		
713	I think it is startlingly self evident to anybody that works in healthcare, understands patientcare, understands Cheltenham and the local demographic, that it is a mistake to even consider closing Cheltenham A and E.I know and understand my local community and it is a rudimentary principle that in the case of 'urgent advice' speed of access is all important. Therefore it follows the removing that urgent service altogether is a bad idea. It will result in more expense in the long run as short cuts in geriatric care are always more expensive in the long run as speed of response is essential.		
714	The ASAP concept while seemingly logical needs to be underpinned by an infrastructure. This must include easy access for provision - in other words being available locally. Any further dilution in the services delivered by CGH would make delivering ASAP worse not better.		
715	Logical in theory but it has risk attached to it. Again we need more info eg what is an injury that requires rapid and intensive treatment. In my experience pharmacies only offer remedies for symptom relieve rather than any diagnosis which is fine for a cold but not great when you have pain but you don’t know why.		
716	We need to minimise travel times to A&E is paramount. I do not see an acceptable argument for the citizens of a large town having to travel to another town for urgent A&E care.		
717	CHELTENHAM TO GLOUCESTER - 9 MILES + NOT ACCEPTABLE WHEN WE HAVE THE FACILITY ALREADY ON OUR DOORSTEP		
718	The ‘ASAP’ model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
719	It sounds good as a model but the public need to be educated about it. There is an issue with terminology. 'MIIU' does not trip of the tongue even though it does represent what it delivers. 'Urgent Care' is also problematic, as that could indicate a need for A+E. 'Same day care' is better so long as it is not abused by individuals who use it as a means to get immdediate attention rather than wait for a GP appointment. Linking to GP practices as outlined about could circumvent this. The public need to show responsibility in choosing the appropriate care. A single point of access which they have faith in, e.g their GP surgery, through which they could be directed to the correct service (with appointments to MIIUs) could be utilised.		
720	I am deeply worried about the increased concentration of everything in Gloucester. I live in Moreton-in-Marsh and have had regular and excellent care in Cheltenham General Hospital, both in A&E and for bowel surgery. I do not believe that I would have been able such good care or had such good outcomes if I had had to go to Gloucester. There is a bus from Moreton to Cheltenham, allowing family to visit when in hospital and meaning A&E is reachable. Gloucester is much more difficult to get to from here, and parking and public transport is much worse. Financial efficiency cannot be the only criterion you use to organise care across the county. Please do not close Cheltenham A&E - you will let half of the county down.		
721	As a rural area, it would be good if the Tetbury Hospital Minor Injures Unit could have an urgent care service to cover this corner of the Cotswolds		
722	The information provided suggests this is promising although it is unclear how the needs of the 5000 people needing assessment and advice, the 4000 people needing same day care and the 100 people needing A&E would be met.		
723	Clever survey asking obtuse questions		
724	On paper it seems logical and sensible and I totally get that you need to ensure that A and E treats ONLY the 100 people a day that really need to be there. Therefore you have to have a concerted information/education campaign to help people understand what they need to do to get the right treatment. If you can do this, you will successfully deflect the 300 into other, more appropriate services. BUT I think this will be a slow process and depends on having an enhanced NHS 111 service that REALLY does do what you say it will on page 11. " Talk before you walk" needs to be promoted as a way of getting this across. I'm not sure that the whole document really makes it clear how MIIUs and Urgent Care centres will be differentiated in the public's mind. If I've got your proposals right there will, in future be:level 1 - (lowest) NHS111/advice; level 2 - pharmacy/GP - 3 - MIIU = 4 - Urgent care - 5 - A and E. That's a lot of different stuff for people to distinguish between.		
725	The problem is out of hours and at the weekends - GP services form little part of the help for patients. My experience of NHS111 is mixed - I think patients, with no GP to talk to, who distrust NHS111 inevitably migrate towards their local hospital (where the lights are on). Key is improve patient awareness around the use of pharmacy and improve NHS111. Also GPs need to be open at the weekend and offer late night appointments.		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
726	The 'ASAP' model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times. I also feel that you're missing that the relatives or friends of the emergency care patient also require (in your terminology) 'urgent care'. They need to know that their relative is being looked after and in some cases will be required to assist with the emergency care of the patient. This is especially the case when they have a lot of knowledge of the patient's medical history and may also be the primary carer for a patient with long term disabilities. In these circumstances the further that they have to travel or the further that they have to be away from home the greater the impact on their mental and emotional well-being. Ignoring this is just building up work for other parts of the service.		
727	I do not see that saying that other providers can handle the less serious and less urgent cases tackles the problem at all. Who is providing the budget for extra paramedics to do on the spot treatment? Otherwise the poor response times and overburdened service just moves from A&E to ambulances or pharmacies. Just shifting the problem onto some else is not adequate and is certainly not good preparation for the future.		
728	This needs to be explained and communicated to potential users. I found out about this by pure chance. It is unlikely to work and changes to provision of the necessary support should only be made once all these services are shown to be working. For example, people need to be using drop in centres and times to wait for Doctor appointments etc need to be improved until other service provision is reduced, A&E needs to ‘be there for you’ until it is proven that numbers attending are minimal.		
729	Gloucester could not cope with being the only A and E dept in a very large county. Geographically distances are huge and roads congested.		
730	Not a lot. I understand where you're coming from, but logistically for a lot of people this doesn't make sense. Gloucestershire is a large county and particularly for those of us in the north of the county, this makes the length of time taken to get to a hospital much greater. For myself I am currently 21 miles from Cheltenham, moving A&E and other services solely to Gloucester would mean an additional 10 miles and 15 minutes extra travel time. Having checked mileage to all local hospitals regardless of county, this actually makes Gloucester the 5th furthest from me. There are three hospitals in adjoining counties that are actually closer! These distances don't only affect patients, but any potential visitors, which if you are in hospital for any length of time is important.		
731	See above. Happy to keep North Cotswolds, winchcombe and Tetbury feeders but it’s essential to invest in Cheltenham hospital.		
732	Absolutely vital		
733	Local access, with short commute times to Cheltenham Hospital is key to ensuring aspirations are met.		
734	The key is how you build community knowledge of how to access services. It is also very important to remember that not everybody is able to access the internet or will even be able to read.		
735	I think the populace is confused I think doctors surgeries are unwelcoming (untrained receptionists) and cater for chronic illness. Anyone who is not booked in week on week takes months to get an appointment, hence they go to A&E Doctors need to be more open about people trying to treat themselves from internet based research		
736	Any change will be swamped. Staff need to actually want to work there and for that they need to feel valued. Without that anything will fail. Middle management are especially poor. Its been made very obvious that senior staff who are not management (clinical and care) are hugely cut out now		
737	So many words and not saying anything new. My husband was sent to the new TATU unit at GRH by an on call doctor. When we arrived at 11 am it was empty and we were told we could not use it until we had passed through A and E. Five and a half hours later we were eventually sent to TATU but not before an attempt was made to admit my husband to a different ward. We were rushed out of A and E because we were "in breach" despite not having an X-ray which was required. Eventually we were able to leave at 6pm. It is obvious that GRH A and E does not have the staff or space to cope at present. It is unimaginable the chaos that would be caused if it were the only A and E available.		
738	It is difficult for me to judge how feasible or effective the changes would be.		
739	We need to have an A&E dept in Cheltenham. If parents or adults have to try and get patients to A&E in		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?		Response Percent	Response Total
	Gloucester it is going badly affect families who are less well off unless it's a very obvious emergency like a serious road accident. For instance a child who,was taken to A&E by car with a serious broken arm. Both bones in the lower arm broken. The arm like a bent banana had to wait three hours to be see and until later in the evening for a bed. The operation just before midnight. Gloucester hospital has long waits in its A&E dept already. There will be many many more call out for ambulances due families not having a car to drive or not having an idea where to go or being worried about driving the distance. I know a number of times when my elderly mother was ill we were asked by the attending GP if we could take my mother in by car ourselves we had to refuse due to not being able to help lift her out of her bed. There are going to be even more demands for ambulances if people are being expected to drive further to an area they do not know and to try and get a wheel chair to help,get them in.		
740	The ASAP model proposed is for those suffering the most threatening illnesses and injuries - in order to meet that challenge, we need to keep local A&E services, without punishing local people with long journey times and less access.		
741	As I know the urgent service is no problem but the treatment services can do more		
742	I would not be happy with the closure of cheltenham a and e		
743	A good idea. Need to publicise/raise awareness of the MIUs as many individuals aren't aware of these units. This may be why the a and e departments continue to have such large walk in rates. Many would be put off by the fact that the xray departments are closed. These may not then return to use a MIU again. If we begin staffing these better, I feel the attendance rate to MIUs would be better.		
744	The best way to ensure that A&E will "be there for you" is to keep a full A&E service at Cheltenham.		
745	Confusing! too many options		
746	Sounds good but need to be staffed appropriately - GPs already very busy with routine appointments would need more to deal with pressures		
747	Good to be open longer hours. Just need to make as many urgent treatment centres available as possible good to do asap		
748	aspirational - how will we deliver?		
749	I feel very strongly that CGH should have an A&E. Gloucester is too far for some people to travel, especially in the outlying areas		
750	Very good ideas		
751	Excellent		
752	Yes but only if A&E are genuinely in place ie. in Cheltenham and others		
753	I do not think this should be rushed through. Proper arrangements for access to these should be considered thoroughly		
754	Great - if you live near the centres of excellence		
755	I am not sure how this relates to the services we actually have at present		
756	I think that they are not appropriate for a hospital and population of this size locally		
757	Good idea but how to reach patients and public? How many people actually use this?		
758	Excellent The biggest challenge is to make things clear to service users about the services available, the options in a time of crisis, the variables eg. out of hours and most effective course of action		
759	Good What about urgent mental health care?		
760	I think it works in principle but will fail if routine appointments are not available within local GP practises. If people are told to wait 2-3 weeks for a GP appointment they will still present to ED regardless of the advice or alternative offer available		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
761	I like the idea of ringing up (and the phone being answered in a timely manner) and being able to book an appointment that day for an urgent problem so you don't need to sit around waiting for ages so long as this doesn't detract from the expert advice that you want/need when you do get seen. (I think a lot of people will still turn up at ED.) I think there should be a consultant triaging in ED. I think this would hugely improve the service that is offered and speed up the processing and prioritise the sick in a more efficient manner. Would it be possible to then stream the not sick and not requiring investigations/Xrays to a separate physical area or give them an appointment to be seen later at another facility or even have a bus going to the separate facility? I think children probably need a different system as it would be easy to miss sepsis for example.		
762	Not always appropriate.		
763	Excellent but local urgent treatment centres are essential especially for those who are vulnerable or Elderly and cannot drive		
764	It MUST involve having sufficient staff to manage the volume of 111 calls especially during periods of high demand. Ongoing education abut when to use pharmacies or look at HNS on line advice Possibly combining the Minor Injuries service with GP services would make sense		
765	A quick and efficient service is imperative. The present appointment system is not good enough. It is particularly poor in the physio dept		
766	Sounds ok but in practice not working well so A&E departments inundated Urgent - Access to GP services can still be difficult and is patchy - needs a level plying field cross county. - needs improvements		
767	Centralising such care at one hospital for such a large area does niot meet the criteria above. Centralising A&E at Gloucester would lead to overcrowding and long waits for follow up care		
768	These sound very sensible.		
769	Great in principle - GP surgery already under pressure in Tetbury with all new housing developments so access to advice/treatment at Tetbury Hospital more important than ever		
770	makes sense		
771	If you are going to direct services away from A&E you need to have adequate provision in GP. At the moment services are strained to almost breaking point in primary care . We cannot absorb increased demand. Minor injuries units are not going to cut it as the vast majority of what will be redirected to us will not be minor injuries, and those that are minor injuries can be dealt with by nurse practitioners who we can recruit. The majority of other problems -acute illness, acute on chronic problems, mental health, paeds etc need a GP-and these are in short supply. Further burden will push more of the GPs out of the nhs compounding the problem. We need urgent care hubs in the community without taking GPs away from current jobs. This means recruiting and training more GPs or specialist urgent care practitioners at the same level-very difficult to do quickly.		
772	My father is a Cheltenham street pastor - he tells me that they have to wait over an hour for non urgent case but who need the help of an ambulance. Why are there no ambulances based in Cheltenham during the night considering Cheltenham has the 3rd biggest night time economy in the West of England		
773	The ideas in principal seem good.		
774	There needs to be a clear pathway to the consultant for the patients presenting to us with "red Flag"		
775	Fast tracking of these patients who have been sent to A&E by another health professional		
776	This makes sense to me		
777	Good idea if implemented well and the services for advice same day are properly managed so that A&E is left for critical care only Other units needs to be well staffed and long hours and 111 needs to improve especially with call times		
778	Very poor They have been produced by a gang of managers with some ulterior motive		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	It isn't clear what those motives are but they do not accord with people's needs. How can you imagine that transferring a 50% increase in A&E load to an already overcrowded department at Gloucester is going to be an improvement		
779	It seems fine to say travel of no more than 30 minutes but how realistic are your assessments of this? This cannot be assessed at times when there is little traffic about. You still use A&E but call it only Emergency department, why is this as we need to go there for accidents too. You say most people attending local minor injuries facilities do not need an X-ray. Many of them will not know whether they need one until someone qualified can assess this. You also say there is access at evenings and weekends but this is not my experience.		
780	ASAP will not be effective if you add 20 minutes plus to journey times. How is that an improvement?		
781	I each hospital needs an urgent advice centre to function. Treatment should occur asap. New ideas seem to be a re hash of old, good hospital care. Most hospital staff on the front line work their fingers to the bone, in spite of reduced funding, wards being closed etc.		
782	I think that on paper they're fine but they're quite vague and it's difficult to see the justifications behind why these ideas would improve the existing service. They also lack much detail so they're difficult for many members of the public to meaningfully assess. Given that many users of the NHS tend to be older people I'm not sure that an online system would take much of the burden. I also don't see how these ideas are improving continuity of care, which still comes into urgent care as many patients with chronic conditions still require this as well.		
783	Not well thought through in many ways- the impact on primary care needs more consideration. More urgent cases will jeopardise resilience. Are we confident we have trialled initiatives that local resident can help with? More volunteer work for example would I am sure enlist a lot of people able to give a few hours a week regularly. Thats how the national Trust manage to keep national treasures safe secure and open at a low cost. Its far from clear why Tetburys model works so well, yet all the larger community GCS/GHC facilities seem unable to be as effective. more local buy in perhaps but theres much more to it than that.		
784	I agree with the proposals		
785	A walk in, same day assessment and treatment service should be available in all urban centres.		
786	ASAP provision means that Cheltenham-based {as well as Gloucester city) based A&E should be maintained. However it is crazy that e.g. A&E patients at Cheltenham should have to wait for haematology/ blood results are ferried from Cheltenham to Gloucester for analysis....this is a ridiculous waste of resources - money, plus carbon emissions....bloods should be interpreted in-house in both Cheltenham and Gloucester and/ or using new technologies.		
787	Need to keep Cheltenham MIIU/ED open		
788	really good, simple and easy to follow		
789	Good to have options other than A&E Good to separate planned from Emergency Good to have collaboration with GPs		
790	IT IS A GOOD IDEA.		
791	OK if the above can be assured.		
792	They seem sound and practicable and designed to take the pressure off A&E units.		
793	It's too complicated: - different times of day and days of week you need to call different numbers - you need to understand if you have an injury or an illness - I only care about how I start the journey		
794	Good if we'll funded Visiting service for frailty elderly to include nurses and paramedics would be good		
795	I think it's a good idea.		
796	Good, as long as patients have confidence in the process, and there are resources to handle the referrals		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	eg at busy mid winter times. Where a patient is referred, it would help if it was easier to navigate in hospitals etc. I have trouble. A patient who may be confused will have more trouble.		
797	The best way to meet the aspiration behind the proposed ASAP model is to keep Cheltenham General's A&E open.		
798	I know that grh can't cope with the demand as it ism move Cheltenham a nd e and. Grh will grind to a halt! We need more community beds. Getting rid of delancy was a huge mistake		
799	Please do not remove image guided surgery from CGH. If you had already done so this summer, my husband would be dead; he was being treated for pancreatitis in Bibury ward when he developed sepsis, which progressed particularly rapidly; we were told that without an emergency procedure by a radiologist to insert a drain, he would not have survived.		
800	I think it's difficult to envisage making significant changes to the hospitals, particularly A&E care, without a better idea of what would then be available. It feels like a large conurbation like Cheltenham would lose immediate access to both urgent and emergency care with concerns that it would be left with less than much smaller towns in the area.		
801	Would improve efficiency and should therefore speed up provision of appropriate treatment, but they do not in themselves address the list above.		
802	It is essential to retain full A and E services at Cheltenham and to restore a full 24 hour service. Cheltenham is a growing town. One A and E service in the whole County is clearly not enough. How is Gloucester going to accommodate approximately 140 plus A and E patients a day? What would happen in the event of a major incident for instance on the motorway? Cheltenham is home to a host of festivals which swell the population of the town on a regular basis.and contingency plans must be in operation for any problems. Gloucester is approximately 10 miles away. Access is not easy and parking is expensive. Example: A friend in poor health was involved in a car accident. She was taken by ambulance to Gloucester. Her husband went too. She was there for 10 hours leaving just before midnight. The taxi home cost them £20. They are both retired.and no longer drive. Further Example: My daughter-in-law.had a Caesarian in Gloucester hospital. It took us an hour to get to Gloucester to visit her between 5 and 6 in the evening because the traffic was so bad. Visiting time was 6 to 7. As I understand that the hospital bus no longer calls at the racecourse so getting to Gloucester would require two buses. it is important to have services close to home not least because of easy access to visitors who are so important in the healing process. An urgent care service run by GP's with the potential of an appointment booking service would not work alongside a walk in service. If people turn up at A and E and they are classified as needing Urgent Care and not A and E, are they going to be turned away and sent off to Gloucester? Is this what is going to happen even if they have arrived on foot or public transport.? And where are the GP's going to cone from? They are in short supply as it is. This plan discriminates against Cheltenham residents. and residents to the North and East of the town.		
803	We need to ensure Cheltenham A&E is kept open and there should be 24hour access. This is the best way 'to be there for you' It is obvious life threatening emergencies need local access. Stabilizing very sick patients and then expecting them to withstand a long journey is just ridiculous when there is a wonderful local hospital		
804	Good idea to get the patients to the right place as soon as possible!		
805	If someone suffers a life threatening emergency the best service you can provide is to keep Cheltenham A & E open.		
806	Think there are too many UCS locations in Gloucestershire which increases costs and choice - would be happy for it to be streamline to get better staffing to shorter weight time. Also this will make people use helplines/NHS111 etc		
807	Improves efficiency and should speed up the access to appropriate treatment, but they do not in themselves address the list above.		
808	I quote from your booklet: 'Around 100 people a day would have a life and limb threatening emergency and would need to access an Emergency Department (A&E).' That's quite a few people needing to receive immediate assistance. This would not be possible for Cheltenham residents should the Cheltenham A&E department be closed. I have already once had to make		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	an emergency dash to Gloucester Royal at night and it was a nightmare. Even then, Cheltenham A&E had been downgraded and was not able to help with the medical problem that had occurred. The 8 miles from Cheltenham to Gloucester Royal is a very long way when someone needs urgent assistance.		
809	Do not close the A&E at Cheltenham Hospital		
810	I think the ideas are good and will help to save money and consolidate services and signpost people to the right areas.		
811	Please abandon your proposal to remove image guided surgery from CGH; had this already been implemented, my husband would be dead. While being treated in CGH, he suddenly developed sepsis; it was a rapid emergency procedure by a radiologist to insert a drain that saved his life. As this incident showed, there is a thin line between urgent and emergency care. I understand the arguments you deploy in support of your proposal to concentrate emergency care at GRH, but they leave the westerly part of the county even further away from A&E than they already are. And how practical is it sufficiently to increase the capacity of A&E at GRH? The care in your hospital is superb, but public confidence in getting to them in time is being seriously eroded.		
812	This does not fall in line with travelling times. One must also consider the follow up care and proximity of families who are unable to get to these far flung sites outside normal bus operating hours. To get to a relative from Winchcombe would require at least two bus services. This is with a back drop of services being withdrawn and timetables reduced. there is no joined up thinking to back up your aspirations.		
813	OK		
814	I like the idea of separating Emergency and planned care, however this worries me if it is not properly funded and resourced. Depending on someone's individual circumstances what might constitute urgent to one person may not to another - there needs to be clear guidance but also guidance that allows for common sense to prevail in some situations.		
815	Not much patients use it		
816	The fundamental need is for a dedicated A&E service based at Cheltenham Hospital for the Town and surrounding villages which are geographically too far from Gloucester to provide effective access in a timely manner.		
817	I'm not sure who you have been listening to but IT IS IMPERATIVE that the A & E DEPARTMENT at Cheltenham General Hospital remains OPEN and reverts to providing a 24 HOUR SERVICE.		
818	ok		
819	You can’t provide the service Gloucestershire needs already		
820	Really good.		
821	Do not agree with these being used to irradiate Emergency Departments		
822	Cheltenham General must retain its Accident and Emergency Dept. This must be fully staffed 24/7.		
823	Keeping Cheltenham A&E open		
824	Sounds sensible. A&E should be in one place and only for life-threatening situations. Walk in injuries/ailments should be treated elsewhere.		
825	any help or advice can only be beneficial, when you or someone else injures themselves, but there Is no substitute for meeting a member of the medical profession, for reassurance.		
826	Urgent advice assessment and treatment saves lives. It is ridiculous to close Cheltenham A&E when you only have to pop in any time of the day and night to see how useful it is.and how many people use it.		
827	good		
828	Waiting for advice and treatment can very much add to the stress of being ill so ASAP ideas would be a great comfort.		
829	You need to keep Cheltenham as an emergency department		
830	I am confused as it sounds to me like the current system but you are looking to introduce more MIIU's?		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
831	What do you read in the newspapers about medical problems everywhere.because smaller hospitals are being closed down.-and the larger ones simply cannot cope with the volume. Cheltenham Hospital needs upgrading and made more efficient. Cheltenham is renowned for its schools many of which are full of foreign pupils --- who pays for the medical treatment ? Make the foreign pupils pay for their medical treatment!. B A Taylor		
832	good - will work for me/my family		
833	They are becoming confusingly disparate - you seem to be planning on the basis of hindsight. Until a patient has an informed diagnosis, they cannot be expected to predict their best source of first line advice.		
834	Excellent		
835	I don't think Gloucester can cope currently to have all emergency services. Infrastructure is not sufficient.		
836	could not access this info		
837	This service is crucial. We are an ageing population and need to be able to access services within acceptable travelling distances.		
838	The new service for 111 is great, it gives people a chance to find out what service they should use and help with accessing it. However it relies on having the right services in place to access/having enough appointments so in theory it sounds great but I worry that the provision isn't there. People attend A&E because they can't get appts with GPs etc Again more AHP's needed to manange a lot of the minor illness and injuries.		
839	Excellent		
840	The provision of out of hours emergency service for hospital inpatients is not clear. Issues around bed capacity for single sided acute services have not been clarified.		
841	there are not enough staff to run the mius as it is - especially with xray back up - how are you proposing to magic up enough staff when there is a national shortage?? again its going to reduce the number of sites offering emergency service across county having a massive impact on patients travelling in rural communities.		
842	most patients who attend our emergency departments / attend for urgent reviews do not need to be seen in Hospital. If they were able to access primary health care in a more timely manner - then they would not clog our hospitals with minor problems. as such - having access to the most appropriate care where and when it is needed must be the priority. no one in their right mind would worry about travelling from Cheltenham to Gloucester (or vice versa) if the care they were to receive at either location was the most appropriate for their needs. to say otherwise (normally for political purposes) is disingenuous at best. it is well acknowledged that a new, single site, purpose built hospital for both Cheltenham and Gloucester (Staverton or Brockworth models) is the only long term solution to the current problems. Without appropriate government funding this will not happen and we are left with trying to make a silk purse out of a sows ear. I believe that the model proposed for an UTC at CGH and a fully staffed ED at GRH should be the way forward		
843	The ASAP model proposed in the booklet for A&E to be there for you if patients have a life or limb medical emergency. The best way to ensure this is to keep CGH A&E open therefore ensuring local access and avoiding local journey times.		
844	They are rubbish		
845	Cheltenham Hospital A & E is vital in my opinion and many people I know who have benefited from their excellent service.		
846	Well if you are asking me what do i think about your plans to close Cheltenhams A,@ E., i am one of twenty thousand people, who have signed the petition to KEEP IT OPEN, so i do not think much about your ideas, you people in charge it seems to me think, you ARE GODS, making decisions, about life and death, to suit your own needs, and not that of the people, how many people have to die, or how many people are you going to put at risk, untill you make the right decistions to benefit EVERYONE .		
847	We need services where we can get to them, not a long and unaffordable taxi ride away at night		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	We need to not double the workload for Glos Royal, to the detriment of everyone.		
848	, anything that gives people a quality of life, you need to be specific of what your definition time wise is A S A P		
849	All very laudable but not answering the questions about how people get to a place. Distance is not the issue, acccessibility is! Most of us would happily travel for the right treatment but for some it is not an option.		
850	As above		
851	Cheltenham A&E is essential, there is not even a emergency / urgent care provision It is not sustainable for the ambulances to all go to GRH after 8pm		
852	I think the best way to achieve this aim us to keep A&E open in Cheltenham.		
853	They are well thought through and well presented		
854	The 'ASAP' model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
855	I agree		
856	Essential		
857	I do not think it appropriate to close Cheltenham and send Cheltonians and the surrounding areas to an all ready bursting at the seams Gloucester Royal. Each year they hit the headlines for the over crowding and have having to close a&e		
858	Can only be positive		
859	Keep Cheltenham A&E open so we can use this vital service.		
860	Very good.		
861	If your aim is to ensure adequate access to urgent advice, assessment and treatment for all patients, then A&E at CGH must be kept open. Local access is vital along with minimum journey times.		
862	I don't believe one location in Gloucester can possibly meet the demands of both Cheltenham and Gloucester.		
863	* Superficially they are good but only workable IF you can get people to make the relatively technical distinctions between them. Given this another consultation on much the same matter, the NHS has failed so far and it is pointless thinking that Gloucestershire can be considered in a vacuum. * Beware of ANY proposition that uses a superficially attractive acronym to sell the message - it's likely to be a disguise		
864	As mentioned above, I have no faith in 111, and the thought that it can be upgraded by you feels me with horror. You can't even get it working as a decent medical advise line! I can imagine, people with real life-threatening emergencies could end up speaking to robots.		
865	Keep A&E in Cheltenham		
866	Good		
867	I like the ASAP principle . Does NHS111 really have the resources to provide what your patient own stories indicated.		
868	good		
869	it will be good as long as it gets used as it should be.		
870	Improvements are always welcome in healthcare, but this always seems to come for some at the detriment of others. Healthcare shouldn't continue to expand if we can't make sure what is currently available is accessible to all Gloucestershire residents. This brings about inequality/unfairness and differing levels of health.		
871	I think we need to keep local minor injuries units open as a priority		
872	It would help if waiting times and rules for booking appointments in GP surgeries were less onersous and consistent between surgeries. My wife has had two occasions when contacting her surgery only to be		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
	informed that the rules for on the day appointments had changed and she couldn't speak with a doctor when she wanted. Without 'goodwill' being shown by the receptionist she would have had to raise the problem up to a hospital visit. Last year I had the misfortune to be sent to Cheltenham A&E by my surgery due no doctors able to see me to diagnose what turned out to be something rather more minor than what actually required A&E. I have to say though that I was dealt with swiftly upon arrival and relieved I didn't have to go to Gloucester A&E at the time.		
873	Keep a&e open		
874	I think that GP online appointments is an excellent idea in a world where we are all very busy . With respect to pharmacies again I think this is an important resource but believe it opens up some confidentiality issues.		
875	Think they are clear and sensible suggestions		
876	Very little mention on local hopsitals - Whose services are being deliberately run down. ie. if you have a fracture in Moreton in Marsh you have only 2 days when an x ray can be done. - Wednesday and Thursday 9.30 - 4.30. and then its not guaranteed a radiographer will be there as it apparently "can change". This is confusing and means that people cant rely on services at their local hospital and therefore clog up A&E departments in large hospitals. Having to wait weeks to see a physio is very bad too in that time the injury can get worse. The people in Gloucester and possibly Cheltenham will be well cared for, the rest of us who don't live anywhere near centres of excellence will be much worse off. Gloucester is very hard to get to		
877	Needs monitoring to ensure changes can be made quickly when the system in not working as it should		
878	Your case studies on "One Gloucestershire" read well but where will all the additional same day GP appointments come from. Its hard enough to get appointments now, if its something easy to resolve, why hasn't it been done already		
879	ASAP - good idea but I foresee a major problem with the decision between urgent care and emergency locations falling mostly to ambulance crews - how deeply have they been consulted about this? (sorry this answer applicable to next page)		
880	Very good but some concerns for patients who do not have access to a car - Better reliable public transport is needed (a county council responsibility)		
881	Very good but not sure people will remember the ASAP		
882	Again needs to be more staff and more availability before a person has to reach a crisis		
883	We do need a 24hr A&E in Chelt		
884	In theory this could work but it really relies on join-up between the various triaged services. For example, ring 111 and inevitably you are told to go to A&E. You go to A&E where they ask why you are there as it was not necessary. So the overloading that you outline in the leaflet doesn't address this type of issue. Similarly going to a pharmacist usually yields the same path. In the end you end up back in A&E...		
885	Sounds good, hope it works in peractice		
886	If the population does not understand the difference between 'Urgent care' and 'emergency care' maybe it is time to rebrand them? Apps can help, not sure how much ASAP is being used		
887	To meet the aspiration of the second A in ASAP, CGH A & E MUST be retained. Without it, ASAP is a meaningless, hollow acronym.		
888	appointment within one month of diagnosis		
889	Urgent advice ideas are good and need to be 24/7 at all hospital sites.		
890	111 is a big problems Poor history taking Poor Algorithms Poor information uptake and transfer Poor clinical decision making		
891	Fine		
892	Believe they don’t pay sufficient attention to local traffic and travel conditions, nor to likely usage requirements		

What do you think about our ideas for urgent advice, assessment and treatment services ASAP?

		Response Percent	Response Total
893	Excellent idea to centralise services on one site. It would reduce the need to travel, however centralising surgery would mean expanding capacity at GRH. If GRH is the preferred option.		
894	I have noticed that it is much harder to get appointments at GP surgeries - usually several days wait - often just a phone call. Sometimes face to face is important NHS 111 has worked well for me on the occasions we have needed it		
895	If ASAP is to work facilities must be available close to place of residence. Basing everything in Gloucester fails this essential requirement. Explain to somebody needing treatment who lives in the North of the county no A&E in Cheltenham is in their best interests!		
896	Advice and Assessment - Going on line to obtain advice would be difficult for the people who do not own or know how to use a computer - not everyone is computer literate. This will probably effect the elderly and those who do not understand computers. How can everyone be assessed over the telephone and be certain of obtaining correct information from people who are unable to express the symptoms they are clearly feeling Same Day - Availability of seeing your GP is very rare, with GP surgeries being over subscribed due to new house building with no integrated plans to include new GP surgeries on the large developments i.e Longford, Innsworth and Twigworth. We now have to wait 6 weeks to see our own GP due to the Longford Development. With 35,000 new builds planned for Gloucester / Tewkesbury area and no plans for hospital extensions to cope with this increase in population we feel that additional GP surgeries should be a priority A&E - Gloucestershire Royal A&E struggles now to cope with the increasing number of patients. I have been to A&E with a friend who had suspected heart attack only to be sat on a trolley in the corridors for hours, not even having a cubicle for privacy Personalised care - We agree with what you would like to do but we are not optimistic of you achieving it due to the previous comments you can understand why		
897	The ideas are ok. There is room for improvement in their reliability, efficiency and effectiveness. Monitoring if needed, good examples should be studies and encouraged more thought also needs to be given to unmet needs. Every practice or GP network should worry about this. so should the CCG		
898	The 'ASAP' model proposed in the booklet aspires for the A&E "to be there for you" if patients have had a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times.		
899	Good as long as people know about them.		
900	Services need to be responsive, GP access is not good at present which results in more people attending A&E because they cannot get a GP appointment when they need one. This should be a priority in any plan with either increased GP's or a triage system at the entrance to A&E directing people who need a GP or Nurse appointment to a section where they can receive this service, ideally like the OOH GP service next door.		
		answered	900
		skipped	126

Improving urgent care services in local communities

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	838

1	MIIU/UTCs need to be advertised and showcased more in Gloucester / Cheltenham. the default is ED GRH/CGH where a MIIU/UTC could of easily clinically managed this case. GRH ED to triage cases away to other sources - too many come in for low priority.
2	More services locally. Stop people from going to the main A&E Department for anything other than real emergencies.
3	None other than that in section 1
4	I think that the Rapid Response and Complex care at home teams are making a significant difference for the patients they support by helping to ensure patients remain at home and not sent to the acute trust. However, these services need to be increased and receive additional funding. Don't complicate things by giving patients too many options. the 111 service does not work (personal experience) however, a central phone line like SPA where patients are put through to the appropriate service (all services including mental health crisis teams etc) or given advice on where to go such as Pharmacy will i think be easier for patients to use. Patients only see one NHS, they don't care about the different trusts who offer treatment but just want to see the right person at the right time.
5	I'd like to see more scope to say no where its clear that someone does not need specialist emergency and urgent care but could get the help they needed through other routes. Better triage/gatekeeping at a high level of expertise and a change in philosophy so people understood that if they turn up they may not be automatically able to access a service that is not clinically appropriate for them. this does not mean no help would be available but help to identify and access a range of care with a better chance of actually helping them longer term would take some pressure off services.
6	Restore 24h A&E at Cheltenham General Hospital. Ensure that 111 advice is sensible.
7	I feel we need more medical staff and get rid of some of the admin jobs that are not totally necessary mainly those in top jobs not those that work on the ground.
8	use of technology where it is appropriate to reduce carbon footprint, making it cheaper and easier for patients and enabling clinicians and support staff to spend their time on better outcomes through speedier timelines. This means stopping the issue of financial resources being a barrier to improvement (ensuring that there are investments up front that will deliver more efficiency). No more arguing about where the money comes from - yes it needs to be spent wisely with less paper based systems and more joined up technology across organisations to really deliver health and social care to all with the focus on prevention strategies, dealing with the issue when it is at its lowest impact. removing some of the barriers regarding qualifying for some treatment that supports the reduction in comorbidities.
9	More consultants to lessen wait times on non urgent appointments and surgery, I have a 1 year waiting period for surgery to repair a parastomal hernia which could cause a blockage at any point. Keep open and improve the A&E department for Cheltenham General Hospital, it is a closer department than Gloucester Royal Infirmary for Bishops Cleeve AND I've seen the A&E queues at GRI which is at capacity now and has no charge if CGH A&E is closed
10	A NEW HOSPITAL IS A MUST, WITH ALL THE ESSENTIAL SERVICES AVAILABLE, INCLUDING 24 HOURS MIU. BUT ALSO GP SURGERIES NEED TO BE OPEN/CONTACTABLE 24 HOURS, AT LEAST, TO BE ABLE TO CALL AND GET ADVICE, OR APT. WITH THE EXTREME GROWING POPULATION IN THE FOREST, THIS IS ESSENTIAL, AS THE WAITING TIMES TO GET ANY APPOINTMENT AT PRESENT, IS UNACCEPTABLE! - IF I RING FOR A GP APT, I NEED IT THERE AND THEN, THAT DAY OR WEEK, NOT IN 2 WEEKS TIME! I HAVE 2 DISABLED DAUGHTERS, AND ONLY EVER RING IF REALLY NEED HELP, IT IS SO UNFAIR, HOW LONG THE WAIT IS, AND I THEN FEEL THE NHS IS PUTTING MY DAUGHTERS LIFE AND HEALTH AT RISK!!!
11	I think that discharging could be improved as it seems to take a long time to get the required paperwork. I think this is due to not having enough doctors available to sign the paperwork off.
12	Ensure urgent care is concentrated in Gloucester, Use more GPs elsewhere
13	Exam the problems at Gloucestershire Royal A&E and rule out shutting Cheltenham A&E
14	Keep cheltenham a and e department open 24/7.

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
15	Greater use of minor injuries Access to AHP's in GP or out of hours or ED		
16	Move all general elective surgery to CGH to free up beds in A/E at Gloucester. Invest in A/E staff for CGH you have been allocated government money to do this		
17	Perhaps consider an ideal solution which is a single site purpose built facility, which should be included in this appraisal of possibilities so there would be the ability to expand in future in a sustainable way.		
18	Make local GP services operate longer opening times and weekend services. The current system is antiquated and unfit for purpose.		
19	Use more GPs in A&E to be able to deal with the people who shouldn't really have presented to A&E?		
20	It is important to remember all generations requiring advice.		
21	Urgent care - via A&E, irrespective of whether it is Gloucester or Cheltenham. Need adequate specialist care & treatment for the vast majority of urgent A&E admissions. 'Not quite so urgent' advise & treatment could easily be regionalised at local & community Hospitals, given careful planning & scheduling.		
22	Community hospitals and there Minor injury units have a role to play they need to support their communities and people from Cheltenham and Gloucester who don't have a community hospital locally they have all closed down! What is their role - it is not clear. The community hospitals are to selective about who can go there and their rehabilitation options are limited, when Delancey hospital was open patients received excellent rehabilitation and went home. There are few therapists based at the hospitals so people are refused as they need to much therapy and stay in an acute bed - this is not right. Even better wrap the services around people at home - but is this affordable and do we have the manpower to do this?		
23	REad the first set fo answers.		
24	Probably the answer I've given to previous question Far better integration of health and social care Less silo mentality of roles Patient "project" management, from experience there are too many people involved in care, communication is poor and patients "fall through the net" There are far too many people kept in hospital too long as the coordination of onward care is abysmal thereby blocking access to care for the acutely unwell		
25	as previously stated.		
26	Perhaps build a new unified centre of excellence between Gloucester and Cheltenham, near to M5/A40 access ... rather than simply divide services into two centres of excellence. Increased investment rather than simply rationalising services ....?		
27	For me it is simple. We need the Liberal Democrats in power in ensure that funding for the NHS is ring fenced for NHS use only by introducing a small increase in income tax. We need to stop Brexit and encourage migrants to the UK, the NHS already relies heavily on these people and we cannot afford to lose their valuable contribution to the NHS workforce. We need to encourage and support GP's to offer better services than currently available and this will need both money and extra staff.		
28	Less managers more staff on the ground. go back to services being provided nationally - instead of different organisations sources from different places. Money is wasted each time a Trust is taken over by another or renames - in basic requirements such as paper etc. There should be clear standards and services that are equitable around the country not by county or town by town basis depending on what the PCT decide to commission - it is just a post code lottery and that is so unfair. The government need to stop vilifying those working in the public sector and should be supporting and training more nurses and doctors who do not have to pay for their training - its disgusting that nurses have to pay for a degree course and will probably never be able to pay the fees back.		
29	no		
30	Good nurse-led local assessment centres, sound like a good start. They need access to someone with appropriate skills / qualifications / permission to allow them to undertake basic treatment, even if it's just painkillers to make transport bearable. And easy transport....		
31	I don't know at this time but cutting services that we have is not the answer.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
32	The phone line is good, the problem is getting the public to use it. More plublicity such as the adverts showing peoplle how to deal with a heart attacks and strokes which were excellent. Use of more modern ways to reach people such as social media. The public in general must learn to help themselves more and then there should be more help for those than cannot, the disabled, the people of low intelligence and the elderly, many suffereing from poor memory and health. My husband has had 2 strokes among many other things, but the back up we have had bas been excellent, we have visits from the Stroke Nurse and mental health nurse as he is also sufferening from depression. Unfortunately many of the things they recommend take many weeks to happen or get appointments.		
33	.The future is a combination of drop in emergency centres and web based consultations with a health professional		
34	More joined up working. NHS and social care to use the same computer systems to alieviate multiple assesments being undertaken. More investment in the NHS and social care. Reruitjment drive for care staff both in the NHS and Social Care. Lift the face of care Educate the public regarding the pressures these services are under and more education about when to go A and E. Encouragment to Domicilary care agencies to have a complete factual sheet about the person they look afters medicsal history, medication, family involvement which is clear and concise thus relieving the paramedics of trying to find out information through looking through various parts of care file.		
35	Looking at the map of Gloucestershire, I feel that there are gaps which could be filled by offering a local urgent care assessment, with the possibility of going to either of the 2 A&E departments as required. I do feel that people do not want to have to travel miles to get help in an emergency.		
36	Keep Cheltenham A and E		
37	I have been to Cheltenham on several emergency situations and have always found advice treatment whether as an in patient or carer (long standing) to be extremely good and why fix what isn't broken		
38	Keep a fully functioning A/ E in Cheltenham. I would be prepared to pay more taxes to make this happen. You have a duty of care to make sure we have this on our doorstep		
39	Nurse led rapid response units which would attend to residents in own homes, assessing the need for transfer to A&E, Dr advice or be able to treat the patient themselves.		
40	Expand duties of community practitioners to include urgent advice, and make the referral line staffed all night. We know people who can wait hours during the night for at home care, only to be told to go to a&e when they are trying to help by avoiding a&e in busy periods		
41	We need to see what existing resources we have in CGH,do these staff at present work across to GRH? Do we have the bed capacity in CGH to manage admissions 24 hours a day,what changes need to be made to manage this. We need to look at planned new homes,I know there are a huge number of new builds in bishops cleeve and Cirencester, obviously a lot more elsewhere. Can you do a bit of research into the number of people treated in GRH since the closing of nighttime Aand E in Cheltenham.We need to know the figures we are looking at.We also need to know the numbers of genuine emergency patients that have been treated in GRH. We are well aware that non emergency patients are already in the current queues,do we need to be looking at better and faster triage?		
42	Not sure		
43	Invest in those services in the location in which there is the demand. I repeat, a town the size of Cheltenham requires those services on its doorstep, not 8 miles down the road, let alone those coming in from further afield, to whom Gloucester is just a step too far. You are in danger of placing your services out of reach of those who require to access them.		
44	Keep what we got! And look at how you can help your struggling staff.		
45	Pay for it		
46	See above		
47	Have a serious look at the multilayers of management and get rid .		
48	See above		
49	Yes leave it as it is at both Cheltenham and Gloucester. Consider the patients not your ill considered		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
	proposal		
50	You keep using the word 'urgent' which is very misleading and I would guess that you intend this to be so. Anything deemed EITHER "urgent" or "emergency" should be treated at Cheltenham and NOT make people go over to Gloucester. Time us if the essence and therefore to make people have to travel is both dangerous and negligent. I would like to see a Judicial Review on this subject !!		
51	Only keeping Cheltenham A&E open 24/7 will solve this problem.		
52	See above		
53	Detailed above.		
54	More GPs More GP surgeries More tests & treatments to be performed in GP surgeries		
55	Maybe extend A&E service in Tewkesbury hospital? At present it closes at 8pm.		
56	See my idea re central location between the two venues.		
57	Triage currently works well. Improve communication between different areas of the hospitals and between CGH and GRH, invest in updated online secure virtual assessments not just just tick box forms.		
58	NHS should privatise elements of care. You should have rapid response work covered by NHS and long term planned operations should go to the private sector to drive cost efficiencies.		
59	The 111 service is pretty good, with links where necessary to make urgent appointments. The out of hours GP at Gloucester Royal is also good - we could do with one out in the sticks also - doesn't' need any fancy, high-class facilities to set one up, advertise and run it. The focus needs to be at the GP's surgery. At least one new GP practice is needed in Bishop's Cleeve - URGENTLY. Start recruiting. At present, to get to see my GP I have to be triaged over the phone. What a waste of the doctor's time. Nurses do this in A& E, why not at the GP practice as people turn up? Model GP practices on the walk-in centre concept. I can't pre-book a GP appointment for a non-urgent matter - does this mean that mental health problems, anxiety, holistic care don't figure in your new model? That used to be what your GP was all about.		
60	There is no doubt that both hospitals are a bit ram shackling in their add-on developments. Maybe a brand new , modern hospital in the Golden Valley area would overcome this and be better able to serve the rising demand		
61	You are the so called experts. However, to reduce a facility to that of a community hospital given the large catchment area is irresponsible. It is s bit like shared spaces in towns. It seemed like a good idea at the time, but the premise was based on very small town living in Denmark and has no reality in UK situations of larger towns.		
62	See above		
63	I think far greater use could be made of local GPs and GPsi Doctors.		
64	Reopen Cheltenham's A&E 24/7		
65	You are consistent in your use of URGENT please be more specific.		
66	Keep Cheltenham A&E OPEN. Give it adequate funding. Pay the doctors the money they deserve & make sure their morale goes is high so that they want to stay. Read the book by Adam Kay called ‘This is going to hurt ‘. It is a candid account of the life of a newly qualified doctor & life in the NHS. It is funny & heartbreaking & anyone who employs doctors should read it & take head!!		
67	People could report to Cheltenham and if considered urgent could be moved by ambulance to Glos		
68	Could there possibly be a separate clinic to deal with drunks and drug users so that they don't have to use A and E services?		
69	For me to access to emergency services it needs to be local. The reason I live within walking distance to the General hospital is that access in emergencies is speedy.		
70	Fund two a&e centres		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
	Reinstate 24hr a&e provision in Cheltenham Minimise travel times especially for urgent cases		
71	I would tell you but you are lining your pockets and your contacts(referral to dodgy dealing under so called maintenance) and I am not on your pay grade! which may save our town a fortune that could keep our services open if a long line of cost cutting self promoting people were not doing your jobs, how about downgrading Gloucester... Now all the reasons you cannot do this should apply to Cheltenham General. Take the population of Cheltenham and surrounding area, add up their NHS contributions and am sure they are high enough to support Cheltenham General.		
72	Listen to your own staff - doctors and nurses NOT overpaid, dispassionate managers.		
73	Extend GP surgery hours, commit to.appts within 48 hours and charge for it if you have to. Stop gps behaving like the state sponsored drug pusher - make more use of physio / osteo services rather than increasing the ibuprofen bill. A&E load will not decrease until GP deficiencies are rectified.		
74	Keep both hospitals open and make sure anyone who is not suppose to have free treatment is charged to help balance the books		
75	GP surgeries should be the first option provided they are readily available.		
76	N/a		
77	as above		
78	You need excellent public transport/ closeness Good buses that go direct to Glos and Chelt hospitals but also any other health centres you have in mind Also I currently walk 15min to my doctors which is a good system- I don't want to have to drive, have parking hassle and expense of a car just to access my GP I can see I might have to travel further for occasional hospital visits but that is hopefully less frequent		
79	See previous answer.		
80	Emergency helicopters to major centres.		
81	You not I must face this challenge, as a consumer I know that a large town like Cheltenham needs a good A& E department— decent parking would help too.		
82	Stop putting Cheltenham and Gloucester as one location. They are separate places with separate communities.		
83	See previous response.		
84	See previous comments		
85	Keep the Cheltenham A&E open, restore 24 hour cover for ambulances. Do not reduce capacity. Gloucester cannot deliver the capacity or the level of service. The idea that centralising service sin one place in the middle of a busy town centre is fundamentally flawed.		
86	Keeping A&E open at all hospitals for people living nearby		
87	Keep services within Cheltenham, have A&E open 24 hrs. The journey to Gloucester can often be adversely affected by traffic / accidents / road works that delay that treatment. Any delay to an emergency can be life threatening		
88	Keep Cheltenham A and E open.		
89	As above.		
90	It would be a good idea if it were easier to see my own GP. It is virtually impossible to get an appointment now. The waiting time is such that one either gets seriously worse or recovers from an illness or injury and the telephone appointments system is not fit for purpose for elderly people who live alone.		
91	I think we need a separate walk in centre in Cheltenham alongside A &E and the trust needs to recruit more doctors also within the community I feel their needs to be a team of rapid response nurses who work in the community who can treat people in their own homes rather than having to go into hospital		
92	The best thing to do would be to get the government to stop building new homes in the area until the NHS has been brought up to the a level that it can deall with all the new people in the area. Failing that, make Cheltenham A&E a full service 24 hour place.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
93	111 could improve so it's not largely a checklist experience. More medically qualified staff should be available.		
94	Keep expertise as close as possible. Cheltenham is a large town and requires a service		
95	More doctors and nurses in health centres, more suitably qualified staff in local pharmacies for advice on minor ailments.		
96	Keep CGH open the size of Cheltenham , Bishops Cleeve and all the towns and villages in the North Cotswolds need it , it's ridiculous to think GRH can cope .		
97	Restore Cheltenham A&E to 24/7 operation.		
98	As I said before upgrade Tewkesbury. It's a fairly new clean, very disabled friendly environment. I live in Beckford. At night it's either Worcester or Gloucester. A year ago I developed sepsis following a procedure at Worcester but sat in my chair knowing I was really ill till after 8pm before asking a neighbour to call an ambulance because the thought of Gloucester and being so far away from my family in Evesham & Stratford made me feel ill in itself. I already knew that after 8pm you can choose which hospital you are referred to.		
99	Look objectively at systems in other countries - we are positively luddite in our approaches in this country. Re-consider the outputs of the National Programme on new models of care and see what is useful to this community (there is much) but this is largely being ignored as 'not invented here'. Design and adopt a digital strategy - there is little evidence beyond patient records that anything is being done to use technology. Use the modern assets that you have PROPERLY. The under usage of North Cotswolds (and most other) Community Hospital is a scandal and the over staffing is legend.		
100	See above.		
101	GP led service providing a first point of contact at a local hospital.		
102	See previous question		
103	see above		
104	See previous answer.		
105	Retain, improve and fund an A & E department of excellence in Cheltenham		
106	Tele-triage. Develop a simple-to-use visual-interactive system to be made available FoC to all vulnerable groups. Use AI/expert systems to back-up human medical analysis. Control via GP system, with specialist hepl available.		
107	KEEP CHELTENHAM A & E OPEN 24/7 !!		
108	Reinstate 24hr A&E in Cheltenham		
109	Yes keep it open 24 hrs make it more efficient so ambulances are not burn fuel taking patients over to the GRH between 8pm to 8am from Cheltenham and surrounding areas, if you propose assessment centres you may as well keep the A/E open they can do the same job only better. Think of the Planet we are trying to cut down on fuel admissions you will be making it worse with Ambulances going backwards and forwards all the time		
110	Keep Cheltenham A& E open		
111	CGH A&E needs to remain open to ensure everyone has consistent access to.urgent advice, assessment and treatment.		
112	Easier access fo all to patient records on line and also potentially on line advice and self service help		
113	Reopen A&E in Cheltenham full time		
114	Maintain full A&E service in Cheltenham Hospital.		
115	Local A &E is a need. You cannot keep closing local A&E, stround, cheltenham and Gloucester need one		
116	I don't believe a family newspaper would print what I think of your "engagement" plan...		
117	Keep Cheltenham a and e open		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
118	CorrectIt staff Cheltenham A&E and have Doctors available all the time, not just in Gloucester!		
119	The appointment system is outdated. Instead of posting an appointment date, it would be more efficient to move to a system used by hotel websites and others, whereby a range of available dates is given and attendees can choose an available date and book it. This alleviates the constant to-ing and fro-ing of trying to arrange an alternative date by telephone. Those who then cannot use the system will kore easily access the telephone system currently in operation.		
120	Make sure that our a /e stayes.here in Cheltenham		
121	you employ people on vast amounts of money ,who are hell bent on shutting our a and e do we think you are going to listen to the average person no (brexit supports that)		
122	To lobby government to ensure funding is available to pay for the staff required to ensure the Cheltenham A&E dept remains open. Most NHS staff do not get paid well enough for the work they do and a huge amount of goodwill is relied on to provide the extra time and care that is needed.		
123	Cheltenham's A&E must stay open, on a full basis.		
124	No, it is not my area of expertise!		
125	I think whatever is decided needs to be coordinated nationally. Whatever you do will be hard to start with but as you have rightly identified, signposting people to the correct services is essential but if it only works a certain way in Gloucestershire, people moving into and out of the area would not necessarily know how it works. Secondly, GPs cannot be given any more work or responsibility without either more staff (not necessarily doctors) or be significantly reducing the number of patients who are wasting GP time with symptoms that are not severe. There needs to be an "official" flowchart that people can use to identify the type of problem e.g. minor pain => go to the pharmacy and also the ability for people to be turned away on the phone or in-person politely but fairly to say that you cannot just self-refer to a highly qualified (expensive) GP just because you have a slight rash or pain. This might eventually permit a GP to spend more time on each patient since 10 minutes is nowhere near enough for a real health problem and risks doctors missing things (like a friend who died after having cancer misdiagnosed). Things like online GPs are great but a GP friend is concerned about their effectiveness so, again, the GP industry must be behind anything online since "stranger" doctors in many cases are not going to have access to histories etc. On the other hand, for simple types of illness or injury, it might be a much more efficiency way to spread a GPs time out. It also has to accept that there will be another 40 years before the entire population can be considered digital-savvy so you might have to consider giving pharmacies the ability to help people access online services since they are probably the best first-line in the community. Nationally there is also a legal concern that any diagnosis that does not involve a professional in-person risks a large lawsuit if something is missed. That is a genuine concern but needs addressing at national level to protect these new digital services that rightly will reduce a burden on the NHS but how will a computer know that a pain in the stomach is not cancer but indigestion?		
126	Leave Cheltenham a&e in place,		
127	Stop middle management rotations and constant changes. Expecting a shuffling of the chess pieces to resolve this is illogical. Instead an investment in technology to streamline systems for the docs and nurses on the ground could rapidly transform the offerings and meet the challenge faced.		
128	There is not easy answer but I think stopping services that currently exist do not enhance consistent advice		
129	keeping the 24 hour a&e at Cheltenham general hospital		
130	Yes we need to have smaller units located around the County, which we can access easily.Luckily, in many instances most peoples requirements, are often of a minor nature. eg Tewkesbury Hospital.The old idea of cottage hospitals in the communities, did a wonderful job, and were also available for recuperation.		
131	Facilitate Specialists working on both Gloucester & Cheltenham sites to further deepen the skill sets of both sites		
132	One help would be ease of seeing GPs for matters that people take to A and E because of the difficulty of getting quick appointments		
133	See previous reply.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
134	YES. JUST LEAVE THINGS AS THEY ARE,BUT ENSURE THAT BOTH CHELTENHAM AND GLOUCESTER ROYAL HOSPITALS ARE PROPERLY STAFFED AND EQUIPPED. YOU MAY HAVE TO ACCEPT A CUT IN YOUR OWN SALARIES--BUT YOU WILL SAVE LIVES AND SUFFERING'AND MUCH TROUBLE O MOTHERS VISITING THEIR HOSPITALISED CHILDREN--3 BUSES WITH A CHILD AND ANOTHER IN A PUSHCHAIR IS VERY DIFFICULT FOR A WOMAN! I DO WONDER IF TRUST MEMBERS REALLY LIVE IN THE REAL WORLD		
135	Keep the Cheltenham A&E		
136	Keep a&e in Cheltenham and put more staff resources into both, have a parallel service, 24x 7. Sounds more like you are under resourced rather than you need to segment services. Trying to separate emergency, non emergency to different locations 10 minutes apart is wasteful and risky to the patient as non emergencies can become emergencies and vice versa (eg an a&e fall can become a next day hip operation, a standard pregnancy can become an emergency c-section). Patients will spend more time bed swapping and ambulance transferring. How is that great for patient care?		
137	remove middle management and their support staff and concentrate on patient care.		
138	See answer 1		
139	No other than fix A&E to a pucker 365/24/7 service in Cheltenham		
140	For the reasons I've given, "one funnel" only provides bottlenecks .. keep Cheltenham A&E open which will provide the access to the consistent advice, assessment and treatment you want/should offer.		
141	Keep Cheltenham General Hospital A&E open		
142	Why are you developing hospital services? I agree they need to improve, but to me that is all about making the local service better - not remote. The NHS is well funded, the services it provides should be available locally.		
143	maybe listen to what people want? managing the budget is the Trust's responsibility. Providing a fit for purpose to ALL, is also their responsibility. Have on call doctors available to support A&E so that it is effective 24/7 Ask people would they be prepared to wait for an on call doctor to be paged and be seen in their priority. We were sold a 7 day NHS during the Junior doctors strike. The essence of which was a staffed Hospital 24/7 365. The staff are therefore available within the hospital. Give people the option (after triage), to be seen by a doctor. Understanding that it may involve a wait. Gloucester Royal is not 'local' or convenient to large swathes of the counties population		
144	Reinstate 24 hours at Cheltenham , this is the solution we need to see.		
145	Properly fund Cheltenham A&E		
146	See above		
147	I'm not a health care professional so its not my position to provide solutions but as a potential consumer to critique those being offered.		
148	This is not rocket science - restore and maintain a fully functioning A&E at CGH.		
149	Already answered in previous 2 questions on the website.		
150	Going back to the Cottage Hospitals each with excellent staff is recommended. If there are a number of them it wouldnt take long for the relevant Staff to travel to if their expertise is needed at a different cottage hospital.		
151	If there is a genuine wish to develop the services you mention , then this can only be achieved by maintaining and enhancing the existing services and facilities. The closure of the Cheltenham A&E department could never be seen by any rational person as a step toward developing the services you highlight. The closure of the Cheltenham A&E department would demonstrate quite clearly that there is no real commitment to developing services properly and that this whole exercise is a cynical public relations exercise. It would erode the credibility of the management of the local NHS.		
152	Restore the local Hospitals with staff and equipment to look after the community you are tasked to care for. Expand the hospitals to include GP Doctors , X-ray with radiologists to analyse results, Blood analysis on site not at Cheltenham which take weeks to get results, Transport to and from hospital many residents have no access from remote villages there is no means for these residents to have urgent care when they need it.		
153	Solutions such as NHS 111 need to be using the same information and advice as local centres - e.g. I have		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
	previously followed advice from 111 to attend an MIIU to be told by the MIIU that in accordance with NICE guidelines I had to go to A&E as they could not treat in those circumstances, to be told at A&E that they had a different guidance from A&E. This feels like an avoidable circumstance that caused confusion, lack of confidence in the system and significant inconvenience for me and a sick child.		
154	It is my belief that cheltenham should kerp a 24 hr a+e, that out lying hospitals should also have relevant small injury units That both hospitals maintain there research and educational faculties		
155	Keep Cheltenham A & E open.		
156	The Cheltenham A and E must remain to cope with the proposed residential growth of the town and the surrounding area. The closure of this facility on financial grounds and against the wishes of the majority of the populace shows that there is little care for the local community.		
157	Keep Cheltenham A and E fully functioning 24/7		
158	Keep Cheltenham A and E fully functioning 24/7		
159	Important to keep minor injuries unit at Moreton, potentially also out of hours and weekends. This would reduce dependence on Cheltenham or Gloucester centres of excellence. Reduce walk ins at Gloucester ED. This would have a great benefit for the whole system.		
160	You should strive to uphold the services we have at present on a local level.		
161	Everyone uses mobile phones for chatting and advice over the internet. Having the 111 service setup so that you can do a video consultation using the mobile phone would make things much more accessible to many.		
162	Ensure Cheltenham have a fully functioning Hospital, complete with A&E, available 24 hours, 7 days a week.		
163	Cheltenham is an expanding town which has a diverse demographic, and so it remains essential that Cheltenham General Hospital operates with a fully functioning A&E Department that is available to the Community 24 hours a day & 7 days a week.		
164	Keep our A and E service open this is vital we do not even have adequate ambulances to provide an alternative fast response to emergencies		
165	see previous page		
166	I think I summed it up above. That said much more needs to be done to educate the general public about what is an emergency and what isn't . That is a far more complicated issue, and something that I don't think the Trust is able to tackle. However many of your staff are. They are dedicated and very experienced (in my opinion). However the publics lack of understanding of health needs does not justify closing A&E in Cheltenham.		
167	Train people better so they don't solely depend on tick box charts with particular relevance to the initial 111 contact		
168	No sorry no light bulb moments from me		
169	Think that it will end up not being cost affective closing cheltenham.		
170	(I)Need for more staff medical,nursing and associated professionals to meet anticipated demand .That requires a combination of Central Government DHSS and local CCG/local government short and long term strategic planning and finance sadly fragmented and lacking at the present time. (ii) Need to have a single defined administrative body responsible for hospital.GP and Community Services particularly for y of elderly patients or those with multiple pathology. Ideally the gateway to the access to such services should be primary care with the practice team able to point patients/carers to the most appropriate service to meet their needs.		
171	See previous answer		
172	see above comments. one holistic IT system, better data capture, manage based on factual data.		
173	Cheltenham A&E should be open 24 hours a day and should be adequately staffed.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	174	Widely publicise the NHS services available locally or via telephone or electronic means. In particular the Minor Injuries Unit's walk-in services Improve triage in both A&E units & refer non emergency users elsewhere	
	175	It all boils down to the GP service. Also it's very irresponsible when local media say "Only come to A & E in a genuine emergency". If you've felt awful but can't see doctor then how do you know?	
	176	First responders are brilliant... I had severe angina attack Sunday last... He took me in his car rather than 2 people and an ambulance at a later time	
	177	We need an A&E department in both Cheltenham and Gloucester.	
	178	KEEP A&E IN CHELTENHAM GENERAL HOSPITAL OPEN	
	179	Keep Cheltenham General's A&E open. If you do close it, publicise figures on death rate correlated with time to get to A&E, both before and after your decision, with your names signed up to what the consequences of your decision are.	
	180	It is clear (ask many clinicians) that IF emergency general surgery care moves to GRH that the elective general surgery/colorectal surgery should come to CGH. There is no doubt there are not enough beds to accommodate all emeregncya nd elective general surgery on the hGRH site and not enough ITU beds either (modelling done at 70% occupancy which it often runs at more than this). An elective pathway at CGH will be much more efficient and ensure good access to care for patients (often with cancer) and much less likely to be cancelled	
	181	More nurse practitioners in GP surgeries who can provide minor injuries treatment therefore reducing the doctors workload	
	182	Publish consistent advice and do not off-load onto services such as PALS	
	183	More efficient use of staff and change the management structure. I.e. Too many chiefs and not enough Indians!	
	184	I believe the present arrangements work well. When my daughter's asthma has been out of control in an evening we have been able to access the out of hours surgery at Cheltenham General. When she was a baby she had an allergic reaction and thankfully A & E was open at night back then as I don't know Gloucester and my stress levels were through the roof so driving to a strange place in that stressful place and trying to find A & E could have caused me to have had a road accident. At least we have the A & E during the day. I think Cheltenham needs 24 hour A & E not less than we have already!	
	185	Charge drunks and sports injuries for their self inflicted wounds. Charge all who are not elligible for free NHS treatment. Reduce amount of treatments that are free on the NHS.	
	186	Employ more staff and ensure that the people of Cheltenham have as good treatment available as those in Gloucester.	
	187	Do not centralise services. Provide local, accessible services before you start even thinking about closing A&E at Cheltenham. Lives could be lost!	
	188	Keep the A&E department open at Cheltenham.	
	189	Put a van/clinic in the high street on a Saturday night. My mum has to wait three hours for a paramedic and six hours for an ambulance with a broken neck. All because it was Saturday night. If you put a van with Dr in the high street you can deal with all the problems at source and get to people like my mum sooner. Or maybe put a gp in the library out of hours so you can see people quickly.	
	190	Increase the services at Cheltenham A&E in readiness for 5 years of house building. improve computer linkages between both hospitals such that their knowledge base becomes one and access to specialist advice is available via video communications. This whole proposal is very old fashioned in concept	
	191	some form of initial triage type assessment.	
	192	1. Development of much smaller and therefore potable scanning equipment could be worthwhile. Then all NHS establishments including ambulances and GP surgeries could be equipped. 2. At the moment I am deterred by press coverage of the pressures on GP's from visiting my GP or nurse	

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
	with several minor or even trivial changes to my body which I attribute to fair wear and tear e.g. unusual new black mole, one painful joint in the hand, the occasional pink urine, small bumps/lumps in my scalp. Ideally, I would be encouraged to declare these at an annual "MOT", which might lead to a "stitch in time" approach to problems ahead.		
193	Again, because of the size of the area covered, manned outposts in strategic locations with rapid transport on hand to take people to the larger centres if needed seems like a good idea. In addition to 999, have one and only one simple number to call if you're in trouble and you don't think it is an ambulance case. Make sure this line is adequately staffed at all times, routes people in the appropriate way and includes a confirmation step in the procedure to ensure it never leaves a person in a situation where they are not dealt with properly. Publicise this number widely through all available means, from social workers to TV.		
194	Keep Cheltenham A&E open 24 hours		
195	Keep local A&E services available.		
196	The situation of our roads being so congested means we need lots of local access points, for triage, X Rays, Scans etc, thenif needed go to larger hospitals & Cheltenham General has always been perfect for this service, therefore shouldn't be closed		
197	Nearby A&E services to end user emergencies.		
198	Assess which surgeries would make the best medical centres for urgent care. Make resource available for X ray and urgent care facilities available 24/7 in selected units across Gloucestershire. Need to make it very clear what is urgent.		
199	appointment times may help but also a triage system again with good communication between patients and staff		
200	You could amalgamated some non urgent services such as orthopaedic, general surgery or cancer into centres of excellence. However these need to be properly resourced and leave facilities in each hospital for emergency admissions or intensive care. Only planned appointments and surgery should be treated this way. Consultants should have z shift pattern to accommodate working across hospital units not just in one ho e base such as Gloucester or Cheltenham.		
201	My solution is to maintain and expand existing A&E and urgent care facilities to have increased numbers of beds and health care professionals to match Gloucestershire's population growth rate (also considering the increasing number of elderly residents.) Re-organising the hospitals into centres of excellence seems to me to be shuffling problems around without trying to achieve the right capacity. I do not think I saw this considered in the booklet. I assume the population will grow in future as a result of the major house-building programmes throughout the county.		
202	Better education and clearer communication. Most people will now check the Internet older and less advantage people may require additional support and advice.		
203	Centralised key services like A.& E will never work. GRH can never provide a service for 300,000 plus citizens. Minimal public transport in Gloucester let alone everywhere else. Parking fees designed to extort money from those that can't afford it. An Ambulance SERVED That Will Have double PLUS Calls Because People Can't Get To GRH. Stick to specialising other services to different hospitals, it will never work for A & E		
204	Timely services with less distance to travel. Full range of services in MIiUs MIIUS should be reduced to to urgent care centres for Cirencester and Stroud and one in the forest. MIiUs to remain at NCH and MIiU to stop at Vale and tetbury		
205	Keep Cheltenham A&E open		
206	Yes, joining up transportation links to ensure improved community coverage will help allay fears of further marginalisation and punishment for those of us who don't inhabit the cities. There has always been rhetoric on joining up transportation links, but it remains just that, rhetoric. Anyone can discount costs back to agreed profit margins for the transportation companies, but no real scientific study and evidence has ever been completed to consider innovative ways to move communities across the region, relatively cheaply. Transportation links for village residents to any hospital, including Gloucester, is important if ASAP reaches its potential..		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
207	Speak honestly about the reason for these changes - that the Tories have cut the NHS to the bone. The only way the NHS will be saved is is people understand this and stop voting Tory		
208	full ed at CGH which is which is my local and nearest hospital.		
209	As above, one call center for all advice , train more doctors and improve doctor working conditions. People are increasingly paying dearly for their medical care in private practice. Surely they would be prepared to contribute more towards improving and expanding the NHS instead.		
210	See ante		
211	I believe there needs to be up to date equipment. I believe there needs to be a multi disciplinary approach. I believe patients should be seen by a consultant and testing should be made available more promptly so that it would save demand on A&E & doctors because that way the condition might be better managed.		
212	See above - local availability of help.		
213	investment in telephone/online services		
214	111 service is great idea but remote, impersonal and inconsistent. Could a more local personalised service be offered within Gloucestershire. Can volunteers help with practical needs eg transport.		
215	Yes, but as a business shake up advisor for many years on an independent international level, you have decided to wait millions on business advisors who are paid so much that if invested would have solved the problem...yet when they fuck up, they still get paid. Speak to your staff, doctors and nurses, look at Korean hospitals, I go to them, blood tests, scans, ECG, all do on computerised system result ready in an hour to two max, see doctor specialist....all done couple of hours..... Hospitals, emergency services are not businesses that need cut backs, instead of loading the local doctors, passing the responsibility and abuse, waits to them(which you have carefully managed to screw up now) make the efficient running of local a and e, waiting list reduction for operations, by using what you have available, not by stupid boards looking for performance related accountability, pass the buck mentality, results that matter, performance comes after the event.		
216	As a lay person, it seems most logical to me, to assess someone's condition locally and, if serious, be able to offer immediate treatment locally. If less serious, then send the patient to a "centre of excellence", which may be less local to them, but will enable the trusts to save money by not duplicating activities across two, or more, sites		
217	Engage the commissioners in providing an increased level of GP service within both hospitals. The level of service is not currently adequate to see the number of walk-in patients with minor medical illness. To achieve this we would need to rationalise the clinicians in our community MIUs and move the ENPs/ANPs/allied health professionals into dedicated units at both hospital sites throughout the week.		
218	As above, keep Cheltenham A&E open.		
219	Better cicrulation and adviservtising of what services do what in local paper/leaflet taken home in schools/local supermarkets/pharmacies this would lead to less frustration of services users and managing their expectation of service delvery		
220	.f more GPS were available out of hours.less people would go to AE with minor ailmenrs		
221	A modern hospital in every large town		
222	one day per week have Xray open tiil ? 2100 xray on weekends our monday mornings in MIIU are always extremely busy. two ENPs per shift in MIIU. or at the very least one working a midshift to compliment both the late and the early. wait times are prolonged as ENPs need to refer to fracture clinics after assessing and then reading an xray easer access to GP appts		
223	many minor accident problems for instance cuts resulting from falls or injuries from tools could be treated through extending GP surgeries as minor A&E services - with the added advantage of short journey times and freeing up ambulance vehicles		
224	See the above cell response.		
225	Really! You are running the trust! Look at Trusts that COC have graded excellent & see how they do things		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	Identify best practice throughout the UK & abroad & apply those ideas that fit our county. Look at technology & how it is used today & make it work for you - go paper free. Apply Activity Analysis to back of house functions & streamline them. Ask why things happen & are they necessary. Don't reinvent the wheel!		
226	You cannot improve services without the infrastructure, staff, diagnostics,		
227	The ideas are fantastic but are unrealistic. Why not recruit and improve the services at BOTH hospitals then the increasing population, and the increase of housebuilding will have the infrastructure in place to accommodate everyone without choices of WHICH SITE is most suitable for what. If everything is to be consolidated to one or other hospital then eventually in not too distant future the specialist unit will be stretched beyond capability. Planning for the future means expansion NOT contraction of services.		
228	Recruit more medics to Cheltenham Hospital		
229	Put the £11 million into updating both the Forest hospitals		
230	Keep local services. Just that LOCAL. A town the size of CHELTENHAM cannot not have its own A&E. When I was six I had acute appendicitis. I was taken by ambulance to CHELTENHAM A&E. They had to operate immediately. Had I had to go to GRH i probably would have died. Don't put lives at risk.		
231	Teach all 16 year olds Emergency First Aid. Improve education of simple first aid/dangers/situations to avoid to all junior school children.		
232	Doctors are already offering seven day week appointments for non urgent problems and other services in an emergency can be accessed by phoning 111 which has worked well for myself on a Bank Holiday when I required treatment with antibiotic. The system at present seems to work well.		
233	Get 24 hours back at Cheltenham General ED		
234	More mobile (paramedic) vehicles to access rural areas quickly. Base paramedics around the county so they can respond quickly e.g. in cases of stroke where rapid response is vital		
235	Encourage seniors to move closer to health facilities. Much more needs to be done to encourage healthier lifestyles (how about grants for wellbeing initiatives like stopasb.org?		
236	The new cyber centre proposed for Cheltenham adds 3000 new homes a minimum of 6000 new residents who will rely on a local A&E		
237	perhaps by separating the patients and creating another service / entry for drink and drug related patients		
238	Medicines cost so much - review what's on offer		
239	When I have rung 111 in the past they always want to speak to the person who is ill, unless this is a child, but can this alter to include people with dementia. I have had to put on elderly parents with dementia to speak to the person on the phone who askes them questions which my parents haven't understood and I am trying to answer		
240	The full range of services - which crucially includes emergency care - should be provided locally. The close working of the 111 services and the out of house GP service with the A&E service at Cheltenham Hospital works well. This close working should be strengthened.		
241	Keep Cheltenham A&E open 24 hours a day, every day. We cannot do without it. My mum had a suspected heart attack in the early hours of the morning, she lives in a rural village between Cheltenham and Cirencester. If she'd had to go to Gloucester she might not have survived		
242	People go to A and E partly due to the difficulty of getting GP appointments. This needs to be considered as part if the picture. If people are going to A and E with minor issues you need to establish why and deal with the reasons. This is no excuse for cutting an essential accessible emergency service for when this is really needed.		
243	A new hospital. Emergency services cannot be provided efficiently on the present sites		
244	The solution is simple, Cheltenham and surrounding area requires its own A&E dept locally, ie. in Cheltenham Not in Gloucester.		
245	See previously. Invest in physiotherapy and this should free up Gps using First contact practitioners but also increasing		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	physios so that MSK issues don't end up unnecessarily in secondary care. Use of ortho prac physios help avoiding unnecessary scans and consult appts.		
246	Listen to local opinions rather than ignoring them like you did for the Forest Hospitals, despite saying you would go along with local opinion. The current location of the new hospital in Cinderford is nonsensical. It is the first place that gets cut off in the winter with any snow meaning staff and patients will struggle. The bus service is poor and as for the state of the roads...well. The new super GP surgery also located in the same place doesn't make sense either. Why not spread the resources and improve accessibility to other parts of the Forest. The reduction in the number of beds at the new hospital is illogical given the scale of house building in the Forest and growth in population.		
247	Fully functioning minor injuries unit with a doctor, ENP's and senior HCA available 24 hours a day		
248	re look at GP surgery provision, especially in areas where there have been huge housing estates built with no extra GP capacity provided.		
249	See previous answer. In addition, having a GP and pharmacy service in both A&Es to triage those who do not have issues requiring urgent A&E type attention and providing them with appropriate advice would help to reduce the burden of people visiting &E when their needs are best met by a different healthcare practitioner.		
250	Much more use of (RESPONSIVE) telephone and email advice		
251	No other ideas		
252	Local A&E services which provide triage followed by appropriate treatment ie. emergency care or on site'GP service' for non urgent cases.		
253	Moreton in Marsh to be better used as a polyclinic- GP services – e.g. core and enhanced with extended opening hours Other health services – including other health professionals (e.g. ophthalmology, dentistry) Minor procedures Outpatient appointments Urgent care Diagnostics – e.g. core and enhanced testing with extended opening hours Community services – e.g. interactive health information, management of long term conditions, complex needs, community nursing, community mental health teams Co-located services – e.g. including local authority, social care, mental health, leisure and the London Ambulance Service		
254	Education in schools and work places to achieve answer given in question one to teach people where and how to access services.		
255	My preference is to firstly search online to see if advice can be found there. There are some very good medical web sites, Patient.co.uk and Bupa as well as the NHS If an answer cannot be found there then it is necessary to visit ones GP. Many GPs surgeries are still based in converted residential buildings with difficult access for disabled patients. Health Centres for GP services are the answer I am particularly impressed with the surgery featured in the Channel 5 Series GPs Behind Closed Doors, which is The Ridge Surgery, Bradford. The surgery here even carries out minor operations I think that for the future GP services should be based in Health Centres like this to provide healthcare for the 21st century They should include other health professionals as well as doctors, such as nurses, therapists, dieticians, mental health professionals to provide CBT and Anxiety therapy		
256	More local treatment We can not travel so easily now we are getting older		
257	We were not asked our views when all the other care services were transferred to Gloucester (Maternity, ENT etc) so why are we being asked about A&E		
258	I do not believe ASAP would work effectively as you propose. It is my view that the best way to ensure that aspiration is met is to keep A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased longer journey times		
259	I have a friend waiting 6 weeks to see a consultant while passing blood every other day from his bladder. We will all die while we are waiting		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
260	For example, a recent sports injury sustained by my son obviously required an x ray but local MIU's did not provide that facility Provide data on waiting times / waits online so patients can identify best unit to attend		
261	Have more emergency shuttles between the 2 hospitals to transfer patients to the right care facility. for a Cheltenham resident to have to travel to Gloucester for emergency care is a CUT in service		
262	Make BOTH hospitals centres of excellence for emergency care		
263	None - you are doing very well as it is		
264	Keep the current model with the addition of Cheltenham opening 24/7		
265	As in previous comment		
266	Urgent access means just that - treatment locally now! not later at some place in another town. Cheltenham needs 24/7 A&E, supplemented by 24/7 GP unit based at the hospital to deal with patients concerns when their GP surgery is closed		
267	Another very helpful aspect would be the opportunity to see a consultant at Moreton rather than having to travel further afield especially for the elderly.		
268	Reinstate Cheltenham ED as 24/7 service. You can still specialise other services without making emergency care inaccessible.		
269	A new hospital to replace Cheltenham and Gloucester hospitals! This is the only safe answer but will not happen! I have always felt that fighting to keep Cheltenham A and E open is not correct. Highly trained staff on one site should nee safer. But you have to have enough staff. Also my husband recently experienced treatment at Cheltenham A and E and it was so good and fast that I can quite see why people want to keep it open. He had experienced the same 2-3 years ago. On both occasions he was very ill and on both occasions got exemplary treatment with great care.		
270	Staff. A and E fully in Cheltenham 24/7 so people know they can always go and aren't confused by opening times which will cost lives		
271	Joining up health and social care budgets. Learning from areas around the country that do this well.		
272	Do we do enough on prevention and how do we get prevention services into neighbourhood areas such as the Redwell Centre at Matson,		
273	KEEP CHELTENHAM A&E OPERATIONAL FULL TIME PERMANENTLY.		
274	More walkin centres would help to deal with problems of GP access. The one in Gloucester I have found very useful at times.		
275	I think creating "centres of excellence" is a great idea in the context of planned treatment services. I do think there is scope for Cheltenham and Gloucester to develop their own areas of expertise so that planned appointments may be scheduled at one or the other. When not in an emergency situation, it is of course much easier to organise yourself for travel to a hospital further away.		
276	More walk-in centres in shopping centres might divert some of those who are 'non A&E appropriate' attenders at A&E Being able to access GP services more quickly, and receiving continuity of care from the GP, would help too		
277	The money available needs to be spend sensibly - not wasted on surveys, access discussions etc. Use the available funds wisely to treat residents in the area served by CHELTENHAM Hospital.		
278	Both Cheltenham and Gloucester hospitals have to be enlarged to deal with all the extra people living and moving to this area.		
279	Keep Cheltenham A&E open for access in emergencies. The rest is fine.		
280	Volunteer befrienders to help people i hospital discuss long term conditions like stroke have better information available fof them		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	281	Community volunteer roles like the ambulance first responders in GP surgeries. More facilities in the community like community nursing to stop unnecessary ambulance call outs and more ability to access social care services on that day to defer patients from MIU or other facilities.	
	282	See before But have an experienced GP/doctor on the front door properly triaging patients . Other areas have done it ...Manchetser ... so why can't we !!!	
	283	by all means move particular specialisms to other locations so as to maximise the available space BUT emergency care need to be available at the nearest hospital to ensure the best possible outcome for the patient, and the best use of ambulance service. Cheltenham is an expanding community, and it is essential that Cheltenham hospital retains its A&E department. Ask anyone on the streets of Cheltenham - their view would be the same. At busy times, the road trip to Gloucester totally belies the mere 8 mile distance - it can easily take in excess of 30 minutes to travel from centre to centre.	
	284	To be very aware that there is no one answer to fit all of Gloucestershire because apart from tCheltenham & Gloucester the majority of the county is made up of small towns and villages and transport services are often poor or non existant.	
	285	As well as keeping Cheltenham General Hospital A&E for emergency care, it would be good if you bring a Health Access Centre to Cheltenham for urgent care. This would be an urgent care GP surgery, like Gloucester Health Access Centre. There was one in Cheltenham but it was removed. If you put it in the town centre, it would have been better. Gloucester Health Access Centre is in the city centre and is well attended. I find it difficult when needing urgent care to travel there - I don't drive. Walking 20 minutes to catch a number 10 bus to Gloucester is not possible when I am in need. A Health Access Centre in Cheltenham town centre would be easily accessible to people who cannot drive.	
	286	Please see previous page	
	287	Better patient signposting Visibility of waiting times	
	288	Perhaps there should be more urgent care centres	
	289	no other ideas - see previous answer	
	290	Rapid response service could support minor injuries units more. They are paid the same as ENPs in minor injuries and have no where near the responsibility as we do. Practice nurses at doctors surgery need to run dressing clinics on weekends and not use minor injuries resources as we are not equipped nor trained in chronic wound management. They should be managing their own work load and not using us because we are open. Minor injuries staff should be trained in telephone triage to direct patients to appropriate service.	
	291	Walk-in urgent care should have an on-site pharmacy which patients have to consult on their way in. If the pharmacy cannot help then the patient progresses to e.g. a prescribing ANP If the ANP cannot help then the patient may be seen by a doctor This should filter out patients who do not actually need to be there	
	292	Some form of triage for all cases. Depending on the issue, a means of diverting people from the A&E Department. An example could be to direct as appropriate to a local pharmacy Department. Some larger hospitals across the country have a branch of Boots Chemists on site to assist with this. Also, being able to speak to and if necessary visit an out of hours GP service for issues needing a prescription.	
	293	see later	
	294	Develop a single point of entry for urgent services, ensuring this does not have a detrimental effect on planned services. Have a dedicated team/centre for urgent services by separating out completely planned services	
	295	Motorbikes with paramedics carrying defibrillators and other items. Also see my other answers.	
	296	emergency care advice and expertise needs to be on both sites. urgent care services can run along side these but NOT instead off. the plans to remove emergency surgery and elective from Cheltenham is absurd. there is plenty of evidence to say elective, emergency split if effective in many ways. bigger is not always better and there is clear documentation to support this	

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	297	In my observation, continue to focus correctly on human resources first and foremost. Then configure and improve, the building constructions, as indeed centres of excellence, based upon the identified needs of patients, and their consultant led treatment and care.	
	298	The size of Cheltenham is growing rather rapidly so I think we will need more GP services and social care workers to cope. Obviously the best way is to prevent illnesses but unfortunately that is not always possible. However they are always coming up with new ideas in the treatment of cancer and the early detection of kidney infection.by IT which I hope will soon be available everywhere and hopefully cut down on the number of patients on dialysis. It all costs money but saves money in the long run.	
	299	On line web page with a private chat service.	
	300	Public education, tell them how it is in the real world and stop pandering to people's out of date I'll informed views	
	301	You must work with govenment and also use some of your own resources to develop transport solutions which ensure that ALL those in need can get to treatment centres promptly without delay : particularly those who for a multitude of reasons do not or cannot drive or be driven by themselves or a partner, friend, etc, and including unsocial hours, night time, weekends, holidays, etc.	
	302	Invest more in GP practices so they can be more flexible in offering appointments. Buddy up surgeries who do well with those that don't offer a flexible, same day service, so they can learn from colleagues. More joined up communication between Primary & Secondary care. Better education for the public. Pharmacies to give better signage as to what they can offer.	
	303	Walk in and wait GP surgeries would be a good idea - either call for an appointment on the day, or walk in and wait. These GPs or associates could then refer them on where they need to go. Currently, a lot of people feel 111 is a waste of time and they cannot get a GP appointment after 8.30am, so if they become ill later in the day they may just go to A&E. Consistent advice from 111 and more awareness of minor injuries unit.	
	304	Calling a GP today with a non urgent request will mean 2 weeks before there is an appointment unless you're old or very young - bring this down to 48 hours and there will be less visits to A and E. The reality is much longer wait times than even 2 years ago. Without a major communications campaign about where to go for a minor problem, an urgent one or 999 everyone will try GP then A and E. For example what is the minor injuries urgent care location for the centre of Cheltenham?	
	305	you need to emphasise that the urgent care pathway will only change where it needs to, emphasise what will not change e.g. the minor injuries service in CGH Probably a bit early but giving more detail on the numbers involved might help	
	306	There is an idea of putting a minor injury service into G.P Surgeries/medical centres, whereby a patient can receive such service as stitching for wounds and major dressings. If this is feasible obviously training for Nurse to mann this serice and sterile services for equipment required.	
	307	Local hospitals could do more but you are reducing the number of beds eg at Tewkesbury Hospital	
	308	If one is admitted following assessment, then one would need good hospital transfer if required (Ambulances too busy) Both / all hospitals should be able to treat regular urgent problems. Then specialist units for follow up	
	309	Improving GP access	
	310	We all need to make an effort to lead a healthy lifestyle. Therefore reducing the need to access these services so often	
	311	I really don't have any ideas other than perhaps a monthly "well persons" clinic at the doctors for chats, cuppas, weight check, pressure count. A chance for people to meet and talk	
	312	you have missed out the major factor - TIME	
	313	Better choice of bus stops en route to Gloucester and back to Cheltenham Not enough at the moment and a rather confusing timetable and one way system used for buses	

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
314	All GPs opening everyday even if only for 3 hours		
315	Measure patient outcomes		
316	A co-productive and collaborative approach with those who use and provide these services is vital and this is what you are doing, but we also need to remember to realistic and not try to provide what we know we are unable to truly achieve and stretch ourselves beyond our abilities		
317	Very important to keep to Emergency Departments open. GRH is often so busy there are patients queuing on stretchers in the corridor. Throughput is impacted when there are not enough inpatient beds there for admissions and sick patients have to wait for transportation to Cheltenham. This can be stressful for patients and their families and delay appropriate treatment.		
318	Education and continuing publicity on services available. Target "well" patients in a Practice in addition to those routinely accessing services.		
319	If non urgent were resent back to there GP at triage this would aid future over use. At the moment A & E is abused as people don't use there doctors.		
320	is it worth trying to affiliate with private hospitals for emergency help? Is it worth to open GP surgery with service 24/7?		
321	Keep minor injuries etc out of Hospitals and have local health centres expanded possibly at doctors surgeries		
322	Make use of local network hubs to make access easier.		
323	Yes, some of the larger villages and towns are near county boundaries if you work with neighbouring counties you may be able to improve services to people at the boundaries of the County. 30 minute journey across Gloucestershire could be a 15 minute drive across county lines		
324	The Trust has failed to commission enough operating theatres with full support services to cope with demand.		
325	Retain and resource a full A&E service in CGH.		
326	One centre with sufficient substantive staff and a reasonable bed base. Increase speciality numbers in order to allow for urgent assessment and outpatients/procedures. Currently our teams are struggling to do both parts of the job on limited numbers		
327	The fit for the future booklet is great and really enlightening, particularly when I read of the demands on our services, and the complexity of the interactions between departments.		
328	There are, surely, further ways in which non-urgent services can be reconciled. But the question relates to URGENT advice. This MUST mean that the more local the source of advice, the better. This also keeps costs down - for both the patient and the provider... reduced stress (a reduction in health demands - we are still not dealing with the effects of stress when added to a pre-existing health concern...)		
329	Re locate hospital to site close to motorway		
330	There is an idea of putting a minor injury service into GP surgeries / medical centres, whereby a patient can receive such service as stitching for wounds and major dressings. If this is feasible obviously training for Nurse to man this service and sterile services for equipment required		
331	Keep our local hospitals open both Dilke and Lydney so that local people can access them more easily. Spend the £11 million pound on these rather than build a hospital that is not really fit for purpose...no A&E, no maternity unit, no theatres, probably no x ray, few beds. etc You say more will be catered for in peoples homes by WHOM? Many services have been savagely cut over the last few years. Its all PROFIT now not CARE sadly		
332	See above		
333	One or more separate walk-in Minor Injuries Units in the town; the one @ Princess Elizabeth Way is too far out of town. Parking provision at the units too. Regular transport from the units to the A&E for those patients who require hospital attention.		
334	It is not able accessing urgent care - it is about accessing EMERGENCY care close to home.		
335	improve dilke and Lydney hospitals so that consultants come to the forest instead of us having to travel to glos.or cheltenham		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
336	Maximise use of existing resources away from Cheltenham & Gloucester, alongside telephone advice.		
337	Keep Cheltenham A&E open.		
338	a change in government?		
339	I guess it's the services that you can plan for that you centralise and the ones that you need in an emergency that you distribute. A&E could send people who don't need A&E to another department so they get used to that idea? But A&E has to remain open 24hrs. It's not like Accidents or Emergencies can be planned to wait until 8AM on a monday.		
340	Keep our A & E open and have a minor injuries unit attached to free up urgent treatment		
341	Have as many services as possible located in local hospitals to relieve the pressure on Cheltenham and Gloucester. Ensure your staff in outpatient appointment offices offer appointments at community hospitals clinics. Many of them seem to have no idea of the geography of the county and are quite surprised when asked if a clinic is available at a local hospital. I have been asked in the past "Oh would you rather go there?" Also appointments have been sent for 7.30 am at Gloucester which would mean leaving home by at least 6.30am to leave time for parking. This is very difficult for elderly people and necessitates phoning to change it, causing more work for admin staff.		
342	Cheltenham has some very good specialists and we have needed them over the last 40 years, The solution stop wasting time money and effort on consultations and put the money into decent wages for the staff and keep two separate hospitals. The service we receive I Cheltenham is brilliant, you have taken too many departments from us already. Leave our A and E alone and let us manage Cheltenham ourselves		
343	As I previously mentioned vital a qualified medical medical person is always available in to reassure patients. One point I've experienced is someone from ambulance service talking me through what to do and staying on line until paramedics arrive. So reassuring		
344	As I say have specialist services like oncology at hospitals but the only way to prevent unnecessary deaths is to keep individual A and Es.		
345	Yes keep your own bank nurses and other staff would save a lot of money on agency staff		
346	I would suggest that you invest in Cheltenham A&E, looking to the future Gloucester will not be able to cope.		
347	As before local access is so important fr the elderly and disadvantaged , moving to Gloucester is going to be difficult for some.		
348	Do a rotation of doctors surgeries and doctors to be on a night time emergency drop in at least 3 nights per week or at weekends to take the pressure of hospital a&e		
349	Using specialist and nurse practitioners in advisory/assessment role to triage patients. Many Urology patients that are admitted via ED could be effectively assessed/treated if a dedicated, ring-fenced area was provided such as previously discussed and planned for		
350	Keeping Cheltenham' s A&E fully functional 24 hrs would help a large area of Cheltenham and surrounding villiages.		
351	An immediate triage assessment on entry to fast track more urgent cases.		
352	Keep Cheltenham A&E open. Recruit more GPs Provide consistent widespread information of where to go for each type of condition and redirect patients when necessary		
353	If starting from a blank sheet of paper one would probably have a single acute general hospital between Cheltenham and Gloucester with smaller facilities on the current sites. If faster access to GP appointments were available the hospital casualty departments would be under less pressure. The 111 service is very useful but often one needs to be seen quickly by a health professional and having services other than A&E available 24/7 (GP whether out of hours or just possible to get a prompt appointment or nurse practitioner led minor injuries / assessment service) would take pressure off A&E services.		
354	There seems to be an obvious 'gap in the market' for providing an emergency service outside normal GP		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	hours which would not block the traditional A and E Department life saving service, but again this should be offered on a non appointment basis. This would need to be widely publicised as the general public are increasingly unsure of which Hospital to go to in an emergency and are facing a long journey to find the correct Hospital for treatment.		
355	Centralising services will save money but will lead to a much poorer level of care and service. I would look to keep at least two fully capable A&Es open and then focus on how we reduce the number of patients attending A&E. Ideas include: 1. Better out of hours GP services - can be centralised or offered by surgeries. 2. Due to the proximity of the Cheltenham and Gloucester hospitals, it makes sense to reduce duplication but from a users perspective this makes more sense to happen for services offered after A&E. So get people seen and assessed ASAP and then if they have to move to a different hospital for the relevant service then so be it.		
356	Have dedicated wards/areas that focus on emergency or planned care separately		
357	24/7 Access		
358	There must be an immediate investigation on wastage within the NHS and an independent enquiry into the management of all staff during their working hours.		
359	See above. Face to face advice is vital to avoid mistakes and overuse of urgent services.		
360	More staff on frontline		
361	I suggest improvements to the 111 service to make it more user friendly rather than a call that people dread to even try and make and also further developing the GP surgeries by supporting and provide readily available advice and not having to spend an hour trying to make a telephone call only to be told there are no appointments today. Clearly a resource issue/		
362	Number one priority stay in the European Union. Do not outsource to private companies, or any overseas companies. We do not want to go the same route as US.		
363	My husband saw the minor injuries in Moreton in Marsh and was diagnosed with a stained leg.He in fact had severe gout and needed immediate steroids.So intelligent people in these units are essential or people will STOP using them. I think there would be better money spent in sending properly qualified people to visit patients at home if they are chronic patients. A&E should be for acute sudden illnesses and for purpose. So: GP-regular non urgent Minor injury-chronic care /semi urgent-Keep minor injury as A&E 2 days a week Home visit-chronic care A&E-Urgent only		
364	Employ more people, improve working practices to make staff intechangeable between centres, make greater use of technology to monitor need, - essentially think more about the convenience of your customers (patients) than yourselves. Always have at least one GP practice per centre open 24 hours for minor emergencies, located at or near the hospital so that they can refer across to A&E if necessary; enable easy referral between that practice and a patient's own practice for emergencies and urgent cases.		
365	I am sure there are many good ideas from experienced employees within the trusts and from patients, but I sense that there is little time to consider them objectively and the risk of a bullying culture, present in any large organisation, may inhibit some staff from speaking truth to power. Others may have no hesitation in criticising practices and organisation, but not necessarily constructively. On the positive side I have felt more engaged within the 2gether trust and hope this may spread. Although more long-term, reducing the need for urgent care,by greater education about lifestyle optimisation for illness prevention should allow treatment to be concentrated on those who need it. For example, there is increasing evidence that long-known dietary choices can prevent or reduce chronic illnesses. Patient self-education has been effective but should be supplemented by professional oversight. Many clinicians are unaware of the alternatives available and too busy to inform themselves. It requires collaboration between informed patients and receptive clinicians.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
366	Have a help service line 24hr/out of hours clinic which is open on weekends.		
367	Centralisation of assets rather than duplication - the centres of excellence cited.		
368	Need to be more staff on the ground to help with the need for urgent attention and care		
369	As stated on previous page: To have minor illness/injuries units located right next to A&E at Glos and Chelt. Patients can normally go to the minor injuries unit first. If necessary, they can be sent through to A&E (but not have to start the process from scratch).		
370	Build one brand spanking new hospital between gloucester and cheltenham that can be a centre of excellence, purpose built, adequate inexpensive parking for staff and patients, within easy access of the air ambulance and M5, and not an eye sore and sweat box like the tower block at the Royal and not crumbling like the General		
371	Effective communication		
372	There has long been the idea of having minor injury services in G.P Surgeries. Whereby a patient can recieve treatment for cuts that require stitching, dressings for larger wounds etc, with an on going appointment for evaluation of the injury. I propose funding for such a service.		
373	See previous answers....		
374	Make GRH dedicated admission site, and more elective services at CGH.		
375	Improve transport for people to be able to attend appointments		
376	The key is to maintain the current set up. For me the 2 a&e departments have saved my life and will likely save it again. The challenge, I am sure, is a national challenge. And change must come from the top. It must change people's behaviours entirely. I propose a thorough nation wide advertisement campaign with the aim of making 111 the first point of call for all but critically ill patients. From there 111 can direct patients to the appropriate services. This should reduce A&E attendance and increase attendance at pharmacy, and minor injury units. In conjunction with the advertising campaign there should be a review of the 111 service to ensure patients are directed to the appropriate services and improve the spread of patients between services.		
377	If the minor injury and illness units are to be effective they should be placed where people are able to access them with ease. The two main population areas, Gloucester and Cheltenham, both have provision in the centre of the town but in the area between the town and city there are many houses and potentially many people needing advice and simple treatment. Perhaps there could be drop in centres placed more strategically with consideration of population centres, proximity to bus routes for those who are not driving and some parking for those who can drive. I see that Post Offices have been established in some supermarkets and I am aware that pharmacies in supermarkets have rooms for private consultations. So there is already a precedent for mixed services within a shopping area. Even basic advice in directing patients to the appropriate provision would be helpful.		
378	Worried & minor problems - Phone seems OK - if there is good advice - and access to current medical history Major : If A&E is the answer then we don't want to then wait ages to be seen or admitted.		
379	These services shouldn't only be available in the two major hospitals in the county, there are growing populations in other towns across the country who are having services cut. Cheltenham has already lost the amazing maternity unit, 24/7 A&E access are just two of the services moved to Gloucester Royal. Management of hospitals and GP Surgeries should be handed to those who know what needs doing, not an administrator who's main concern seems to be efficiency.		
380	Charge for Patients who miss appointments Charge Patients for visiting GP's or AE unecessarily Fixed penalty notices for those smoking or taking drugs whilst on Medical premises Discharge patients who smoke or take drugs whilst hooked up to drip feeds		
381	People want care close to home, and advice from people they trust. GP surgeries can fulfil both of those if they were funded properly. The patients should be planning this, not the CCG or GCC. We have seen over		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	the years so many initiatives that are supposed to make things better, but they always fizzle out after a year or so. And often when they were presented to the PPGs at the network meetings we would be puzzled as to why they were doing them, because they weren't something that patients wanted or needed, or they conflicted with some other initiative. Return GP surgeries to the heart of the communities. Each GP surgery should be their own minor injuries unit. The GPs and Nurses can stitch up the cuts, wrap up the strained ankles. As a Canadian I am familiar with great distances between hospitals and communities. My Inuit cousins have to get in a plane and fly for four hours to get to a hospital. So they have properly resourced community services, with nurses, occasionally a GP, or a physician assistant, meeting all the needs of the local community. We seemed to have gone in the opposite direction in the UK, putting everything into secondary care leaving the GP as a gatekeeper. If we want to get care as close to the patient in the community then that care should be available in the community, right in the GP surgery. I know from volunteering in the surgery there are certain times of the day when the GPs are not present and seeing patients, even in the smallest GP surgeries there is always room. not only that, most GPs leave for the evening which means the surgery buildings are then left empty out of hours. They could be used then for minor injuries in the community.		
382	Regular contacts and when patients are not in their home call back later		
383	Please remember Gloucestershire residents based near county boundaries. for Example, I live in Moreton in marsh. The easiest journeys for me are hosptials in Coventry, Warwick Oxford or Banbury. My hospital of choice would be the University hospital of Coventry and Warwickshire, a major hospital with excellent road links. not all my neighbours would agree, as many are more comfortable travelling within the county		
384	Consideration should not just focus on Cgh grh but outlying areas need more input with regard to services provided with GP and home care. GP services should be 24hr as we now live in a 24hr lifestyle exactly as the Police/Fire and NHS currently do .		
385	Waiting time app with wait time and facilities available at all minor injury/A&E locations. Co-location of 24/7 primary care and ED services.		
386	The roads and traffic between Gloucester and Cheltenham are increasingly bad. Can't always drive		
387	Websites (purpose built websites for each condition) - combined with serviceable AI systems so that patients / clients can take personal control		
388	opening of pharmacies on sunday - even on a rota system would be good		
389	A&E - if not urgent, send people to their GPs		
390	Extend moreton x ray hours		
391	someone we can speak to and get advice from		
392	I do believe "access" (as implied above) should only apply to citizens only. non citizens should pay up front before access		
393	Yes Fund the NHS properly Why do you accept the funding constraints imposed by "austerity"		
394	Yes - keep your A&E in Cheltenham		
395	Please see previous comments.		
396	See above		
397	To free doctors time, taken up by people getting sick notes because they don't want to work and want to claim benefits, very often obese! Then demand gastric band		
398	Change the names and explain more clearly for the public members		
399	Pharmacy to make sure there is clarity of language and the person is qualified to give advice. doctors to see the initial telephone message is constructive. I have not experienced a problem but I know some people find the receptionists can be protective		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
400	If the public want excellent services, they will have to pay more. Mandatory health insurance is required. Don't smoke, don't drink - spend the money on your health		
401	1 - Telephone online GP consultations ok with those who can see / hear / actually have technology - face to face essential sometimes 2 - Can social care cope with the numbers of referrals? Need numbers of patients seen at minor injury units around the county to see need.		
402	The above makes sense if it can be assessed 24/7 as needed and if the general population is aware of where to go - what to do		
403	more times at GPs or more days available		
404	Ful A&E 24/7 - Cheltenham and Gloucester GP appointments - same day - not 3 weeks later		
405	The problem with scarce facilities and expertise is getting that all to important quick initial professional healthcate assesment. Telephone and online advise yes, but getting a proper diagnosis, well perhaps that is where mobile facilities need to be provided, paramedics perhaps.		
406	At a strategic level there needs to be a flexible approach to the geographic provision of services to reflect population shifts in the county. At a lower level, when possible, it would be good if the first contact was relatively local as that might enable some continuity and patient relationship to be developed.		
407	More control of "the tap". The hospitals have little control over the flow of patients through unscheduled care. Achieving greater control of the inflow would be of benefit. This could be achieved by referrals having to go through a specialist team, backed up by appropriate hot clinic etc to try to minimise unnecessary referrals. The new RESPECT document should help elderly patients without capacity to have their care delivered inline with agreed escalation plans often avoiding unnecessary hospital attendances.		
408	Screen patients at A&E by seeing a GP or other HCP at front door who would forward those who require it to A&E		
409	Do develop the service model as set out in the public booklet.		
410	see previous answer		
411	Employ more doctors/Consultants. Gloucestershire is a wonderful place to live and more effort should be put into recruiting the medical professionals this county needs if we are to progress in the future.		
412	maybe have a triage for call takers so that they assess when 999 is called have minor injuries unit with the a&e so when they arrive they get sent left for emergancies or right for minor injuries. It needs to become the norm for people to go there so needs to be alongside A&E having 2 A&E's but a bit smaller with minor injuries next door		
413	Lots of small, local walk-in services with regular clinics for long-term conditions, where you could also go if you've twisted your ankle and want to know if you've broken it. Obviously appointments are really helpful for some people, but equally drop-ins are far more helpful when accidents happen.		
414	Modernise and improve Tetbury GP premises (Phoenix formerly Romney House). Large increase in population of town due to new housing being built - already difficult to get same day appointments which will only get worse when houses occupied. An enlarged GP surgery could also provide some specialist services that we currently have to travel to Glos or Chelt for.		
415	Ucc's At community hospital eg Tetbury		
416	GP,s should make it easier to get an appointment. Currently you have to wait more than 4 weeks to get one.		
417	No		
418	Improve communication,.Many people are historically only satisfied if they see a Dr,, educate people to recognise the value of nurse practitioners, pharmacists, physios.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
419	Give patients the opportunity to make the right choice, provide more education about self help. visual TV's with information on. provide links to out side agencies i.e. Physio, OT services there are numerious providers out there.		
420	See above		
421	See above		
422	I would support the development of specialist care units within our 2 hospitals making them specific to certain areas of illness would help use resources in the best possible way and would allow patients to be located the right area without delay		
423	More signposting is needed to enable public to participate if there were MI units at hospitals with A&E this would alleviate waiting times for emergencies Could there be more MI units at surgeries? Longer opening		
424	As written above		
425	Develop community hospitals in every town with hubs in village communities Services need to be available 24/7 in all town communities - within walking / cycling of town centre		
426	with improvements in technology we should look at how some form of automatic call up method can be introduced with a direct link ti a county call centre rather than needing to remember 111 or 999. Maybe a wristband for vulnerable people could be used for this service		
427	More drop in centers in towns and cities please for the homeless, taken ill on the day out people, and childhood accidents. And those who seek help during lunch hour from work, rather than make an appointment. Please provide a service for people who have mental health problems in their local areas. I include alcohol and drug abuse the category of mental health as well as the severely depressed and so many others who are struggling with today's living. Perhaps a different team of people who are trained to help and care for them rather then ambulance and hospital. If a facility could be used to treat and care for severe problems where people could stay until feeling better Staying in familiar locality may be more reassuring to them and certainly easier for visitors. Perhaps a drop in center for anyone finding life hard but not at the health centers as they would then be seen by everyone and may not want to be seen so I suggest an empty shop on the high street presented in a cheerful welcoming way where anyone can drop in chat about difficulties with mental health, and if, things like benefits, care and housing could be included it would be great and would make the whole enterprise more open with less stigma to entering the premises may stop people plunging deeper into despair. Advice should be easily available to so many people who find it difficult to go through the maze of self help. In Lydney we have the buildings which could be used for providing help to people of this expanding town when they need it.		
428	1 - Better available and funded access to exercise programmes to encourage people to keep fit and take responsibility for their own health in the bigger picture. 2 - Use physios more for above and let population know what is available		
429	GP surgeries have a great deal of room for improvement so as to take some of the weight off A&E departments. The fact that so many GPs now only work part time is eroding the service they are supposed to provide. They should be open 7 days per week in the same way hospitals are		
430	I suspect much more use of IT etc could help. The more advisors know about a patient the more likely they are to give the best advice. I am not sure how much information is currently shared but maybe inviting people to sign up to more would help. My impression is that current systems are far from perfect (Background: consultant recommends change of medication; dictates message to secretary;letter sent to GP but never gets onto GPs system; I request medication; request refused. Why not all electronic in one go consultant to GP?)		
431	MIUs in Gloucester and Cheltenham Extending GP opening hours to say 19.30 and being open on Sat and Sun am.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
432	Could look at the maternity better birth - more continuity of GP etc...		
433	I am a layman not a healthcare specialist in this area but whatever is decided ensure that the whole picture is considered not just the single facet of how the Hospital benefits. This has always been the approach in the past with staff and public consultations being just a tick-box exercise.		
434	See answers above		
435	More drop in centers in towns and cities please for the homeless, taken ill on the day out people, and childhood accidents. And those who seek help during lunch hour from work, rather than make an appointment. Please provide a service for people who have mental health problems in their local areas. I include alcohol and drug abuse the category of mental health as well as the severely depressed and so many others who are struggling with today's living. Perhaps a different team of people who are trained to help and care for them rather then ambulance and hospital. If a facility could be used to treat and care for severe problems where people could stay until feeling better Staying in familiar locality may be more reassuring to them and certainly easier for visitors. Perhaps a drop in center for anyone finding life hard but not at the health centers as they would then be seen by everyone and may not want to be seen so I suggest an empty shop on the high street presented in a cheerful welcoming way where anyone can drop in chat about difficulties with mental health, and if, things like benefits, care and housing could be included it would be great and would make the whole enterprise more open with less stigma to entering the premises may stop people plunging deeper into despair. Advice should be easily available to so many people who find it difficult to go through the maze of self help. In Lydney we have the buildings which could be used for providing help to people of this expanding town when they need it.		
436	keep general surgery at CGH elective in particular No sense to move to GRH -not enough beds at GRH		
437	Previously mentioned the joined up use of technology including the use of AI in analysing previous medical history against a massive database of diagnosis using socio economic, ethnicity, age etc. for other clues as to what the presented symptoms are likely to be indicating. Having appropriate diagnostic equipment onboard ambulances and in first response cars.		
438	More GPs so more same days appointments are available. 24 hour cover at MIIU's. Medical records available to 111 staff to facilitate accurate assessment, who must be doctors and nurse specialists not health care assistants or other less qualified persons. GP practices attached to Gloucester Royal and Cheltenham General A&E/urgency centres with triage directing non urgent patients to their care to reduce the burden on hospital services		
439	Keep Cheltenham A&E Increase the number of local GPs Stop part-time GP working		
440	More joined up services, IT systems, etc Improved access to GP services		
441	Roll out additional community services, including more GP's and increase hours at MIIU's. Reinstate radiology services at MIIU's.....20% of attendees DO require an xray. GP services attached to hospitals where non urgent patients can be directed for care		
442	Do NOT close Cheltenham A&E I don't doubt that running healthcare services is challenging, but closing Cheltenham's A&E is madness. I see that only 8% of respondents thought 'distance to travel' was important 'If you need urgent or emergency care services'. Really ??? Perhaps you asked the wrong question, and should have separated out 'emergency' from 'urgent' ? Hard to believe that someone in the Cotswolds doesn't mind that they would		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	have to travel past Cheltenham to get to Gloucester A&E when they've got chest pains.		
443	Just to be specific about what is available and where. In that way people don't waste their own time and that of the professionals trying to organise best use of resources.		
444	Keep Cheltenham A&E and supplement with clear advice as to what conditions / emergencies warrant a trip to A&E, a GP, or a pharmacist.		
445	As above, Cheltenham A & E, as with all other more local A & E facilities, provides a far superior service to the GRH, and must be maintained, if only to ease the burden on anonymous monster that is the GRH.		
446	Some easy means to enquire what the best place to get treatment is, maybe 1)call or look online 2)book appointment 3)travel to appointment location		
447	I understand things can not stay as they currently are but worry about how these ideas would work at present. More needs to be done to make people aware of other services available and make those services first class.		
448	See first box - Public heath/information campaign on how to treat minor illness injury themselves.		
449	Extend availability of telephone appointments with practice nurses and GPs, possibly using Skype or Face Time to provide improved interaction, Devise a phone app "How to get urgent care in Gloucestershire" and provide a link to all patients who register a mobile phone no. This could be a particularly good resource for younger people to use in deciding how to access urgent care provision.		
450	The 'ASAP' model proposed in the booklet aspires for A&E 'to be there for you' if patients have had a 'life and limb threatening medical emergency'. The best way to ensure that aspiration is met is to keep the A&E at CGH open, ensuring local access and avoiding increased journey times.		
451	There should be named staff who have expertise in certain areas who could be "super advisors" to be contacted if there is an urgent health issue in a particular specialty, eg ENT, Ophthalmology, cardiac GP reception staff should have a set flow chart of questions to ask callers to help them give more objective advice.		
452	I think we could do more with technology - Skype consultations into a hub staffed on long days might be an alternative especially to those in more remote locations. Seeing someone's face tends to give a degree more confidence that you've been understood and are taken seriously.		
453	Keep Cheltenham A&E fully operational 24 hours a day.		
454	For those who have transport problems keeping a local approach is key		
455	Reopen A & E at night in Cheltenham. The other week Glos sent out message not to attend A & E unless life threatening and that is BEFORE they take on Cheltenham and surrounding areas. A disgrace and backward step to close		
456	Fully invest in Chelthenham as an A&E and extend opening hours of MIU. Return out of hours drs to Tewkesbury		
457	More money for the NHS to allow staff acceptable working conditions to keep in the sector and not feel inadequate through being overburdened		
458	Keep Cheltenham A&E open 24/7 for all local people to access.		
459	Keep A and E and improve Oncology in CGH		
460	See above		
461	Get rid of the chief executives and put someone in charge that knows how to run departments		
462	Spend money on patient care, on doctors and nurses, not on bureaucracy and grand ideas. Serve the community not swerve it.		
463	Keep open the A&E in Cheltenham. If it closes urgent cases will have longer to travel and longer to wait to be seen.		
464	Make Cheltenham Hospital a centre of excellence for A&E and other selected services/ specialities viz Oncology where it already has a good reputuation. Self fund these investments by selling off uneeded parts of the Cheltenham site for social housing or other mixed development.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
465	seamless flow from registration to pre assessment xray if required final diagnosis and discharge/admission if so required		
466	See above, keep A&E Cheltenham open.		
467	Obviously more doctors and nurses.		
468	See above		
469	Build a complete new hospital between Cheltenham and Gloucester then close Gloucestershire general. It could be done in a short timeframe using prefabrication. There is plenty of worldwide experience of this to study. The buildings are poor and rapidly failing but retain the site for future use. The tower block in particular is in very poor shape. It was shoddily built for a limited life which was reached years ago! It is a mistake to keep adding on to old hospitals! It does not work and maintenance costs are huge. Cheltenham general could be used for social services and some clinics		
470	The key to this is to train enough medical staff in the first place.		
471	See previous answer.		
472	See above		
473	Keep Cheltenham open, but improve helicopter facilities to all regional specialist centres for those who are diagnosed in need of specialist treatment.		
474	Maintain local 24h emergency services.		
475	The 111 service feels most valuable when you can speak with a medical practitioner (eg a nurse or GP) who can offer experience-based medical advice rather than a ‘set-script’ type question and response conversation. Often I feel I have been directed to an out of hours Gp or (worse) A&E because the call handler was following a standard script and was not a medically trained professional.		
476	Increased recruitment of medical professionals- reduced levels of administrative personnel		
477	More funding for staff and equipment to maintain high standards at both Cheltenham and gloucester.		
478	Help you??? Help you with what? I suggest that you look the number of people you serve and the conurbations and place vital services to serve all not look to centralise a service and serve no one.		
479	Don't close Cheltenham A&E		
480	Please see my comments above.		
481	Cheltenham should be split from Gloucester and have its own manager so that the north areas can keep basic local controls		
482	Yes, put the patient first.		
483	See above		
484	Local hospitals and other services such as doctors, X ray and emergency need more support from government. I also believe that many people would be happy to support any efforts that are put forward.		
485	keep developing online access, keep promoting the 111 service. Have more available on the phone. Invest more into Cheltenham, help spead the load from an increasing overgrowing country.		
486	If GP surgeries were open 7 days a week and people could walk in and wait their turn rather than have to have an appointment then more people would go to their GP and bot to A&E		
487	Answer as I have put above.		
488	NHI is for the NHS - a similar tax should be levied for care I.e. NCS - National Care Service		
489	Access to an A&E in Cheltenham, as more care homes are opening in Cheltenham and used by them.		
490	Provide high quality emergency and diagnostic treatment locally then if necessary transport patients to county specialist centres.		
491	Yes, start charging £10.00 to visit the doctor - one payment per medical problem (if you have to go back repeatedly for the same complaint only one charge) Charge all non emergency and non urgent patients who turn up to A&E £20.00. It should be easy with contactless cards.		

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		Response Percent	Response Total
492	As previous.		
493	Clearly this is your responsibility but maintaining a viable fully funded service at Cheltenham is vital. Doing this will help the significant backlogs being experienced currently at Gloucester.. I'm afraid it is your jobs to ensure that appropriate funds and staff are found to fund this service.		
494	I think by keeping more hospital departments open. You increase the services available.		
495	From personal experience, it is clear that the NHS wastes a large amount of its budget on over prescribing, far too many separate stages in dealing with simple health issues (probably more complex ones as well), too many ancillary jobs (e.g management, advertising, marketing [!], IT), over-use of heating and lighting, etc. Save money and spend it on more adequately trained medical resources in the right place.		
496	Bring back GP out of hours services		
497	Obviously, 24 hour provision of a fully staffed A&E in Cheltenham is what we want. However I'm not sure where the ambulances which support A&E are based, I had to wait for about 2 hours for an ambulance to come from Bristol and then itvwas a further hour to travel from Cheltenham to Gloucester Hospital. This does not sound to be the most economical process and surely a more local service would be more economical?		
498	Fully re-open A&E in Cheltenham		
499	By keeping local services I.e. the Cheltenham A & E, and not amalgamating them in Gloucester where the A&E level of service is extremely poor. Amalgamating the Cheltenham and Gloucester A & Es would add extra pressure on the ambulance section, adding to journey and response times for Cheltenham and the western Cotswolds. As has been seen in a response time for getting to Cirencester the time factor led to a death. Cirencester would more safety served by coming under Swindon which is nearer.		
500	I would suggest you reprofile your funding from an area in the country where a lesser in number aged population reside. The golden hour after a stroke is crucial for treatment to prevent death and there is a huge elderly retirement population in Cheltenham, Bishops Cleeve and surrounding areas. Alternatively someone within your organisation at a high managerial level possibly take the responsibility to operate over and above the present funding to meet the health and safety need of our communities and if that individual is put under extreme stress to close the local hospital then they should go through their MP and PM and trade union and legal authority for support. he most important issue is that in the first hour after a stroke, the golden hour, an individual in getting that treatment shall survive. We do not want our largely elderly retired populations of Cheltenham and Bishops Cleeve having to travel to Gloucester via congested roads to not survive having not received treatment in the golden hour.		
501	Try asking the people who use it even before thinking about any decisions about closure. What assumptions are you basing your hair brained scheme on? I hear on the news that extra funding is being provided for essential care. Where is this being spent, I hope its not being diverted to top up pension plans and pay rises for the highest eaners. The hospitals where set up for the use of everyone not for a get rich scheme for the few. Think very hard about making decisions on behalf of other people before you have asked their opinion. What authority do you have to make these devastating decisions for our area? I would love to have the opportunity to go through all your books and see exactly what is going on in the running of the hospital to see if the sums add up, or what the philosophy is behind the decision you propose. Could you forward me the complete list of employees of the Cheltenham General Hospital from top to bottom and I will make it my job to work it out for you. Oh and can you send me the exact amount you have to spend for same.		
502	See above.		
503	Centre of excellence command patient confidence. Oncology has a superb reputation and Cheltenham General has always attracted dedicated compassionate staff that care deeply about patient care. The issue is that there are too many bureaucrats who push paper for the sake of it . Targets are met by paying admin staff to adjust the figures to suit the managers. Solution put the decision making process ba k to those that understand medical issues not budget forecasts.		
504	Keep Cheltenham open		
505	The best way to develop services is to keep the A&E at Cheltenham General Hospital open and strengthen its provision of services , this ensures local access and avoids increased journey times		
506	We need cheltenham A&E for the reasons stated above		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
507	Education		
508	Improve education as to where the public can access appropriate health services		
509	The most recent time I had to make a request for an on the day appointment I was sent by my surgery to its second site, requiring a car or bus journey instead of a 5 minute walk, with an appointment time that was impossible to make by any form of transport. I ended up sat in the waiting time for a long time. The surgery was not busy at the time, but there seemed to be no urgency in being seen despite the surgery declaring my condition was urgent enough to be seen quickly. If someone arrives with an urgent need to be seen, they should not be left in the waiting room once they have made the effort to get themselves there quickly wondering if anyone does care about their condition, nor should they be given an appointment time that is impossible to make.		
510	You seem to conflate illness which can be dealt with by a telephone call or a quick trip to the GP with the real emergency, the broken bone etc. The percentage answers to your questions suggest that the questions were skewed to get the answers you want. Of course we all want the best specialist care but the absolute best is of no use at all if it is provided somewhere that is completely inaccessible. I'd rather see someone who is just competent in an emergency than no-one at all because the best was too far away to get to them.		
511	24/7 access to doctors in Cheltenham that can offer treatment at smaller GP surgeries if we cannot access an A&E department in Cheltenham in the future.		
512	obviously have a full A&E service in Chelt General.		
513	As above		
514	keep cheltenham Aand E open and as a general hospital Invest in it		
515	See earlier answer		
516	Get the message out that the waits are shorter, people are available the phone if you ONLY go to A&E for an emergency. The reason that the 2/3rds go there when they dont need to is because it is available and free. what is not to like about that. How about charging £5 for all nonappropriate visits? Ok that is tough but the only way to get less people there is either to turn them away and send them back to their GP or to charge them. 0 they will then think twice about going in the first place.		
517	See above		
518	See previous, the services are there for Cheltenham already		
519	The technology backbone and fragmented governance structure of the NHS is catastrophically inefficient Financially and in terms of information sharing and access to expertise. Nationally significant capabilities such as A&E should be elevated out of this and centrally managed using cloud based infrastructure at natonal level.		
520	Enhancing facilities and capabilities at GP surgeries could serve to alleviate load on A&E departments.		
521	Providing a easier access to GPs and or minor condition units would reduce some of the pressures on A&E.		
522	For people who are making the decisions to actually listen to staff and patients of the NHS before deciding on a plan that may help with funding short-term, but will only stretch staff and stress patients more long-term..		
523	Walk in centres		
524	The best solution is to have a factual analysis and maximise efficiency. I think the NHS is wonderful in some parts and in need of improvement in others.		
525	Availability		
526	There is a saying "If it's not broke, don't fix it", are you saying that Cheltenham A&E is broke, if by that assumption isn't Gloucester Royal broke too, will they be able to cope with the influx from Cheltenham?		
527	Create a 111 service that is fit for purpose and adequately and competently staffed. It is not clear at the moment where one should start the process of looking for urgent advice or treatment. Local surgeries are		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	often closed and, if open, always busy. Why not accept that A&E is the natural source of treatment for many patients and provide adequate cover rather than reduce services and produce a booklet making it seem as if it's all part of an improvement campaign. If this needs more resources then free them up by not paying GPs to prescribe a whole range of drugs and altering their pension rules to allow them to work more hours. I would also review the overall role of the NHs which provides too wide a range of services for free.		
528	X-ray availability needs increasing.		
529	I believe it is vital to to keep FULL medical, emergency, urgent, maternity, operations and life support in Cheltenham. Cheltenham General Hospital cover a wide area (into the Cotswolds) and getting to Gloucester is too hard, takes too long, the route may not be known and the critical one hour window could be lost. Plus visiting - which is vital to recovery of a patient cold be reduced for the same reasons.		
530	As above, stop the abuse of A&E services, staff Cheltenham A&E appropriately and cut the ridiculous wastage within the NHS. Those who inflict harm on themselves and clog up A&E services - Saturday night drunks for example - should be charged for treatment.		
531	We pay you for that ACCESSIBILITY SMALL UNITS LOCALLY. NOT ONE HUGE ONE WHICH IS HARD TO GET TOO		
532	Be more creative over employment package. to attract people. communicate to those waiting as to what is happening. after triage tel people if their visit is unnecessary to help keep waiting down		
533	More money spent on the services rather than on discussing them		
534	Cut the marzipan level of management and redirect financial resources.		
535	Prioritise emergency and urgent care		
536	Yes a fully open service A-E 24-7		
537	I have only just come across the consultation by accident and have not had the time to work through ideas, but would have been happy to be involved in working groups had I known this was going on. I am really disappointed in the poor level of coverage on this consultation and feel that the council has on purposely been hiding this from residents to ensure that not many people respond and that your own plans can be pushed through without pushback from the community. One consideration is on recruitment, retention and training, and thinking about your strategy on this - Do you have one? Create a recruitment campaign to attract medical staff into the area. Improve doctor facilities, GP practices are at very different levels across the area. Drive out admin inefficiencies in hospitals. This is costing money and time.		
538	A&E services located within community concentrations		
539	Education is the most important thing, I think people aren't fully aware of the options.		
540	CHELTENHAM NEEDS 24 HOURS PER DAY ACCESS TO A FULL A&E SERVICE. ANYTHING LESS IS NOT ACCEPTABLE.		
541	Allow the big decisions to be made by properly informed medically trained staff. Not business people or middle managers.		
542	If you keep the A & E department open in Cheltenham, you wouldn't be creating a problem and therefore you don't need a solution. I think you are trying to fix a problem that isn't broken! I am glad that your staff don't operate in this way.		
543	See above		
544	Keep Cheltenham open		
545	Keep A&E services open in both hospitals 24/7, Doctor and Nurse led. It’s quite simple really.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
546	Yes - keep Cheltenham A&E open 24 hours		
547	Traditionally there has been a degree of rivalry between Cheltenham and Gloucester hospitals, the co-operation between the sites has to be encouraged and built up. Skills and experience needs to be shared and performance compared to other Trusts to identify areas of potential improvement . There is no reason why both hospitals cannot have the same specialities as long as they recognise their respective strengths and work accordingly.		
548	Retain the existing support services as they are until a serious and well thought through option has been agreed. You are compromising the existing urgent care arrangements by pushing an agenda which does not retain local support.		
549	The simple solution would be to build a new hospital at Staverton between the two large towns. Failing this then continue to use Cheltenham and Gloucester Royal A & E services 24 hours a day. After all with extra cash from Boris it should be possible to recruit more doctors.		
550	Improve the roads in the whole county - you might get blue light ambulances to GRH in time to save people's lives then. Cancel Cheltenham Gold Cup. - What are you proposals for caring for Cheltenham residents in an emergency then?		
551	Ensure that A&E services are available in both Cheltenham and Gloucester., while consolidating non-urgent services in a specialist unit based in Gloucester. We have no objection to making Gloucester the main medical centre for Gloucestershire but strongly object to the notion of closing A&E in Cheltenham.		
552	Prioritise care, compassion and dignity above keeping us alive. Quality of life is more important than length of life. This will allow us to reallocate precious resources to maximum benefit. A startling example of the problem with current priorities is the fact that we keep people alive despite the fact that they want to be allowed to die while denying patients life enhancing medicine on cost grounds.		
553	Extend Cheltenham General A&E to full time.		
554	No New ideas are necessary it is essential Cheltenham A & E remains open so that more people can access urgent advice when necessary		
555	Focus resources on local care not highly paid management.		
556	Prevention of demands on A&E from non-urgent cases and demands that are due to lack of standard local services such as social care, GP services, mental health care, etc.		
557	'Drop in' centres attached to local GP surgeries organised by nurse practitioners. I am old enough to remember our Doctors had opening times morning, afternoon and evening. No appointments were needed and you waited until your turn came. The surgery door was opened at 9am and closed at 10am so that no one else could enter. The same would happen in the afternoon & evening. This arrangement may well reduce the pressure on Doctors.		
558	Keep Cheltenham A & E open.		
559	Yes, we have spent years going to A&E for any emergency, I understand that our services can't cope with this ongoing demand and things need to change but before radical changes are made to the services we have always depended on, the treatment services for non life threatening or non limb threatening needs to be communicated to people. And if 1 in 3 arrivals in A&E should be treated elsewhere that leaves 2 in 3 at A&E that should be. So closing 1 of 2 A&E resources doesn't sound like a sound plan. Also you need to look at where the A&E cases are coming from within the county and assess the additional risk of moving people during an emergency to one location that may be further away.		
560	The obvious easy solution is ensuring money is made available to support local N H S needs . By all means establish priorities but a local response should be way above a nationally established register , whereby people are seen as numbers .		
561	See above		
562	Local telephone hubs linked to GP surgeries geographically close so teh advice is quick and relevant to location Drop in surgery / health checks at main supermarkets Leaflets and a clear one page on websites and on the GP rolling advice screens of where to go for minor injuries from your home locality and what to do after hours, it's the uncertainty of what is open where that		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	makes us head for a big 24 hour centre		
563	I am not sure you can deliver what you plan with the resources you have. I understand that if the Emergency Department at Gloucester becomes the local trauma centre then all the specialists will be in one place. The Department at Gloucester is currently over subscribed with people waiting for beds. The department is too small, so I do not see how you can deliver unless the increase the size of the department considerably and find extra bed space from somewhere.		
564	See previous comments. CLARITY about services offered and how to access them is key. ACCESS to real medical professionals is key. They DON'T all have to be qualified doctors, but they need to be part of a joined-up and authoritative system that can rapidly progress cases to the right place and person.		
565	Leave it as it is. But have 2 e list tables open Therefore need more staff and operating theatres. As always you are still trying to pour a quart into a pint pot and it does not work Staff morale is at an all time low, despite the happy clappy news that comes out once a week and on social media. Just ask the staff on the ground in difficult areas-clinics, theatres and ED.		
566	I have seen an advert and posters recently about what to do if you are plunged into cold water - about floating first instead of trying to swim. I thought this was a good idea - lots of people watch TV, an advert/billboards which keep changing but with the same message might be a good idea.		
567	Need to also work with partners to deliver outpatient treatment services more locally for patients i.e. in Forest of Dean/Stroud. Need to have robust repatriation policy to free up acute beds here and allow patients be cared for nearer home - current policy is out of date and doesn't appear to be adhered to. Deliver specialist consultant clinics in local GP surgeries that can be accessed by multiple GP's - this can overcome the difficulty finding outpatient clinic space within secondary care sites; this will also provide opportunity for joint specialist and GP learning/working.		
568	You may ask people in rural areas to access local services in a minor injuries unit. What if the poor public transport does not provide services to this location, but it does provide a service to Gloucester or Cheltenham? Why is there nothing about public transport provision? Why can't the A&E services at the main hospitals just be made bigger?		
569	Even though healthcare provision is complicated; we need to keep it as simple as possible for patients.....too much choice can often be more confusing than no choice at all!		
570	I DONT THINK TERMINALLY ILL END OF LIFE PATIENTS SHOULD GO TO A AND E AS IT IS INAPPROPRIATE. I KNOW FROM RECENT EXPERIENCE THEY DO AS THE SUPPORT IN THE COMMUNITY IS POOR WHEN NEEDED AT SHORT NOTICE. OUR TRUST NEED TO DEVELOP A SYSTEM WHEREBY APPROPRIATE CARE FOR PEOPLE IN THIS POSITION I.E. EASY ACCESS TO A CARING COMFORTABLE ENVIRONMENT AS OPPOSED TO BEING IGNORED IN A AND E FOR HOURS UPON END.		
571	Much more education of community.Need to embrace innovation, make communication more interactive accept visual information and other key viral signs information . Clear vision of where and how to utilise very urgent responses and to ensure good practice all through e.g better ambulance/specialist responses to scene plus pre-arrival preparation on admission. .		
572	EDs and assessment units across both sites. Better treatment of urgent and acute care consultants to encourage recruitment and retention.		
573	My solution would be that we need more A&E spaces not less		
574	See above		
575	not in addition to what you have explained		
576	Accessibility and confidence We all need access to medical professionals from time to time. I am very lucky being a patient at		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?	Response Percent	Response Total
	Leckhampton Surgery that I have always been able to get an appointment with a doctor when required, even in the early mornings, evenings and sometimes on weekends. All GPs should offer mornings, evening and weekend appointments and also accommodate urgent appointments where required. This I believe will allow individuals the confidence not to have to attend A&E and A&E will then not be the first port of call unless in an emergency. Also, whether more GPs can be based at A&E departments so if on triage the condition is not urgent or critical, the individual is instead given access to a GP or nurse practitioner.	
577	Fewer larger GP surgeries with more facilities and longer opening hours	
578	It still feels a bit confusing. Are we supposed to ring our GP surgery for same day appointments, or NHS 111? Most people would ring the surgery so they can see a doctor or nurse they know. Seems to me it would be better to avoid a call centre of NHS111 and embed the assessment and advice in the local surgeries with sharing of expertise within the PCNs. Call centres never make things better, they increase failure demand, and end up costing more. If care is to be brought closer to home, then bring it back to the GP surgeries and expand their roles. People want care close to home, and advice from people they trust. GP surgeries can fulfil both of those if they were funded properly. The patients should be planning this, not the CCG or GCC. We have seen over the years so many initiatives that are supposed to make things better, but they always fizzle out after a year or so. And often when they were presented to the PPGs at the network meetings we would be puzzled as to why they were doing them, because they weren't something that patients wanted or needed, or they conflicted with some other initiative. Return GP surgeries to the heart of the communities. Each GP surgery should be their own minor injuries unit. The GPs and Nurses can stitch up the cuts, wrap up the strained ankles. As a Canadian I am familiar with great distances between hospitals and communities. My Inuit cousins have to get in a plane and fly for four hours to get to a hospital. So they have properly resourced community services, with nurses, occasionally a GP, or a physician assistant, meeting all the needs of the local community. We seemed to have gone in the opposite direction in the UK, putting everything into secondary care leaving the GP as a gatekeeper. If we want to get care as close to the patient in the community then that care should be available in the community, right in the GP surgery. I know from volunteering in the surgery there are certain times of the day when the GPs are not present and seeing patients, even in the smallest GP surgeries there is always room. not only that, most GPs leave for the evening which means the surgery buildings are then left empty out of hours. They could be used then for minor injuries in the community. Additionally the Nuka model of care formulated and proven in South-central Alaska, (https://www.kingsfund.org.uk/publications/population-health-systems/nuka-system-care-alaska) and now used in Scotland and Wales (http://healthyprestatyniach.co.uk), would work as a framework for returning medical (and social) care to the community. Continuity of care is important for patients and clinicians alike, but as recent research has shown (https://bmjopen.bmj.com/content/9/9/e029103) just assigning a patient to a doctor doesn't work. There has to be a relationship between patient and doctor that is based on trust, mutual understanding and respect. The Nuka model of care would support that.	
579	Long term solution is providing good education and information regarding how everyone can become more responsible & understand how to live a healthier lifestyle, be first aid trained and able to better recognise when a medical emergencies happen. Education& Information can be through school, universities, workplace, advertising, social media, television, radio	
580	Keep Cheltenham A&E open. It will ensure there are no increased journey times and will mean that there is no further strain on GRH	
581	See my previous pages in the subject of A&E at Cheltenham. Bearing in mind that east and north of Cheltenham are towns and villages and major road systems which require to be served with emergency services as close as possible to an incident .Accident and Emergency Hospital treatment must be available as close to the emergency as possible to preserve life.	
582	if you pay me I could add positive and constructive ideas.	

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
583	Keep Cheltenham A&E.		
584	You must know thar you need more doctors (not part- timers) to deal with the current population which is getting older. In addition you have an increasing population as more people want to live in Gloucestershire. How you get them/ train them is for you to work out.		
585	More centres not fewer. Speed of being seen and treated lessons problems for people long term and will therefore reduce ongoing costs.		
586	Consistent system for making appointments in Forest surgeries, linked to same day appointments - always tell people that is available. Think how far ahead regular appts are made and thus capacity for "current" spaces. React to times with lots of "blocked" places in advance by linking with neighbouring surgeries. Minor injury units are needed - see Forest hospital issue and Sedbury/ Newent and places likely to/ are able to travel to. Stagecoach services have changed and raised more problems eg Dilke access. Lobby for changes with transport provider/ GCC		
587	charge patients who miss their appointments, we live in a world now where technology is easy so I feel there are no excuses for people not ringing to cancel. even in death there is always a relative or friend to cancel.		
588	a stronger prioritising system when accessing care from a minor injury/a&e centre for example. I personally have sat in a minor injury facility with a serious burn for 3.5 hours waiting to be seen, whilst witnessing somebody come in with self inflicted issues take priority. turn away people from a & e so it isn't a place people turn to when their GP surgery is closed - this should not be allowed it is unfair		
589	None. See above.		
590	That people who are intoxicated with alcohol be dealt with by the police rather than making demands on medical services.		
591	Cheltenham needs 24 hour accident and emergency cover at the hospital and also a drop-in 24 hour urgent care (IE OOH doctors surgery). Our local GP practice cannot cope with the number of appointment requests		
592	Develop LOCAL services. It is believed that while a lot of money is pumped into the Health Service - a lot is wasted. I am sure with proper business approaches and financial planning then both effectiveness and efficiency for the local area can be met. It has to be suggested that combining Cheltenham and Gloucester hospital has produced a far too large entity where focus is being lost. Efficiency comes from empowering and controlling at the department level - something which has been lost in the NHS.		
593	Stop centralising everything. It doesn't work, people don't like it, they don't want it and do not feel it provides good outcomes. Not everyone finds it easy to travel, and for someone who, say, lives in Winchcombe, going to Gloucester or having a relative admitted there can make a stressful situation worse.		
594	You are contradicting yourselves; if everyone is to be able to 'access consistent urgent advice, assessment and treatment services', then Cheltenham ED needs to remain open. Areas to the east of Cheltenham will be at risk.		
595	Make more use of 24hour GP services in areas further from hospital. Sufficient ambulance crews on duty with paramedics on board.		
596	Put GPs back in control of OOH care, with a co-operative that worked wonderfully well before it was abandoned. When the GPs ran that, waiting time to be seen in Cheltenham Nuffield OOH was 30 mins and for a visit was 60 mins		
597	I had not realised that there was inconsistency in accessing services, I don't think the answer is to remove what we've already got I think we need to build on the services already in place. the book says same day booked appointments within a 30 minute drive from where you live so more services locally are required. it says for the majority of people, which could mean large towns get more services again, and those in rural areas get disadvantaged more		
598	We need to have cardiac catheter labs at Gloucester Royal as soon as possible. The inequality of health care for cardiac patients in our organisation is staggering, with Gloucester patients needing to wait longer, and coming to more harm, than their Cheltenham counterparts (both issues support by audit data going back many years and shared with the CQC).		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
599	Yes but I'm not on your payroll		
600	Provide as far as is possible, a full range of services, 24 hours a day, at hospitals in close proximity to the main population centres.		
601	It would be good to have another walk in service for less urgent needs as it's not good enough to have to wait four weeks to see the doctor of your choice. Too many things get missed by patients seeing different doctors all the time.		
602	Employ more staff, under staffing drains existing staff		
603	See above...building and most equipment already on site		
604	NO as we do not know your budget! how you use it ! dont close local services that are needed when it is difficult to get to glos hospital KEEP A&E OPEN IN CHELTENHAM		
605	The emphasis needs to be on people not saving money. I lived for sixty three years in the north of England - not in a city and we were never more than twenty minutes from a major hospital. The money for new hospitals should be part of a bid process and our area needs major investment.		
606	See above. Keep the A&E service at Cheltenham General Hospital open.		
607	No other option but to maintain the great service we get from Cheltenham A&E		
608	More general practice doctors working on a rota or shift basis rather than all being available from 9-5 on weekdays but not at all at weekends when most people are free to attend a surgery. The surgeries exist but they are not used intensively.		
609	Make sure your managers are doing the best for the community and not wasting money as has happened in the past.		
610	I believe my previous comments cover this, but I will add that its time the hospitals and consultants / doctors moved into 21st century and opened departments 7 days a week. My class have been forced into this lifestyle since the 1980's and overtime and Sat/Sun premiums have virtually disappeared,		
611	Yes, a stricter A&E triage system in Cheltenham. Your plans to shut Cheltenham A&E are just pushing the problem down the line to Gloucester and reducing the services for the hard working (high tax paying and yes that should be a factor) people of Cheltenham. I assume i will be having a reduction in my taxes as the service i'm theoretically paying for is reduced, yes? Hhm maybe not. It won't reduce the time wasters. Now with your proposed plans people will still skip your options and to be fair i wouldn't blame them knowing what i do about the pitfalls of online self diagnosis and remote diagnosis. I don't want to see (and more importantly have to pay) for a fleet of ambulances being turned into taxis ferrying people from Cheltenham to Gloucester A&E.		
612	There are many things you can do. My job was an internal consultant for business solutions in the company i worked for and i have many suggestions. Too many to list here. But I think you are totally on the wrong track.		
613	Good promotion of what A&E should be used for.		
614	We have a local hospital, very new, with all excellent facilities but it closes at 8pm. That puts extra pressure on the next available hospital although it is 10 to 15 miles away!		
615	Improve GP access. More and more homes are being built with the GP practices having to take on this people without expansion of the service		
616	Personally I would move all orthopaedics to GRH and use the theatre space as a superb GI centre. This would free up main theatre at cgh for vascular and urology. The increase in theatre with little impact from emergency would allow us to better meet our cancer targets.		
617	Maintain an emergency service in Cheltenham is the answer. People appreciate centres of excellence and for outpatients and operations we know dates in advance, we can arrange transport etc. An urgent appointment across the county would be a disaster for many people in Cheltenham and an aging demographic.		
618	More staff = more money		
619	the older generation does not have computer skills or internet access they need a phone call but this is lacking within as everything is now done on line		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
620	Group of GP practices collaborating to provide 24/7 appointments. Once the population realises they can get good 24/7 clinical advice, they will get reassurance and stop clogging up A&E. To avoid 'unsuitable' ED attendances, it may be best to have actual staff at the ED departments, turning people away, and telling them where they should be going with directions.		
621	I think you need to be really clear about what an A&E offers : some / all of: Open 24/7 Able to admit to inpatient if needed "Level" of Care - eg Level 1 = Regional Trauma, Level 2 = Major Life/Limb threatening but not RT, Level 3 = Other inpatient care We are all used to the idea that big road accident casualties straight to Southmead, there should be no object to some cases going to GHR A&E not CGH because specialist staff not available.		
622	Start charging for any overseas visitors. Each time we arrive at A & E we are astounded how many visitors only come for help with a common cold, slight infection etc. This takes up so much of the NHS's resources. Also charge for ambulances who have to attend late night drinking problems.		
623	I do not		
624	See above. Ensuring local A&E access to the growing population of Cheltenham is crucial.		
625	I think Cheltenham still needs an A and E. Lots of people in Cheltenham never go to Gloucester and would struggle to find a hospital in an emergency. There are also a lot of traffic lights. Perhaps going to A and E should entitle people to use bus lanes or have a new route		
626	Ensure all Acute/Community Services talk honestly with each other.		
627	As before i think it is important to retain services in districts as far as possible e.g. MIIUs but concede that safety and robustness of service is also impossible e.g access to good staff levels, reliable service, opening hours you can count on and 7 day a week access to X-ray. A difficult balancing act - local access vs reliable/brilliant service every time.		
628	Perhaps a centralised hub triaging and directing patients to appropriate services when patients themselves are unclear about what to do.		
629	Increased opening hours of MIUs in Community Hospitals and the upgrading of services available there meaning that only the very serious patients would need to go to the Acute Hospital. This would encourage skilled staff to be retained. Reopen Cheltenham A & E in the evening for ambulances.		
630	Keep offering 24-hour A&E		
631	A new hospital		
632	One to one advice can be accessed quickly and with minimum fuss Means access should be local, well signed with good access and parking.		
633	Each trust needs to be audited to indicate where their money is going. Even with an aging population there is most likely an excess of finance being wasted. Cuts to community services have placed more pressure on the NHS, these need to be reversed. The NHS must be made public again. It does not work as a private service. Privatisation and Austerity have led to the current crisis. It is simple logic. Having one standard across the board instead of a "postcode lottery" of trusts for basic care makes no logical sense. Certainly there should be specialisms in certain hospitals for major or rare treatments. To offer everything everywhere is not feasible. The NHS is not only failing patients, it is failing its staff members. The few are rewarded over the many and too many private companies are lining their pockets and standing on the backs of the general public. And doing it poorly. From many sources I have seen that private care is either of the same standard or worse than the NHS. We must protect our NHS. It is the lifeblood of our country and my town (Cheltenham)		
634	The most important service is a 24 hour a&e at Cheltenham general.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
635	Face to face walk in out of hours GP. Better education and communication about where to go to get the reassurance required as well as the medical care needed. 24/7 diagnostic services. All these in at least two locations in the county - keep Cheltenham A&E		
636	I would have suggested that anyone considering visiting A&E should, wherever possible, be asked to telephone first, to confirm that their visit was necessary, and secondly to alert the staff as to what to expect. But my experience with hanging on the telephone listening to recorded messages telling me I am umpteenth in the queue does not make me enthusiastic for such a solution.		
637	To share ideas from other hospital trusts - sharing ideas that they have found to work.		
638	What about the possibility of a triage at Cheltenham to get patients help asap without the need to travel in the first instance to Gloucestershire. Treatments and operations can be scheduled as the patient, if needed, was in transit.		
639	keep the A&E in Cheltenham this is vital and the one service I want to see stay local. Re open it to 24 hour would be even better. Make the GPs provide out of hour services from their surgery practices so that people can access a GP when urgent care is needed in the night - this would stop people calling ambulances and the inevitable pressure on A&E departments.		
640	Services should be widely available to all in the area, we don't all live in Gloucester and Cheltenham, some of us live many miles from Gloucester and Cheltenham where public transport is highly restricted making it impossibler for me to travel from Hazleton to Gloucester with any easy and a considerable amount of planning and time to get there. It is hard enough to get to Cheltenham never mind Gloucester.		
641	Keep the Cheltenham A and E open alongside 111. Went to Gloucester A and E and the wait was already huge...imagine if that's the only one in the county...		
642	Front load the system. GPs need to play a much bigger role - more of them, more nurses in GP surgery. Advice on lifestyle routinely given/offered/supported. At the moment a GPs appt is difficult to get, I believe a triage type system at the GPs (not the receptionist) may be useful.This would be primarily to deal with the prevention Then, as GP are generalist not specialists, the cure bit should be available through better organisation/funding/management of the specialist nurses/ physios/occupational therapist etc. Not sure what these people are call as a collective in medical terms but the people who have hands on solutions for problems - practical advice for urgent care and the ability to make decisions to treat or refer.		
643	Keep the A & E open 24 hours for all.		
644	Clarity on what is available and how you can access it . Reducing x-ray opening times in MIUs not helpful.why can GP surgeries not provide more tests in the surgery		
645	An independent review of services by an outside organisation		
646	ideal would be to consolidation services to 1 high quality tertiary centre, although from a size/ site point of view emergency facilities at GRH should be expanded to accommodate the need of the community CGH to be local minor injuries		
647	The whole point of emergency care in life threatening moments is that you need help urgently. Keep accident and emergency care in Cheltenham. Once lost its gone forever. Other decisions are indicative of a callous disregard for individual life over finance.		
648	Keep both GRH and CGH A&E services and increase access time in CGH.		
649	If anything Cheltenham needs more upgrading....and more facilities...it's a Fine hospital ...but with lots of wasted space....		
650	Fistly, the NHS 111 service has a poor public profile. If it has become more capable, this should be broadcast more actively through the media. Secondly, Winchcombe Medical Centre is part of the pilot trials of DoctorLink. I have not used this facility so far (the only way to become aware of its existence is to read one of the myriad notices in the GP practice waiting area!) but, if it to be rolled out, there should be clear publicity about its aims and capabilities, including how it relates to the NHS 111 service.		
651	Provide a 24hr accident and emergency service to the people of Cheltenham, who fund this hospital, if you are the trust, given that trust by the people cannot see this vital service you should be stripped of the responsibility. You are seeking to take away our civil rights;		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	By all means have centres of speciality medical services at either Cheltenham or Gloucester but don't go back to the old days of closure of a good medical facility built for local people within a 20 mile radius because it suits your budgets. Where is the £334m Brexit promised to the health service going, we need a A&E hospital in Cheltenham. I have personally, am a pensioner, who needed accident medical assistance last year on a Saturday. I was treated in the back of an ambulance that was refused Cheltenham, taken to Gloucester with expectation of Southmead. Gloucester was the hospital I was taken to. It was very busy and my injuries were not operated on until the following day!!!! The NHS is a 24/7 service paid for by UK taxpayers, on a as needed service, Health visitors from overseas should not be treated as a priority and should be charged at entry. On a visit to the USA three years ago, which required a visit to hospital the first person I saw was a Triage nurse, the second an accounts clerk who wanted to know how I would be paying for medical help! Do not force medical service cuts on our region because of money that is paid by taxpayers. We have in the past five years paid private health care at a cost of over five thousand pounds because of long waiting tists, WHY! because you are not managing the service.		
652	See above		
653	As previously mentioned see answers written.		
654	Good and consistent access to emergency services that are well staffed and well provisioned. A gp service that doesn't take two weeks to get appointments would also be helpful.		
655	See above.		
656	Cheltenham must keep its A&E.		
657	See above.		
658	Make sure minor injury and illness services are reliable - would rather have fewer units than struggle to get an x-ray or unit is temp. closed because there aren't enough nurses and other staff		
659	see above keep both facilities open this provides the best security for the community and reduces the reliance on a potential single point of failure if one unit is not available for any reason		
660	Please see my answer to the first question. I work in a business where key business interviews and assessments are almost entirely run via a video link - this technology is available and effective - I do recognise though that the IT infrastructure of the local NHS is unlikely to be able to bring this to life so I suggest closing Cheltenham General totally and remodelling your services entirely to a single site with transport provision for the urgent assessment/critically ill patient groups being greatly improved. The STP plans for re-building the infrastructure for primary care services are brilliant and well over due which should provide high quality local assessment services.		
661	Please just return to the system of having an A & E service available locally at all times. The telephone service is next to useless. I have used it late at night in an emergency and the advice was "attend the A & E". I am a pensioner. I walked there. A taxi to a distant location is simply not an option.		
662	More qualified staff. As a minor suggestion, would there be any chance of expanding the volunteer car service currently available for advanced booked appointments to GPs, hospitals etc. to include short-notice trips to treatment centres for relatively minor issues?		
663	Keeping Cheltenham A&E open is your best choice. Please use some common sense in your planning. Closing routes through the town e.g. Boots corner + additional traffic + more people houses etc. Adds time for any journey; even with a blue light flashing. Is closing an A&E going to improve things?		
664	Getting people to only use emergency services when it really is an emergency is vital. NHS direct helps with this, but I think that given waiting times for GPs there may be a tendency for people to use A&E or out of hours services to bypass this.		
665	I'm worried that I may not be able to see a doctor all the time		
666	See above. Keep chelt a&e open		
667	It will entail a detailed public educational programme. medical conditions will need to be generally categorised by degrees of risk, where patents can select the closest to their complaint and contact the listed telephone number of an appropriate trained person who can give the urgent advice and direct the		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
	patent to the most appropriate treatment.		
668	Medical practitioners are always professional it's in there nature and in the rules.		
669	More citizens juries. Truly engaging and involving the public helped in the Forest, and with the public really understanding the issues, the response would be more considered.		
670	Invest in recruitment and retention of staff, move all a&e to Cheltenham and downgrade GRH to what is suggested for Cheltenham.		
671	I have many ideas. What you are avoiding talking about is money. There are many ways to improve and respnd to local unique urgent demands. By reducing the ability to attend a hospital a and e in other words reduce the a and e availability for a massive chunk of the population there will not be an improvement. Keep the a and e but do not imagine that improvement will come from closing it. You could have a dedicated local helpline along the lines of 111. you could offer dedicated nominated district and comminuty support.Continuity is absent is community care which is the precursor of emergency need. District care is very underfunded and stretched you could think outside the box and think of the patients and not the systems. Cutting services does not save money or lives Applying logical nursing and healthcare saves lives and is not expensive and is the place to avoid the need for urgent services.		
672	Moving all patients to a centralised location is a bit 20th century. Surely with IT advances, expertise can be delivered to any patient locally, after all is is possible to perform almost any task (from making music to getting a mortgage) including high-end scientific work and even surgery from remote locations. Thinking of the future it is this are that should be explored.		
673	Give clear guidance on the options available and examples of when to access each one. Prioritise giving accurate diagnoses and then refer patients accordingly. Ensure that the interfaces work. It is so hard to see a GP quickly and the receptionists are doing some initial filtering now. People are already relying on Dr Google more and more so interactive pathways may be useful online.		
674	As above. Developing services in both large towns is rational.		
675	DEMAND A SHARE OF THIS NEW GOVERNMENT HANDOUT FOR HOSPITALS AND DEVELOP A AND E SERVICES MAKE CHELTENHAM, TEWKESBURY, BISHOPS CLEEVE ATTRACTIVE PLACES TO LIVE AND WORK - GIVE INCENTIVES APPEAL FOR VOLUNTEERS TO HELP - OFFER APPRENTICESHIP SCHEMES THROUGH THE SCHOOLS TO ATTRACT OUR YOUNG PEOPLE GIVE US THE INFORMATION - I MEAN ALL OF US - INFORMATION ON WHY YOU THINK CLOSING OUR FACILITY IS NECESSARY. REALISE THAT NOT ALL RESIDENTS ARE ONLINE, HAVE MOBILE PHONES OR CAN AFFORD THE ECHO. LEAFLET DROPS PERHAPS. LIKE BOOTS CORNER, NOT ENOUGH NOTICE IS TAKEN OF "NORMAL" RESIDENTS AND THEIR OPINIONS		
676	See above		
677	It must be kept simple. When people wish to access services they are already under stress (either ill or suddenly overtaken by an accident). Currently all people know instinctively of two routes - 999 or their surgery. An information campain should drill into people the need to avoid A+E unless it is life or limb threatening. Ideally most cases seen there should be brought by an ambulance. Everything else should be to the MIIUs (suitably named something else) or the GPs (who can divert patients direct to the MIIUs)		
678	First of all, resolve to keep what already works. If you drive it by strictly utilitarian principles of the greatest good for the greatest number you will concentrate things in Gloucester. Fortunately, utilitarianism was seen as flawed in the 19th Century and we now see the need to support all members of society. Concentration may seem more efficient in terms of your budget, but imposes significant cost on the most rural and poorest members of our community.		
679	As a growing town and the 2nd largest in the Cotswolds, there is a need for a modern GP surgery in Tetbury - there is currently only 1 surgery in an old building - this has been discussed for a number of years and I understand is still being worked on, but no firm plans have been made public yet.		
680	A central web page with links to all the services mentioned in ASAP. All information in one readily accessible place		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
681	Keep CGH A& E Department OPEN. GRH cannot & will not cope		
682	See previous response; I suggest you incorporate MIIUs into GP surgeries. Choose a good geographical spread and move them into those GP surgeries that are the most modern and have the space and facilities. THEN invest in putting urgent care centres into all the hospitals (including Cheltenham and Gloucester) ensuring that they have, wherever possible, diagnostic facilities to prevent having to transfer to either Cheltenham General of Gloucester Royal (though of course these are already available in these two hospitals but need to be enhanced to provide a 24/7 service to meet both A and E and Urgent Care demands). I don't think yoy should even think about downgrading A and E in Cheltenham until and unless you get this new and enhanced level of other service in place and functioning well. In other words, do the changes in two phases which ensures you get it right and people feel they still have fast, local, access to appropriate and effective services		
683	See previous answers 1&2.		
684	The 'ASAP' model proposed in the booklet aspires for A&E "to be there for you" if patients have had a "life and limb threatening medical emergency". The best way to ensure that aspiration is met is to keep the A&E at Cheltenham General Hospital open, ensuring local access and avoiding increased journey times. If your concern is that people are using A&E when they require urgent and not emergency care (albeit walk-in care that is required rather than over the phone, such as to assess a rash or other physical symptom) then providing an urgent care walk in centre or minor injuries centre in Cheltenham and clearly labelling that would help. Also making NHS 111 easier to navigate would help. Whilst I understand why they ask questions designed to identify heart attacks and strokes as quickly as possible it's nonetheless very frustrating when you have a good idea of what is causing your condition and you want to start from those symptoms or give context from your medical history. Your case studies also rely on the ease with which patient information can be shared electronically. This has never been my experience within Gloucestershire NHS and is further compounded when patient care is also given in other regions. For example there are no specialist spinal injury units in Gloucestershire and so any spinally injured people in the county will be receiving treatment outside of the local NHS system as well as receiving more general treatment locally. Putting real effort into getting all of this information joined up would be an excellent approach and once it is, that may provide an opportunity to look again at how care services are provided.		
685	Recruit more staff. Build larger casualty departments (and certainly don't close one that you already have)		
686	Provide more details to everyone of what is available. Make it easy for people to know the best route to receive advice and treatment in a timely manner. Communication of existing provision is poor and the proposed changes are not well communicated, An advice Booklet to every household needs to be provided. Maybe as a direct communication from the registered GP Practice. Make it personal.		
687	Retain Cheltenham's A and E dept		
688	Population the size of Gloucestershire should be able to sustain an A & E service at Cheltenham and Gloucester for minor urgent treatment with more specialist care concentrated in Gloucester.		
689	Recruit more staff. In this day and age with technology as it is, communication should be much easier. Use more cottage style hospitals as an initial point of contact. We all know how hard it is to get GP appointments these days, most people will try a pharmacist or 111, but smaller less urgent A&Es would be helpful. I worry that people could have a serious problem, haven't the time or inclination to travel so far, decide it's nothing to worry too much about, then it turns out to be something serious.		
690	Improve the quality of resources, invest in the building.		
691	More local minor injury units		
692	see above		
693	I think it will be very challenging to change people's behaviour around attendance at A and E. I think it would make sense to have several of the assessment services in the same site so that patients can be triaged rapidly and directed to the appropriate service. For example, minor injuries units could function alongside a and e, in a collaborative way so that each sees the most appropriate patients.		
694	Better administration Doctors are good at doctoring, they are poor administrators. Get professional administrators to control doctors		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
695	Front line emergency and acute staff need to be properly rewarded. Thus doesn't mean more money. It means a different way of working. Nights and ooh must be hansomly rewarded eg double time (not money.... Actual double time earned). Then people have the option to work more or just take their usual wage. More people will be tempted into front line services.... Being cheaper than bank staff. Build time for clinical staff to develop the services and staff ... No time in work day it won't happen Think flexi working eg self rosta, sebaticals, portfolio careers, Ensure those that care have more say than the type that chooses to go into management... And ensure good staff want to stay clinical. The only escape to an easy life at the moment is management roles we're people quickly loose site of the real picture		
696	Too much money is spent on publicity. You don't need to have a caravan in the street asking people's opinion. We all want speedy and good care near to our home. Stop wasting money on surveys. Too much administration not enough doctors and nurses. The TATU is a good idea, if it worked. Many people would benefit from receiving care and then returning home for the night.		
697	I do not have the expertise to solve such a difficult challenge.		
698	I cannot think of any other way to ensure that there is access to urgent treatment and assessment except by keeping the Cheltenham A&E open.		
699	The ASAP model proposed is for those suffering the most threatening illnesses and injuries - in order to meet that challenge, we need to keep local A&E services, without punishing local people with long journey times and less access. Reform to social care and the management system, as well as allowing doctors to directly apply to posts (not through a centralised body like Health Education England) would help assist in bringing down costs and supplying new staff.		
700	After urgent service to keep people safe the treatment should be following		
701	Yes go back a few years to when ambulance response times were better and a greater range of services were available locally . Primary care cannot be expected to do everything		
702	Although centres of excellence are important, listening to the concerns of the local community and taking on board their opinions are essential. Not everyone wants to travel we want local services.		
703	I think that offering extending Gp surgery opening hours would be benefits. Generally continuing to raise awareness (particularly on social media) of pharmacies, MIUs and online resources such as NHS online and 111.		
704	See above		
705	Reduce the layers - simplify the system		
706	Telephone access to a GP - (not a call handler appreciate they have training but feel a GP or trained nurse can give you an answer)		
707	Minor injuries centre or urgent treatment centres can take a huge amount of activity away and more of these are required. Do not reduce them		
708	patients have to have access to GP's and not wait. If they are asked to enter information online, it has to work and give them the information to manage their condition or give them an appropriate appointment.		
709	Stop centring everything at GRH. Consider one super hospital in the middle (Golden Valley area)		
710	Access to urgent locality based dental care Car parking at CGH		
711	Walki in clinics - They have them abroad. Why not here?		
712	Think more about cross country liaison for example people at the edges of Gloucestershire would find Warwick, Banbury etc easier to access than Gloucester City		
713	Please ensure that our wonderful hospital here in Tetbury is more widely used as it has excellent facilities		
714	Help open the MIU at Tetbury hospital over the weekend - I am sure this would help the major trauma centres		
715	develop CGH further so that it is open 24/7		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	716	Ensuring that work is done with the most challenging groups to bring them into the discussion. Important to have open but perhaps difficult conversations with organisations like REACH so that we can work together to find the best solution for services in the county. Concept of streaming patients at the front door so that Trauma etc goes to A&E and minor injuries etc get seen appropriately in either MIU or UTC. Or turning more people away and having a process where they get seen on the day by the GP NHS 111 seems to be seen negatively by many people, you go through loads of questions and then get called back or not... does this service need reviewing? Doesn't seem to be helpful in the way that other services are?		
	717	The rapid response team is outstanding. Could this be extended. It ticked every box and more. An excellent example of personalised care.		
	718	The NHS 111 service was a good idea but needs the right staff with good knowledge to triage the patients. Any system needs a lot of publicity so that people know what to do if they are not regular users of urgent and emergency care services		
	719	Provide more ANP services at GP practises where the ANP is able to prescribe. Most instances of patients insisting on an appointment with their GP or ED doctor is because they believe they require a prescribed medicine. Appointments with a prescriber must be quickly available if we are to avoid unnecessary attendances at emergency departments / UTCs.		
	720	See previous box		
	721	Please could you see the fist box.		
	722	Encourage the provision of urgent treatment centres locally so everyone is within 30 minutes of the care it can provide		
	723	Combinng GP IA clinics and MIU services. We have too many different organisations providing the same services: GP Extended Hours, IA clinics and MIU		
	724	More staff to answer phones would be a quick solution to a poor undermanned system		
	725	Probably need better ambulance services to enable access is ASAP		
	726	Create easily accessible centres for assessment and immediate treatment, definitely at Gloucester and Cheltenham but possibly elswhere as well. Patients could then be transferred for follow up treatment at specialist facilites (or where ther eis space) as needed.		
	727	PC / Telephone or face Time Direct assessments? Possibly utilising the pharmacies more to assess patients as they are known and generally local to patients.		
	728	Better use of Tetbury Hospital and a designated number to call for advice		
	729	one acute A&E unit in Gloucester Royal Hospital		
	730	I appreciate that for elective surgery and long term specialist treatment it makes sense for this to be carried out on the one site. IE either Cheltenham or Gloucester		
	731	Train GPs and make this an attractive option. Put a limit of amount of work one GP can do to protect us and make it sustainable. Access from the public to GPs needs limiting (we can no longer have a frontline that provides a limitless service as this is abused by the public and not sustainable hence GPs leaving). It is amazing that when you stipulate ‘ emergencies only ’ to patients when the computers are down, for example, they somehow manage.		
	732	There needs to be increased options and accessibility of services other than A&E e.g. GP drop in clinics, increased facilities and opening hours of minor injury units and GP triage at the entrance to A&E to prevent patients actually being admitted to A&E who don't need to be.		
	733	From my point of view - if we have an urgent patient, we need to be able to bypass the GP - direct to consultant		
	734	Specialist clinics or protocols to deal with patients who present to A&E after seeing a physiotherapist et, who have raised an alarm on assessment.		
	735	Proper MSK pathways for physiotherapists to refer to, in private practice as physios we are often triaging these patients and feel we need referral pathways that don't involve GP re emergency		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
736	Educate people in the proper use of NHS facilities particularly A&E and GPs Involve GPs more. It is noticeable that the examples given do not mention GPs at all Stop wasting money on Nonsense such as the advice ASAP website and app, which are useless and concentrate on the already existing 111 service Stop wasting money with companies like ICE CREATES and creating youtube recruitment videos which are vanity projects		
737	Keep more than 1 A&E department in the county. There are many people who live north of Cheltenham for whom a journey to Gloucester is very long.		
738	There is no way to consistently reach services between your GP, non urgent, and A & E, urgent. I know Gloucester has walk in centres for minor injuries, but why not Cheltenham? These would make A & E more efficient and ease pressure on GPs. Given that I am consistently unable to see my GP, this easing would be welcome. At the moment, I can email my GP for advice, or go to A & E as an emergency. Where are the in between services in Cheltenham, not Gloucester?		
739	Invest in the NHS for starters, forget privation of services for a while. Bring back dedicated Hospital Matrons and Consultants. Get rid of half of Maagers who job hop and know nothing about running a hospital. i.e.(Accountants without compassion).		
740	I do have concerns that many of these ideas seem to be about centralising services. I agree that it makes sense to have centres for specialities but some of your proposals seem to be about centralising general care. Closing A and E in Cheltenhamfor example overlooks the importance of time in getting patients seen. You mention in your factsheet about Urgent and Emergency Services about evidence in getting patients to definitive specialist centres being more important to outcomes than getting them to the nearest hospital. However this overlooks the part of the evidence that talks about speed of treatment for certain conditions, such as stroke, and the need to get clot busting medication for example, as quickly as possible. It's not clear that this would be achievable by getting GRH to handle all emergency care. Cheltenham is only a general hospital and I agree that it does not have the capacity or resource for more specialist treatment. However it serves a large area, including areas of the Cotswolds that are between Cheltenham and Oxford. Therefore it needs to retain some capacity for emergency care if we are to be able to treat patients in a timely manner. It is also about recognising that for many elderly patients who have more end of life needs, being closer to home might offer more benefits including making it easier for relatives to get to see them.		
741	Better education and signposting. Better digital offer to access services remotely where possible		
742	As mentioned, use of community volunteers. The Vale allotment scheme runs on this as does WRVS shops. Theres many more fit retired people who owe a debt of gratitude to the NHS who would step up if looked for. Its not about safety, as priceless treasures are cared for in National properties in this manner.		
743	ensure there is equity in provision across the county from services such as rapid response ensure SWAST and Out of Hours services can see shared records and accept escalation plans / Advance Care Plans and DNAR better public information to ensure people do not go to A and E unnecessarily better minor injury units		
744	Treating urban and rural populations are two different problems. One of the reasons people decide to live in a substantial ornamented are access to services - health and other services. I live within a short walk of a large G.P. surgery and a short bus ride or drive from Cheltenham General hospital.		
745	See above answer		
746	Marketing to ensure patients are aware of whats appropriate for MIIU or ED. Education to pharmacists.		
747	utilise app to show waiting times and different urgent care services		
748	Have Video Consultations for more minor problems Have 24h "out of hours" GPs so people can speak to them before going to A&E Use late access pharmacies so people can get a consultation and prescription for more minor issues		
749	SEE PREVIOUS COMMENT. WE EITHER HAVE MORE INJURY AND ILLNESS SERVICES IN GP SURGERIES WHERE THERE IS GP LEADERSHIP AND ROBUST STAFFING OR WE HAVE FEWER REALLY WELL RESOURCED COMMUNITY MINOR INJURY UNITS OR ILLNESS AND INJURY UNITS (UTCS) WITH XRAY AND PEOPLE WILL HAVE TO TRAVEL A BIT FURTHER. IF THERE WAS A SERVICE IN CHELTENHAM THEN PERHAPS THIS WOULD MEAN FEWER PEOPLE USING A&E		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	SERVICES.		
750	Possibly a reliable and regular shuttle service from the CGH site (or Racecourse site) to Gloucester Royal, for those patients who do not have access to a car and cannot afford a taxi.		
751	Build all services around the digital offer. Prioritise (1) prevention and (2) digital.		
752	Some rural areas are using making more use of video for consultations - with a medical professional present to help - to save the patient having to travel.		
753	We need a community hospital close to chelt and Gloucester like delancy to absorb rehab beds to free up the acute trust beds. Forest of Dean dilke lydney and ciren are too far away		
754	The NHS 111 service needs more qualified medical staff. In its present form it does not adequately compensate for the withdrawal of GPs from out-of-hours services. It can take a very long time to get through the 111 system to talk to a properly qualified medical practitioner. A patient who rings our local GP practice out of hours is directed to NHS 111 or to A&E; it is not surprising if too many people make the inappropriate choice of A&E.		
755	Re-think the current process of tendering out NHS services to other companies, particularly organisations looking to make a profit. I don't have any knowledge of business but surely 'not having to make a profit' = 'more funds available to the service in question'. I have been through this process of having a service leave the NHS. In my view the changes brought about reduced salaries, devalued roles, reduced competences needed for roles and the decimation of a long standing team. I understand that service need to change and move with the times and needs, but this was a service that had won awards for their provision. There must be a better why of keep services fresh and inspirational without a regular commissioning process that undermines consistency and continued care.		
756	Ensure that at least all MIIUs become Urgent Treatment Centres. Ideally establish more based at large GP surgeries.		
757	Retain a full walk-in A and E service at Cheltenham General and restore a full overnight service. Some people who feel ill in the night are waiting till the morning before seeking medical help and advice and this cannot be good for their health. Cheltenham needs its own A and E		
758	As above local people need local services. Especially a town the size of Cheltenham it should have a fully functioning A&E		
759	Virtual clinics, more nurse prescribers - drop in sessions in rural and city centres for minor ailments - often people just need reassurance rather than wasting a lot of GP time - you could make more use of public buildings such as town halls and libraries which are already there - health care should become more accessible and not "don't bother the doctor" fearful kind of stuff.		
760	Keep Cheltenham A & E open.		
761	The NHS App will help people to use NHS111 more. Have everyone except blue light and GP referrals go through a MIU before going to A&E similar to other areas. Have desks with ipads/computers which weighting patients and access NHS111 whilst they are weighting in MIU so they can see if they should go to GP or Pharmacist. Have Pharmacist next to MIU so people can be signposted there.		
762	No, I have no other ideas as the obvious solution is to keep local A&E departments open when situated in a town the size of Cheltenham. It's no good trying to get in touch with your GP for urgent assessment in the middle of the night, nor can pharmacies be of any use!		
763	Do not close the A&E at Cheltenham Hospital		
764	I think that pharmacies should be utilized more fully to have the confidence to be allowed to prescribe certain things and have access to patient records with permission from the patient of course.		
765	Increase the quality and response time of NHS 111. In its present form it does not adequately compensated for the withdrawal of GPs from out-of-hours services; it can take a very long time to get through to a qualified medical practitioner in whose judgment one can have confidence. As it is, a patient who rings our local surgery out of hours will be told to contact NHS111 or A&E, and it is not surprising if many make the		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
	inappropriate choice of A&E.		
766	I think all the great ideas have already been exhausted - I think our NHS are doing an amazing job of trying to make the system work and come up with innovative ways to overcome their constant challenges. For me the only thing that will make this work is proper funding and resources. We cant run a 7 day quick access GP type service with no GP's - this needs to be addressed to make these ideas really work.		
767	Bring back the old GP ooh system		
768	24 hour A&E service based at Cheltenham General is vital as above		
769	Retain staff better by treating them better		
770	See my initial comments. The key will be to installing a simple system that we are all aware of, that enables us to chose the the most appropriate assessment/treatment		
771	Stop the slow erosion of local services and budget accordingly. Train your replacement staff and stop poaching others.		
772	Keeping Cheltenham A&E open		
773	get rid of the house of lords, they are just a waste of our revenue, and spent the money saved on the hospitals.		
774	The days are gone when one could go to their local doctor or call them out in cases of emergency. When you think of the huge area that Cheltenham and Gloucester hospitals cover both hospitals are vitally needed. Many of the small local hospitals have closed over the years purring more pressure on the two big hospitals remaining. With all the new housing and schools being built locally the need for an A&E in Cheltenham has never been greater.		
775	I think having services centralised and fully staffed with the best equipment is far more appropriate than spreading the service thinly.		
776	Why is it so difficult to get a gp appointment. If they were accessible for longer hours less people would go to A&E		
777	helping GP's to working in a more efficient manner so that primary care can cope with the demand. Maybe this also looks like more GP's or a spread of GP's fairly around the country.		
778	See what I suggest on the previous pages.		
779	more ACPs trained and recruited		
780	Provide a single entry point - a triage system - to get people quickly to the best help and advice.		
781	Less beaurocracy and more feet on the ground		
782	Improve GP access to appointments to decrease chance of minor ailment becoming more urgent whilst waiting to be seen.		
783	Leave Cheltenham's A&E where it is with 24 hour access and upgrade it so that so that the ever expanding population can be catered for.		
784	Keeping Cheltenham a/e services available		
785	There are some excellent cottage/small hospitals in the area. Could they maybe be utilised in some way to provide these services, advice and treatments?		
786	GP surgeries and community hospitals need to expand services offerred, its a postcode lottery currently as to whether you can access a physio or dietitian in your surgery. More prescribing pharmacist are needed to deal with medication r/v's and meds queries. Lifestyle diseases such as obesity and diabetes are ever increasing and cause a massive burden on NHS services. I think better services are needed for both, access to more highly skilled professionals like Dietitians in local settings is key. Most T2DM patients are managed by GP's and practice nurses, I feel this is not adequate as they don't receive enough dietary and lifestyle education from an expert! This then causing more cases of renal disease/renal failure/need for dialysis as one example.		
787	keep it as it is, just invest in updating and staffing to make it more efficient and cost effective		
788	don't access emergency care unless it is an emergency		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
	The population need reeducation		
789	No, I don't have an informed solution, but would welcome the opportunity to take part in one.		
790	Having spent several weeks in Cheltenham Hospital I observed the dedicated staff under time pressures with extra burdens from a great deal of paperwork and sadly also having to deal with what I considered unreasonable demands from some patients. So much valuable time was taken diplomatically dealing with awkward and demanding patients. How to deal with such cases is likely to be a growing problem as the general public's expectations grow ever more unrealistic.		
791	Keeping Cheltenham A & E open all of the time		
792	Yes i have an idea to help you as i have just said, the current health management, should be replaced, by an other organisation, or a group of people, who can make the right HARD decisions, the right decisions, at the right time to not just suit them and their health budget, but all the people that they are duly responsible for, and not as it seems just for themselves .		
793	We need to keep Chelt Grleneral A & E.		
794	already said a hospital 24/7 along with A&E 24/7		
795	111 is not helpful in Gloucestershire there needs to be access to doctors. Urgent care and a proper minor injuries unit is needed in Cheltenham Glos A&E is just appalling 24/7 Community nursing beds need to be available in Cheltenham		
796	See previous answer		
797	I think that there should be a range of all the options you have suggested provided in both Cheltenham and Gloucester		
798	Money to be spent on Cheltenham General to modernise where necessary.		
799	More doctors on call.		
800	xxx		
801	The answer has to be in education and availability of GP appointments. Perhaps if a small fee was charged it would but a brake on people using the facility for very minor ailments		
802	Keep the AE in Cheltenham. It is a rising population new houses in the race course estates new houses in leckhampton. Gloucester will not be able to cope on its own.		
803	Why do we need to develop something else when we already have a functional A&E department at Cheltenham. Journeys to Gloucester take too long from outside of Cheltenham in an emergency. Surely time to react and seek help matters.		
804	Please see my comments above.		
805	Keep Cheltenham general A and E open. No other way .		
806	Develop Cheltenham General to the extent it can provide the necessary facilities		
807	*These are very difficult questions to differentiate between, so I fear that my bright ideas have been spread across several answers. However, I would say that the NHS doesn't currently use all the public sector communication outlets available to it and thyus the ability to catalyse and amplify its messages. Try engaging with Parish Councils (via GAPTC) for example - there are 250+ in Gloucestershire all of which are, obviously, rooted in their local communities in a way that the NHS, however wonderful, is not.		
808	There needs to be more GP's specialising in areas of expertise, whether joint pain, mental health, elderly care etc. I see a GP once every 3 years and most the time, I come away and the problem is still there. I then spend time going to experts in the field I have a problem with and doing research online. Eventually, I normally get to the bottom of it.		
809	Keep A&E in Cheltenham		
810	To have more clinicians/nurses/support services to enable it to happen but within a reasonable work/life balance.		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?		Response Percent	Response Total
811	Ensure more specialist help and guidance for people and families of those with metal health issue that many have lead them to A&E with self harm injuries.		
812	The ASAP model is good but it is very difficult to get GP appointments.		
813	I think more mobile services could be provided (A bit like banks providing 'banks on a bus' EG Lloyds in Broadway!!) More Nurse practitioners and Allied Health Professionals access in larger GP premises to improve waiting times. EG- currently there is a self referral process to physiotherapy; there is also a long waiting time. I know as I have accessed this myself. A more direct access to general dietetics would be useful as well. As with Health Visitors and toddlers, when my children were young, I could attend groups run by Health Visitors with a chat each time, and availability to ask q's and voice concerns. Having recently looked after elderly parents with dementia, I would have felt more supported to have had this style of group in some format (morning coffee/afternoon tea?) to attend with my parent, to meet with others as well as accessing a health professional who could direct me in the right direction with any concerns. This may have prevented me/us using GP appts/and a couple of times A&E due to not knowing where to go with a related problem.		
814	The most recent time I had to make a request for an on the day appointment I was sent by my surgery to its second site, requiring a car or bus journey instead of a 5 minute walk, with an appointment time that was impossible to make. I ended up sat in the waiting time for a long time. The surgery was not busy at the time, but there seemed to be no urgency in being seen despite the surgery declared my condition urgent enough to be seen quickly. If someone arrives with an urgent need to be seen, they should not be left in the waiting room once they have made the effort to get themselves there quickly wondering if anyone does care about their condition, nor should they be given an appointment time that is impossible to make.		
815	As above		
816	Ultimately I believe that one hospital would be the best option to be able to pool resources and ensure that all patients coming into to theatre have access to the most highly qualified staff. I understand that this is probably not a viable option so moving forward if we are going to centralise services then you need to ensure that we have the capacity to be able to undertake the influx of emergency patients to one site and the availability of beds. Being at black escalation on a regular basis points to services struggling. I understand that many individuals who come to the emergency department to not need to access ED but until you fix this issue and see it working centralising services will I believe result in poorer patient outcomes and a greater stress for staff.		
817	Improve access and support for self care and prevention - start early in schools, scouts etc in managing simple conditions		
818	Do not Centralise - Don't close Cheltenham A&E and don't withdraw local services More Radiographers are needed for local hospitals - not lets because the service is being run down. It means that people don't trust the services - cant rely on them locally - makes it very hard for elderly disabled and poor people to access services. Radiographers will all be diverted to the "image guided interventional unit" for surgery using radiology - none will be available for local people needing local service. There should be more physiotherapists too - takes weeks to see someone and by that time the injury / problem is WORSE		
819	Remove call centres with tick lists and check boxes and provide first line staff in the form of trained and qualified Medical Health care professionals who must establish a case record for incidents and follow up progress individually		
820	My mums GP wanted her admitted to hospital as she had a chest infection, her pain was not being managed etc. She was eventually admitted to Tewkesbury hospital after 9 hours in A&E and a night in the general hospital. GPs should be involved in streamlining this procedure, it was a real waste of resources and very upsetting for my mum. Government / local authority must begin to consider infrastructure when they allow building of thousands of new homes. The amount of people in Gloucestershire is increasing hugely but there d onot appear to be more GP surgeries, doctors, Nurses, beds. This must change		
821	Would a mobile phone response and website cut out waiting for telephones to be answered		
822	Not so long waiting times More staff so that the current ones are not at braking point		

What other ideas do you have to help us? Do you have a solution to the challenge of developing services to ensure everyone can access consistent urgent advice, assessment and treatment services - if so what is it?

		Response Percent	Response Total
823	A&E needs to remain in Cheltenham		
824	Work closer with the 111 service to understand where they differ in approach. More local walk in centres that are open when people need them (i.e. usually outside 9-5!)		
825	more trained staff, managing patient expectations		
826	Sell GRH and CGH and any outstanding assets. Lease anything else not being used. Build a single hospital suitable for the next 30 years on Golden Valley bypass next to the new BMW garage- everything else is a waste of money - patching up dilapidated buildings that are expensive to run and repair and not designed with the purpose in mind. Get some funding from national lottery, new government NHS plans, charitable sector (such as Evelina at Guys Hospital) and local fund raising. Keep Vale, Stroud, Moreton and Cirencester community hospitals		
827	To ease the burden of relatively trivial ailments presenting at A & E, improve the training given to operators of the NHS helpline. A number of people I've spoken to have rung for advice and been surprised to be told to go to A & E as they hadn't regarded their symptoms as being sufficiently serious to warrant emergency treatment.		
828	Re open minor injuries unit at Chepstow hospital and the two wards in Chepstow		
829	Increased investment in the NHS needs to be in clinical staff, that are skilled, happy in their work, motivated and not overstretched. Retention of staff is the biggest problem as they are not treated well, just adequate. If the staffing was sorted then a lot of other issues would sort themselves		
830	Put clinicians into 111 / have urgent or paramedic or appointment decisions vetted Use non clinicians for non urgent conditions		
831	Keep Cheltenham A&E open		
832	Review the concept of a central location in the Forest, in light of the housing developments at Lydney, and refresh the existing two hospitals		
833	A larger hospital in the Forest of Dean. A large proportion of patients have to come to Gloucester, larger bed space in the Forest would help.		
834	I like the idea of developing pharmacies so they can offer more specialist advice - models in France seem to work well. I also think community health and social care including mental health teams have an important role to play - need more funding, a better coordination / integration in health service. I really like one to local hospital (Cirencester) for minor injuries etc		
835	no where do you explain the criteria which will determine where various functions should be sited and neither do you declare the criteria against these changes will be measured as successful		
836	You need to be fully staffed with the right skills set and carry the staff with you rather then forcing them to implement changes they do not agree with. Staff should be able to work shorter shifts ie 8 hour shifts to prevent burn out and prevent errors impacting on the patients. why are we losing so many to Australia - shorter hours, better pay and better quality of life? As a patient I would not want medical staff treating me to be tired and stressed		
837	See above		
838	See previous answer, A&E services need to be spread around the county 24 hours so that people are able to access this service locally		
		answered	838
		skipped	188

Improving urgent care services in local communities

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	839

1	an intrusive, explosive media campaign - the public do not have the right information to decide to access urgent care other than an ED as default.
2	Clear and honest communication.
3	Effective Communication using arrange of methods but please not all focused on Face Book and Twitter. Use more traditional methods as well.
4	sorry for repeating myself but don't close Cheltenham General A&E.
5	Communication about what is accessible and when its appropriate Better use of technology to overcome poor public transport systems and distance affecting ability to access services which may be further away Better availability for working people of urgent services systematic consideration of family cares and their situation when considering impact of service change
6	Cheltenham is a growing town, it is essential that 24h A&E services are provided at Cheltenham General Hospital. Gloucester Royal Hospital cannot cope.
7	The distance and time to get to wherever the needed services are is a worry. Some people have no transportation. A bus service isn't perfect if you struggle to walk or are disabled. And the current service of hospital transportation is diabolical.
8	I think as long as the range of services are maintained in a local area then it doesn't really matter what building they are provided out of.
9	Keep Cheltenham A&E open for a start as I stated earlier re travel time at peak times. It difficult for the elderly and young families
10	Still need timely access to appropriate services and if we had better technology and improved clinical pathways we would have the right person dealing with the right condition at the right time. To me it doesn't matter which GP or other primary care person is available the key is to be accessible by whatever method as required in a timely manner to have to wait for ages on the telephone to get through to a GP surgery only to be told all appointments are gone can you book in two weeks time or ring in again first thing in the morning knowing the phone line will be engaged for an hour is not effective use of my time as well as waiting in GP surgeries or outpatients beyond a reasonable waiting time.
11	Quick appointments / surgery slots. Maintain existing services AT CGH without closing them
12	If Cheltenham A&E is closed this will have a severe impact on people having to travel to Gloucester especially when they live the other side of Cheltenham to Gloucester. I think it could be the difference between life and death for some critically ill people. The wait times for surgery are surprising so I think they need to be improved.
13	Efficient use of all resources
14	Honest open communication
15	Don't close cheltenham a and e it's a vital part of the community
16	One of The most important things for me is independent travel to the service. I cannot get to Gloucester from Cheltenham independently. GP service needs to remain in the area in which I live. Short walking distance. If the way the services are delivered changes then expertise is important.
17	Public consultation and opinion gained Clear explanation of reasons!
18	I live 5 mins away from CGH I want a local A/E not travel up the A40 and pay to get back. Leave general surgery in CGH. Consider potential loss of life because of these plans. Increased fuel, traffic and waiting times if it's moved . What about local commitment to Cheltenham and surrounding areas
19	Having the choice of where to be treated and by whom.
20	I want to know that I have an ambulance service and A&E department nearby. Also that access to a GP is as a norm within 2 to 3 days and same day if urgent
21	That all generations are considered in changes. The future is important but so is the present and the past.

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
22	The ability to get from Point A (where the need is diagnosed) to Point B (where the treatment is to be provided). Bear in mind that the Southern-most reaches of the County can take an hour to get to either Gloucester or Cheltenham (without an Ambulance).		
23	Clear access and pathways, the GP surgery should be the first point of contact in hours although they need to open longer and at weekends. Out of hours service needs to be open and consistent.		
24	Why are you asking for me to restrict myself to the people I know? The good of the COMMUNITY is served by having a proper service. Not the good of "people I know"		
25	Ensure continuity of care and communication More information streams for end users		
26	Avoid taking away reigonal locations that people can get to quickly for minor injuries or accident and emergency treatments.		
27	Ease of access, waiting times, and level of specialist services available.		
28	I have elderly family and young single mum's in my family and they all need urgent medical care asap, locally.		
29	- People will die from physical health crisis and also mental health - A and E see a lot of very distress mentally unwell people and physically unwell they are essential for the health and wellbeing of the community		
30	consistency. Seeing the same person who already knows your history. Reducing waiting times and the ability for GPs to refer to you a number of specialists at the same time rather than waiting to see one then waiting for tests, then waiting for results, then being referred back to GP then being referred to another specialist		
31	Being able to get there - not only for the patient but for the person taking them to/from the service and for visitors if the patient is kept in. Costs, travel time must be kept low. We also need to remember that not everyone has access to a car.		
32	People first port of call GPs should be better		
33	The time taken to travel to where the care is being provided. If the patient is kept in, say at Gloucester, if the partner no longer drives there is total reliance on friends and family to provide transport and care. I am the carer for my husband and was very ill at Christmas and in hospital for 5 days, fortunately a friend stepped in to look after him. If she had not been available i don't know what we would have done.		
34	Quicker GP consultations as well speedier access to pharmacists on a numbered ticket based entry system so that one is seen in turn. These consultations should be in private room for confidentiality and not in front of staff and the public.		
35	For people to be educated about the changes Health promotion		
36	The most worrying would be the distance an ambulance has to travel to get to me in an emergency. I think that this would scare many people.		
37	to be told truthfully what is happening as there has been a lot of fact hiding between the bosses of the two hospitals		
38	See comments above ACCESS!		
39	Ease of access.		
40	Keep an A and E Department at Cheltenham General Hospital		
41	Choice and ease of access. I recently had to ring an emergency telephone number for assistance and I was repeatedly cut off after 30 mins waiting on several occasions. This caused much distress. When I rang the following morning I was told that the difficulties were due to a staff absence on the previous afternoon - this needs to be better communicated to users of the service.		
42	Easy access to the right level of emergency care without incurring charges ie extra charges to travel to or from A/E than what we already have to pay. A taxi at night from GRH to CGH is over £30 who has got that sort of money. Level of expertise. My son suffers with a life threatening allergy I want access to quick exert care that we have received before when he was taken to resuscitation. A GP led unit will not do that		
43	Improve public transport for those without vehicles or are unable to drive or unable to own a vehicle.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
44	A&e access 24/7		
45	Quick and efficient triage by suitably qualified person. Not having to travel miles across the county Movement to next step quickly.		
46	Immediate access for stroke, heart and blood loss ailments be available in Cheltenham. It is not so important to me that all surgery or treatment is available but it is very important that a triage and immediate action is available in Cheltenham to preserve life and quality of life. Cheltenham hospital does not have to be all things to all people but emergency services are critical.		
47	Change MUST be for the better and positive. Any reduction of services in the Cheltenham area will have a negative impact, so don't do it ... simples!		
48	Cheltenham people need a good Cheltenham hospital we don't want to have to travel to Gloucester not all people have cars some have to use public transport		
49	Do not waste money replacing vital services with fake ones such as phone consultations by algorithm, nurse led virtual casualty departments etc		
50	No credible measures could mitigate the loss of such a crucial service. Cheltenham A/E must stay		
51	I'm disabled and to get to the GRH for an appointment costs £25 one way. To get to CGH I can go on my scooter. Cheltenham people should have our own hospital fully equipped and OPEN ALL HOURS !!		
52	If Cheltenham General were to close its A&E, there are no credible measures that could mitigate the loss of such a VITAL provision.		
53	1. Living in Cheltenham and needing to use GRH is very negative and dangerous		
54	That they are able to go to their nearest hospital, and for managers NOT to make decisions based on cost and self interest promotions in closing nearest hospitals. Currently and ever since you people made the dreadful decision to close Cheltenham A&E from 8pm nightly, Gloucester cannot cope with the extra numbers. I've been there and seen at first hand the dreadful state this department is at Gloucester.		
55	If Cheltenham A&E is kept open there will not be a problem.		
56	If Cheltenham General were to lose it's A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
57	If Cheltenham General Hospital loses its A&E there are no credible measures that could mitigate the loss of this vital provision.		
58	To be local to where you live. --- Moving patients to hospitals far from home is confusing for older patients and puts strains on family, and probably results in fewer visits, destressing patients and hindering recovery. I have personal experience of this. My parents and I live in CHeltenham. Last year my 88 yr old elderly father fell and broke his back and was admitted to Gloucester hospital. We were told he needed to go to a community hospital for intensive physio. We were told it would be CIrencester. If he refused, he would have to take the next vacancy, which could be further away eg Moreton-in-Marsh or Lydney. So he went to Cirencester . It put immense pressure on me and my husband, trying to work and go on hospital visits. Also, it was too far for my mother to visit. Interestingly, he got little physio, and the nurses admitted that the promise of intense physio was a false promise, so beds in Gloucester could be freed up. He was then promised rehab. This was never forthcoming. He was in hospital, very distressed. But they wouldn't discharge him, as he needed rehab. In the end we organised private home care. The whole episode was 2 months of hell. BTW Cirencester is a lovely hospital.		
59	So many cuts have been made to the detriment of the service. But accessibility for all is paramount .		
60	There are no credible alternatives if there is no A&E locally in Cheltenham - should we all move to Gloucester?		
61	You would have to substantially increase the size and staffing at GRH plus extra ambulances and air ambulance service back up.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
62	again, quick access to emergency care.... I don’t mind travelling for planned operations, but emergency care should reflect the size of population and be accessible and well staffed.		
63	Make improvements in quality and accessibility rather than implement services defined by somebody's limited budget. Concentration services into centres of excellence has got to be a good thing - but not at the expense of removing the services already in place. If Gloucestershire requires a state of the art A&E & more intensive care beds then build us a new one with direct access to the M5. Replace ALL existing hospital beds with state of the art facilities where intensive nursing can be delivered. Man the wards to cope with the winter crisis and, when not in crisis, deploy them out in the community - in the GP practices.		
64	This questionnaire with respect is not that well devised. The important things have already been answered. Another consideration is the correct manning of full time staff without the incredibly costly necessity of employing agency staff. The Glos NHS has been particularly profligate and inefficient in this regard.		
65	Time to save lives. This is not to collect the expertise of Consultants this is meant to benefit patients.		
66	If Cheltenham General Hospital were to lose its A&E, there are no credible measures that could mitigate the loss of such vital provision		
67	Time and distance would severely inflict negative impact on everyone. There still needs to be some sore of emergency provision maintained in Cheltenham.		
68	Keep CGH accident and emergency dept		
69	Stop sending Cheltenham's elderly people to Gloucester A&E		
70	Keep Cheltenham a thriving hospital.		
71	I think transport for elderly people is a major issue. Also the price of the car parks is excessive. Can people afford to go to the hospital. Do they have a means of getting there? Is it somewhere they feel comfortable driving		
72	What transport would there be to take patients from Cheltenham to Gloucester Hospital A and E? Old people would not be able to use buses if they are ill.Yes!		
73	How would it be possible to improve the chances to save life by increasing the distance to the A&E for that patient		
74	Minimise travel tine Do not downgrade services at Cheltenham Remember who funds the services and who you are accountable too		
75	Keep accident and emergency care and its supporting service in Cheltenham.		
76	Having experienced life saving treatment at Cheltenham General Hospital, many people now live in fear of being stuck in an ambulance on the way to Gloucester in busy traffic. Gloucester A & E is already overstretched. Two centres are needed to cope with both Cheltenham and Gloucester citizens and all of the people in outlying villages. The most important thing is to have full A & E services in both hospitals		
77	Proximity. Timeliness. Quality of service - I dont want to come back.twice. I have a 20 month old and these are major factors.		
78	In an emergency situation you need the following to be there not miles away The need to get to hospital quickly Treatment straight away No long commutes with delays in getting the correct treatment quickly No overcrowded department trying to get through too many patients for one hospital.		
79	Short travelling distances and frequent transport connections		
80	Maintaining current accident and emergency provision.		
81	A&E at Cheltenham is vital - losing it could lose lives.		
82	Transport accessibility and expense as listed in the last question I want to be able to see a GP without a massive long wait of days/weeks I want to have easy access to urgent non life threatening care that is local to me in Cheltenham so I know where to go for something like a gashed hand that needs stitches at 9pm on a Sunday If I need emergency care then I want an ambulance to get me and take me to an A&E quickly so I don’t die		
83	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
84	Speed of emergency care		
85	Clearly, more personnel need to be hired. Yesterday my very very deaf brother had an urgent care telephone consultation and could hardly hear a word. His medical record shows he is very deaf, so that was not a clever idea was it? What personnel you have need better training which includes the ability to read a medical file.		
86	Timely access to treatment. Gloucester is already over stretched with a ridiculous waiting time To have to travel to Gloucester and wait could be difference between life and death or life changing outcome		
87	If Cheltenham were to lose it's A&E there are NO credible MEASURES to reduce or mitigate the negative (and I imagine in some cases devastating consequences for some) impact or loss of a such a vital provision.		
88	I believe that Cheltenham needs a central hospital in which an A & E Dept is vital.		
89	If Cheltenham A&E is closed there are no credible actions that can make up for the loss of a critical provision.		
90	How are we supposed to return to Cheltenham after treatment or visit people kept in Gloucester hospitals?		
91	Knowing people who have become ill while in the town centre who would have people badly affected by delays - there seems to be an overwhelming case to reinstate 24 hr treatment in the town.		
92	See above.		
93	I can't see how there are any ways to reduce the negative impact of closing Cheltenham A&E.		
94	Inability to get medical help or advice. It is impossible to see a GP. There is the pharmacist system but in my experience when I have spoken to the pharmacist I have been advised to see the doctor. The system simply does not work as it is at present.		
95	that we have easy and quick access to emergency care when we need it		
96	Make Cheltenham A&E a 24 hour service.		
97	Maintaining A&E in Cheltenham and reinstating night cover there. Improving 111 as already suggested. Greater consistency in GP services - anecdotally I hear some practices offer speedier access to appointments than others.		
98	Travel time to nearest place where face to face advice is available. Understanding that online advice is no substitute for phone or face to face contact.		
99	Being able to uses our local hospital 24/7.		
100	The loss of 24/7 A&E at Cheltenham has already had a significant negative effect. GRH A&E cannot cope and closing Cheltenham A&E would be disastrous for all residents of Winchcombe and surrounding villages.		
101	Just give us local services where our families can support us.		
102	This question is not even English. But on the basis of what I thionk you are asking..... Please refer to previous responses. If all people hear is that services are being withdrawn/closed because of a lack of money, you are starting the conversation in the wrong place. This consultation is being appallingly run and is an example of NHS Management hiding from the public it serves. It needs to be better advertised and more accessible not launched quietly in the middle of the summer when no one will notice. You are just creating even more distrust.		
103	If Cheltenham General Hospital were to lose its A&E there are no credible measures that could mitigate the loss of such a vital and life saving provision.		
104	Transport to alternative treatment centres so that patients have easy access to follow up appointments.		
105	Keeping waiting times to the shortest possible time.		
106	Full A & E at Cheltenham		
107	Far better support within the community for adult mental health care.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
108	Ensure that they can rely on a quick and efficient local Emergency service in their own town which is easily accessed by family members.		
109	Ease and speed of access		
110	The length of time it would take to access urgent care if CHG A&E is not kept fully open.		
111	The negative impact from the closure of A&E in Cheltenham will horrendous and I believe this as a cost saving exercise only.		
112	Don’t change them		
113	Keep our A&E in Cheltenham and stop asking questions to get the answers that you can then manipulate to support the solution you already have in mind. Again, please LISTEN to the public.		
114	Not everyone has a car so would be unable to get to GRH easily. Having to call for an ambulance to get there would mean them stacking up outside waiting to be seen/admitted		
115	Share plans as widely as possibly		
116	Keeping A & E open in Cheltenham		
117	maintain and improve the services in Cheltenham.		
118	Surely time is of the essence in an emergency or life-threatening situation. So, how would closing CGH A&E support this? I strongly oppose the proposal to move all A&E services to GRH. In my family's case this would mean tripling the journey time, which would potentially be exacerbated by the additional wait due to increase in capacity that GRH would be expected to manage.		
119	Help with transport and access to services		
120	There would be no way to mitigate the loss of A&E in Cheltenham. it would be bound to cost lives		
121	Make access easy and local.		
122	Quicker not slower. Closing 24hr response at cheltenham was a mistake, people now drive there to ensure not going to glos.		
123	Err - surviving and being able to get visitors, who, like me, are wheelchair users and car-less. It is bad enough that hospitals feed very poorly people awful slop; at least visitors can bring in "survival rations".		
124	Waiting times		
125	Keep a fully operational A&E in Cheltenham, do NOT force patients to go to Gloucester!!!		
126	Looking after all the important people that treat and look after all our needs.		
127	moving services will have a devestating effect to thousands of people its a no brainer you have no respect for the normal ill paid person who struggle with money,transport costs will cripple them.		
128	Any changes agreed must be communicated clearly and widely. The Cheltenham A&E department MUST remain open.		
129	The A&E at Cheltenham Hospital must stay open.		
130	My experience of current urgent care in Cheltenham is that it works well. I would want it to continue to be timely, caring and local if possible.		
131	Making GP surgerys much more accessible. Making it clear (ideally making it mandatory), which surgerys or pharmacies offer minor injury care (such as my mother's cut hand) via nurse specialists or first-aiders. When I was in London, I used a system that could pin the nearest type of care on a map, so primary care pointed me to a GP surgery near where I was working. I think the convenience for most people is important. We are grateful for the NHS but noone wants to wait 4 hours at A&E to be seen. We also don't want GP surgeries that are hard to access due to booking restrictions and locations. Other than that, every large centre of population should have an A&E department, at least for the types of injuries that are super critical. If I broke an arm, I could easily go to another hospital 25 minutes way. If I am in a road traffic accident, the minutes are critical and even if there was an A&E that only opened for specific urgent cases, that would be OK (using doctors who might otherwise be supervising other parts of the hospital?)		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
132	Being able to get treatment without expensive taxi service		
133	If cheltenham loses its A&E department there are no credible measures to replace it. It is vital it is retained. Ignoring the practical implications of overstretching glos royal; the increased travel times alone will lead to an increase in deaths in response to emergency situations.		
134	Time taken to get to an emergency department		
135	keeping 24 hour a&e dept at cheltenham		
136	There needs to be ease of access, without having to meet various criteria through an assessment process.		
137	No reduction in skills available at a site		
138	If everyone ends up going to one place, will they after assessment have to find their own way home, if they are not keep in hospital. If they are keep in where will it be. Will be difficult for people who do not have Local family members to visit or see the doctors helping the person. May come back to issue of where elderly people go.		
139	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
140	WE NEED TO GET TO A HOSPITAL QUICKLY WITH AS LITLE TROUBLE AS POSSIBLE.HOSPITALS NEED EQUIPMENT TO DEAL WITH ALL KINDS OF HEALTH PROBLEMS, EVEN AT NIGHT. THERE NEED TO BE DOCTORS WHO ARE PROPERLY TRAINED,AND PROPER WAITING ROOMS AND EXTRA BEDS FOR TIMES OF THE YEAR WHEN BED-OCCUPATION IS LIKELY TO BE HIGH. THESE THINGS ARE MORE A MATTER OF GOOD MANAGEMENT THAN A NEED FOR MORE MONEY..		
141	Keep Cheltenham A&E		
142	Keep a&e at Cheltenham and increase to 24x7.		
143	as Cheltenham town continues to expand so the need for a hospital becomes even more essential. no changes are necessary and nor should they be made.		
144	As one of the richest nations in the world, we should expect to measure our success against the best health service standards in the world. That will mean spending more money and spending it appropriately. We cannot get away from improved funding even at the expense of tax increases		
145	Yo must keep A&E 24/7 in Cheltenham that is a given		
146	You can't negate the impact of loss of life		
147	Nothing will compensate for the damage to Cheltenham and surrounding area for the loss of closure of CGH A&E.		
148	You will not reduce the negative impact. It is far to important a service to consider that any medical services, let alone emergency service, would not be local.		
149	travel time travel distance removal of stress of the above		
150	If A&E moved to Gloucester there will be a massive impact on the health of local people. It is to far away, impossible to park, and more ambulances will be called to avoid the above.		
151	removing vital healthcare is simply not the way to service the needs of Cheltenham and its suburbs		
152	If CGH were to lose its A&E there are no credible measures that could mitigate the loss os such a vital provision.		
153	Some how to magically allow people in Cheltenham and the environs to be able to get to the centre of Gloucester in the same time we can get to CGH... ie you cant do that..		
154	Cheltenham MUST have a fully-functioning, 7/24 A&E service locate at Cheltenham. Anything else would be disastrous.		
155	Any improvement in providing 'urgent care or help' in the 'local' community should be by the access to the local doctor network. If 'emergency help' is required then maintaining A&E departments at BOTH the Cheltenham General and the Gloucester General, NOT by combining them.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
156	Accessability - near to home. Quality transport		
157	If any critical services , such as the Cheltenham A&E department were to be closed , then there are no sensible mitigating measures. If people lose limbs , organs or die as a result of longer journey times to A&E, then nothing can mitigate their plight.		
158	GP surgeries are a law unto them selves, they could all become MIU that can be visited when you need them not a three week notice to see a Doctor, we used to have walk in appointments that's gone. Your page 8 whats we need to change is the first sign of sense, please do it,		
159	Reliability and consistency of the advice / information received - I have known several circumstances where patients have been directed to A&E by a medical resource (e.g. GP or physio) to be told by A&E reception they shouldn't be there. I have also known several circumstances where treatment by A&E has been in conflict with advice from other specialists seen as follow up, e.g. physiotherapists and dentists		
160	Ability to access the nearest hospital, not to have to travel 30 or more minutes, or even longer when living in villages		
161	Quick access to emergency services.		
162	The Cheltenham A and E must remain to cope with the proposed residential growth of the town and the surrounding area. The closure of this facility on financial grounds and against the wishes of the majority of the populace shows that there is little care for the local community.		
163	If Cheltenham A and E is closed or down graded there are no credible solutions that could replace the loss of a vital facility for the county		
164	If Cheltenham A and E is closed or downgraded there are no credible solutions that could replace the loss of a vital facility for the county		
165	Ambulance availability locally 24x7		
166	If services that I have in my local area at the moment are moved further away I would be worried about travel times and how to access centres that I can get to easily at the moment. A couple of years ago my mother needed out-patient treatment that would normally have been provided in CGH...the equipment was out of order so we had to travel to GRH and back by taxi. It cost nearly £40. Fortunately we were able to afford this but not everyone can. It took nearly all day and it was almost too much for my Mother who was in her late eighties.		
167	Nurse services seem to have declined in recent years, eg getting dressings changed or having routine tests. There is no case for centralising minor things like this and the old cottage hospital idea worked well.		
168	Ensure Cheltenham has A&E 24 hours 7 Days a week		
169	Forcing Cheltenham residents to travel to Gloucester Hospital A&E is unacceptable. Cheltenham is an expanding town which has a diverse demographic, and so it remains essential that Cheltenham General Hospital operates with a fully functioning A&E Department that is available to the Community 24 hours a day & 7 days a week.		
170	Ability to get same day care, close to home. Not having to drive to the other side of the county.		
171	Simply keep the service open the impact of not doing so is huge on my family we we have an asthmatic toddler - her asthma is brittle my daughter does not drive and has been able to walk to the hospital when needed as she lives close by There are not enough ambulances to provide adequate emergency cover as an alternative. I say this form experience - my daughter delivered her neighbour's baby on the kitchen floor last November and the ambulance took 15 minutes to arrive - this could have been catastrophic had there been complications		
172	If Cheltenham General were to lose it's A&E there are no credible measures that mitigate the loss of such a provision.		
173	Closing A&E in Cheltenham would be the worst possible decision because there is nothing the Trust would be able to do to mitigate for the loss. You are not in a position to transform transport policy. You are not in a position to build cottage hospitals to pick up the slack. You are simply not in a position to cover the impact. It is an essential and vital service for the community, and in my opinion you would be failing in your duty of care if you were to come up with some ridiculous and petulant reason for closing.		
174	constancy and time taken to access		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
175	Communication directly with the public so that it reduces the rumours Time in consultation and time taken to make the change so that it runs smoothly from day one		
176	(i). Prioper consultation with all stakeholders involved -patients and carers as well as professiomals to meet locally defined need. (ii) Timely and appropriate advice from members of the primary care team as to how to access services (iii) Central information available on line for advice on access to services /out patient booking or A &^ E services as needed..		
177	Emigration		
178	- Clarity about what services are provided and point of entry into the hierarchy of services. - Confidence that needs will be met at the point of entry - speed of access and delivery - However if Cheltenham were to lose its A&E, there are no credible measures to mitigate the loss of a vital provision.		
179	Cheltenham A & E is a necessity - reducing negative impact on people should it be closed is impossible.		
180	Keep Cheltenham General A&E open 24/7 PUBLICISE proposed changes widely & LISTEN to the reponses		
181	Being told a GP appointment is strictly 10 minutes and one condition per appointment is appalling!! It's often by linking different conditions that a diagnosis is made		
182	Deceiving question! Very manipulative... Don't trust you now... But here is my answer.. Speed of service, ease of access for following the ambulance family viz bus service availability		
183	I would be very alarmed if the A&E department in Cheltenham was to close. I am approaching 70 (I will be 69 in October) and decided some time ago to live in a large town so that hospital facilities are on hand. I find it hard to believe that my local NHS trust is considering reducing services in my town and am prepared to fight tooth and nail to maintain an A&E Department in Cheltenham.		
184	If Cheltenham General Hospital were to loose it's A&E department there are NO credible measures that could mitigate the loss of such a vital service		
185	In a mass casualty incident in Cheltenham, for there to be enough ambulance capacity that people won't die waiting to be transferred to Glos Royal.		
186	If the service changes are put through the CCG and Trust Board should publicly say that no patient will be adversely affected. they should state publicly that: - no patient will be cancelled for their elective surgical operation - the trust will meet the targets (national) for waiting times in ED - say what they will monitor success by There should be a review in 6months and if they have failed on these criteria the Board should be held to account		
187	Not to close A&E at Cheltenham. People in the country who don't drive would have very expensive taxi fares going the extra distance to Gloucester.		
188	Tell me - now		
189	Adequate communication to all concerned.		
190	That they are LOCAL, that we can find them and PARK by them. We just DON'T WANT OR NEED ANY MORE CHANGES. Please don't insult us by trying to insist these changes are in our interest, we know they are about saving money not about saving lives. Keep your hands off our A & E		
191	Ensure that Cheltenham and Gloucester have the same provision available. Perhaps you can pay for people to be taken by taxi to Gloucester if you are determined to treat Cheltenham folk as second class citizens.		
192	Accessibility Accessibility Accessibility		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
	Two bus journeys (if the busses are running) or trying to get through to Gloucester from the east at any time is difficult. At rush hour it can take 1.5 hours - not good if you have an emergency		
193	Keep Cheltenham A&E department open or it will cost many lives.		
194	Not having to wait for three weeks to get an appointment.		
195	There must be local knowledge and empathy. The time and ease to get treatment . The best place to fix my broken leg may be Kings College London but that does not mean I want to travel there.		
196	you must retain A & E in Chelt & Gloster		
197	1. Confidence that my medical record will be adequate and available at every point in the chain, and that NHS staff will not need therefore to repeatedly rely on information from an ageing patient whose short term memory is weakening. 2. Confidence that if I enter the NHS with a life-threatening problem at the wrong point due to my own error, or there is a queue, I will be quickly conveyed to the correct point where there is not a queue.		
198	Proximity. 24/7.		
199	If A&E is moved to Glos how will patients returning home get to Cheltenham ?if elderly, disabled , no transport or family living locally. There are NO buses to Cheltenham after Approx 11pm Or are you planning a free taxi service to Cheltenham.???		
200	Nearby, distance. I want my loved ones to have the best chance of survival by being reached sooner in case of emergency		
201	As previous comment		
202	Instant paramedics parked within a 3 mile radius..for instance .. Cheltenham A&E!		
203	Being able to get through on the phone. Have well trained receptionists to give clear advice on how you'll be helped. Have an effective and efficient appointment booking system. SO much resource is wasted with cranky IT and paper based processes. Not needing to travel far.		
204	To be seen or given advice as soon as possible with very little wait time		
205	Proper genuine consultation. Having access to local services for urgent treatment. Planned treatment can be accommodated in specialist centres. Good communication is key.		
206	Overall capacity (beds, staff) needs to increase to meet demand.		
207	Keep them informed in the best way for them.		
208	This cannot happen and don't try making a question like this so you can manipulate the results through spinning answers to your own ends		
209	Time and distance to receive service		
210	Re open Cheltenham A&E during night hours as it’s costing lives		
211	- Transportation, seriously challenging - Accessibility for all people, whatever the individuals circumstances - Out-of-hours service - Some of us work considerable distances from Gloucestershire - Flexibility of service provision - Clinics not only being held in Gloucester or Cheltenham - Faster triage and use of technology to better link up acknowledged specialists - Nurses and support staff who work for the hospitals, not Bank provision - this is poor planning and budget management and is unacceptable - Staff often remain clustered around large 'central nursing stations,' but would be better placed on the wards making a difference to patients - Cleanliness, the wards are often shabby and unclean, go back to cleanliness basics and spend money on the basics		
212	Keeping A& E at Cheltenham		
213	distance to ED and emergency services		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
214	Timely assessment and assistance of trained medics.Thank goodness I have not needed A&E assistance, as apparently CGH A&E has already been downgraded to cover limited hours. People don't choose when to fall ill and a full 24 hour assessment cover is the basic requirement, whether urgent or life threatening.		
215	If CGH were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision		
216	Waiting times, expertise of consultants, funding		
217	Local services and continuity of care. Lack of rural transport is a major problem.		
218	Access to specialist care when needed - even though there may be travelling involved.		
219	Consistent accurate information describing what will change, why, with what benefits- specific examples that people can relate to - not management speak of the Boardroom. How it affects different sorts of people in different localities. Be upfront about the negative aspects and how to minimise them. Take a lot of time over this. Don't rush the implementation. You have to tackle the emotional thoughts as well as the factual. Some Cheltenham residents, often the most vocal, think they are different to Gloucester people. They don't feel comfortable or respected in Gloucester. It may be unjustified and wrong but it is real and has to be tackled. Give practical examples of how things would be better. To do this you have to address most people's belief and faith that once they are in a hospital everything will be alright. That means being honest that current service is not perfect and bad outcomes do happen.		
220	Let's face it, things always change, but not for the better, best thing you guys can do is admit you cocked it up in many areas, now you want to remove services and over burden someone else, another location, pass the buck, I did what I had to do governor, honest..first way forward is recognising the faults admiring to them, repairing them.....stop this pay for queue jumping in the NHS, those who have cash can go private anyway and not wait.....NHS is for the people, paid for with their NHS national insurance payments since 1949.....straight out of their wages. Make these dickhead s who manage the trust criminally, and legally responsible.....that will stop the USA wanting to get involved, make the drug companies who use the NHS facilities, patients and research ensure the basic cost of the drug developed, taken, stolen or otherwise utilised commercially by them is provided to the NHS at a low fair price with an acceptable profit level, not many thousand times more. Same to for those companies funded by public funds. But I doubt any of you guys have the balls to see that through.		
221	Services must be locally available as far as possible. Obviously, as we get older, we will need services more frequently but, with age, we are less able to travel significant distances and, in the case of state pensioners, probably unable to afford significant travel.		
222	Opportunity to engage and be involved in the decision making process. An explanation to the public that we are not doing this to save money but to manage our inadequate resources more effectively. A consistent approach at calling out and redressing inflammatory statements made by our local MP and the media.		
223	If Cheltenham General were to lose it's A&E there are no measures that could be considered credible to mitigate the loss of such a vital provision.		
224	Any changes must include access to professionals at alltimes		
225	Local doctors and nurses essential		
226	as already indicated, rapid and local access to services I give a specific example - my elderly wife recently had a fall and her glasses cut her face - this appeared a straightforward case for Cheltenham A&E and an X Ray was soon taken to check for cranial damage - we were then sent to Gloucester to have the cut sewn up - if I had not been available to drive an ambulance would have been required - and the entire process took eight hours before my wife's wound was cleaned and stitched up - by which time she was becoming ill (she is 86) from lack of proper food - unavailable		
227	If Cheltenham General Hospital were to lose its A&E Dept., there are no credible measures that could mitigate the loss of such a vital provision.		
228	Do not close Cheltenham A&E - it covers far too wide a geographical rural/urban area & a growing & large population - to do so would be negligent & dangerous.		
229	Availability of services 24 hours a day , with backup, not too much travelling		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
230	Location, accessibility.....it is ridiculous to have to travel to an inaccessible site in Gloucester from Cheltenham where the parking at the moment is inadequate so how do they propose to deal with this factor alone!!! I am told by nurses at GRH that they are overstretched now so going forward they will need to do a hell of a lot of recruitment and provide better parking for everyone.....		
231	Ease of transport to service point Seeing a familiar face during ongoing treatment. speed of diagnostic test results. I had a blood test in A&E at Gloucester which produced results within an hour - same thing takes a week through the GP surgery		
232	Reduce travel and keep services in Cheltenham		
233	Having to travel to Cinderford, especially in the winter months, would have a great impact on people living in the south of the county especially Tutshill and Sedbury. Keep Lydney hospital open.		
234	Distance to travel. I live north of Cheltenham so GRH is far to far if unwell visiting outpatients or in an emergency.		
235	Keeping A&E in Cheltenham Hospital.		
236	If you take away Cheltenham A&E there is no way that any negative impact could be reduced		
237	All hospitals great		
238	In hospital, having visitors helps morale of both young and elderly patients. for those of us in Winchcombe, for example, visiting patients in Gloucester is expensive and time consuming		
239	Health facilities need good public transport (Emmerson's Green was not easy to reach without a car)		
240	If Cheltenham Genral were to lose its A&E, there are no creditable measures that could mitigate the loss of such a vital provision		
241	not to restrict early or late patients to longer journeys, Cheltenham and the south east		
242	People getting older - need to consider them more		
243	Information in plenty of time		
244	Helpful advice quickly If needing to travel a 30 minute distance would be better		
245	Having to travel long distances to receive a service.		
246	If we lose Cheltenham A&E patients are going to be at risk		
247	I don't think there is any way to reduce the concerns people in Cheltenham have about centralising A and E in GRH. GRH is already too busy and full, parking and access are dreadful and there is limited public transport outside daytime hours. Already roads in west Chelt are gridlocked at peak times and getting to Gloucester could take far too long. Our daughter could have lost her arm if she had had to get there instead if Cheltenham. Both sites need to be properly resourced in staffing, equipment, facilities and 24/7 access and this should not even be questioned.		
248	Seeing a consultant in Gloucester and then going to Cheltenham for imaging is totally unsatisfactory		
249	There is no way I can see to reduce a very negative impact on my family, my elderly mother and all people that I know if Cheltenham were to lose this emergency facility.		
250	Don't downgrade Cheltenham A&E. Increase physio budget Introduce First Contact Physio practitioners. Use ortho physio practitioners Increase preventative medicine incl healthy lifestyles		
251	Improvement in travel options to Gloucester ie investment in bus, train etc, park and ride. Continuity of care. Diagnosis of life threatening conditions is being missed, and people die.		
252	If it changes I cannot visage any positive outcome		
253	Improved waiting times for hospital appointments		
254	There is no credible measure that could mitigate the loss of the vital A&E provision at Cheltenham General Hospital.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
255	Travel and waiting times		
256	Knowledge of the changes as habits die hard!		
257	Keep Cheltenham A&E open!!		
258	Travel time to Gloucester for Cotswolds residents.		
259	Practical difficulties of getting to Gloucester from north and south east of county for A&E. Cooperation with existing community services eg churn project in Cirencester which already operates befriending/ visiting service to elderly to help advice and enable vulnerable to access services through new channels. Have recently experienced two occasions where first appointment was with 'enabler/nurse practitioner' who can efficiently arrange appointments and keep in touch to see access to suitable care is progressing and getting individuals successfully through the system.		
260	The changes proposed will benefit everyone because the new combined A & E at Gloucester will have access to all the top medical practitioners and they will not be split over two sites In the longer term more services should be moved to Gloucester Royal because Cheltenham General is a very old building unsuited for 21st century health care A large hospital such as Worcester Royal could serve the two communities on one site		
261	If we move A&E to Gloucester, the impact on the elderly, infirm, disabled, families with children, non drivers and all those people living East of Gloucester would have problems. Gloucester A&E is already overloaded		
262	If Cheltenham General Hospital were to lose its A&E, there are no creditable measures that could possibly mitigate the loss of such a vital provision		
263	If there are going to be central places for specialised conditions, consideration needs to be made for those having to travel long distances from their own hospital - some form of cheap transport made available		
264	The GP surgery and see your own GP that you have built a relationship with and knows your history with looking		
265	Clear advice on changes unambiguous details about alternatives Ensuring on one falls between the gaps		
266	Access to high quality local services fast		
267	How quickly and well we can be seen by a medical professional		
268	Skill and expertise of staff I would rather drive a bit further and get quality treatment		
269	?		
270	There is no way to change any negative impact if you close Cheltenham A&E		
271	Non existant emergency care in North Cotswolds will undoubtably result in more deaths so it is vital to retain A&E Dept in Cheltenham.		
272	There are not any measures which will compensate for the total loss of A&E in Cheltenham		
273	I think any extra facilities or help offered should be sent to surrounding villages so that all services can be shown in village halls and shops so that local residents are fully aware of what they can get at Moreton Hospital as several people have asked me when can you go there.. This would also take pressure of GP's who could work in tandem with Hospital.		
274	Accessibility (including cost of journeys) and easy availability of treatment.		
275	1.An appointment with an experienced person whom I trust within a timescale that is appropriate.		
276	Time taken to get to a doctor in an emergency. It would take 5 times as long for me to reach Gloucester than Cheltenham.		
277	Continuity of care with health professionals who know you. Adequate staffing.		
278	We need to have the conversation early and we need to work harder on co producing the topics people and communities want to discuss and take forward		
279	Access to services		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
280	Timely access to medical advice - 3-4 week waiting times for seeing a GP not only is not good for medical reasons, but it also acts as a disincentive to consult the GP, meaning problems may go undiagnosed until it's too late.		
281	Keep the A&E service available at both hospitals and expand it, if possible, at Cheltenham. Encourage people to visit their pharmacist first, then GP etc and make same day GP appointments accessible and readily available. Online GP booking appointment services have been very good and seemingly take the pressure off GP surgeries slightly.		
282	Accessibility and availability		
283	There needs to be a more rigorous approach to A&E in Cheltenham. I have spent several hours waiting for treatment (not just for myself but for my grand daughter). I was astounded at the number of "walk in" patients who were using the A&E instead of going to their doctor - for things like innoculations etc etc. If triage was at the point of entry people like this could be turned away. I listened to one person from Tewkesbury who thought she might as well come to Cheltenham rather than make an appointment with her doctor - madness!		
284	To be seen and dealt with quickly.		
285	Consider the impact of having to travel further if someone is weighing up the options around an issue (how much of an emergency is it?) and later has been admitted to hospital. Seriously consider it. Unless you're pensionable, it's a major upheaval and once again the burden falls on the patient's hard-working family. All too often the NHS seems to operate in its own insular bubble, and yet you depend on the support of families to ensure a patient is delivered into your care, supported while in hospital and then to ensure ongoing care once the patient is discharged (in-community support is fragmented, and seriously lacking in terms of accountability and visibility).		
286	Do not close Cheltenham a and E		
287	More social care and more non urgent responses to 999 calls. Ambulances are dealing with far too much social care problems and taking too many people into hospitals there has to be an alternative. Mental health: there needs to be more urgent care staff in the community all across the 24 hour period you cannot continue to leave the nights as they are. We need to be able to access beds in A&E and not wait in corridors.		
288	the people have Gloucestershire have to accept that they cannot have 2 singing all dancing hospitals and that with the shortage of doctors, nurses and AHP's the specialities have to be sited on one site and not split. As a gloucestershire resident for ENT /Opthalmology / oncology I have to travel to Cheltenham ...and crikey compared to other countries ie; Australia/Sweden that is a very short distance and we should be prepared to travel for the best care ! Most Gloucester residents do not complain .		
289	Ease of access for patients - commensurate with the urgency of their needs at any given time.		
290	Transport services.		
291	Well, if you remove Cheltenham A&E it will risk lives being lost, including mine.		
292	Travel time and parking costs.		
293	Consistency of offer.		
294	less waiting times		
295	Keep the pathways really simple. Too many options is confusing. Communication. Tell us what (once decided) you plan to put in place as a direct result of public feedback.		
296	Public engagement on Facebook not just twitter		
297	Cut down on people using services unnecessarily		
298	The most important things are to know that the services are there when you need them. I have first hand experience of when this didn't work (not in Gloucestershire). My husband was suffering from terminal cancer and I was caring for him at home. One morning he was in considerable pain and I called our GP practice and spoke to a GP to ask for help for him. No offer was made to ask any of the team to visit and I was advised to go to my local pharmacy and collect medicine for pain relief via a prescription which would be faxed. In the event this turned out to be ibuprofen tablets. I decided to call the Palliative Care nurse from the local hospice who visited and called paramedics to administer morphine and admit him to hospital. I		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	would not support anything which risked leaving people in a similar situation.		
299	yes see later		
300	Time to be assessed and treated Specialist care availability		
301	Quick access to A&E, everything must be accessible for all disabilities and those who cannot talk easily, quick access to expert medical advice.		
302	Cheltenahm has to have a local access to emergency care. I believe the trust are putting lives at risk. GRH does not have the beds or adequate DCC beds to allow for the counties emergencies and general elective surgery. we need to establish a centre of excellence, isn't that what the trust objective is. then make CGH a pelvic resection centre, we already have gynae, vascular and urology with oncology here. its the way to put us on the map and make the future exciting. best centres of excellence nationally have separated services why are you not listening to this and why haven't you already taken into account the GIRFT information		
303	In my view, resist attempts for public pressure to focus on buildings, rather than human resources.		
304	I hope my GP will still be within walking distance and I will be able to visit as and when needed. My friends and I would like Cheltenham A&E to remain open.		
305	How quickly can I get to the help where ever it is. I live in Cheltenham and so does my 90 year old father. when taking him to Gloucester from Cheltenham last time they had a 70 person back log. If this had been spread over Chelt and Glos we would have been seen quicker and wouldn't have had such a bumpy long ride to Gloucester.		
306	Consistent information People will always go on rumour and misinformation thinking it the truth		
307	I am in agreement with all the clinical plans but I live alone in an isolated rural setting. If I cannot drive myself, how long would I have to wait for transport to a treatment centre? If longer than 30 minutes , then you do not have fair access arrangements. Public transport and ambulance services are currently hopelessly inadequate in the Forest of Dean. For example my disabled brother who lives alone in the Forest of Dean had an acute urinary infection which had developed over 3 days. The doctor ordered an ambulance to hospital "within 1 hour" urgency at 2pm and it took 7 hours to arrive. I was once taken by ambulance to Gloucester Hospital A&E with a suspected cardiac issue at 9pm, and released at 3am, with no means of returning to my home in St Briavels.		
308	Information. Services, staff and equipment in one place that is accessible. The same level of care in each location.		
309	Services still need to be available locally. If they are too far away it will cause unnecessary stress and worry.		
310	Skill of health professionals Speed of access		
311	that the changes will lead to higher measurable performance indicators		
312	Not to have the service cahanged but restored, negative impact has already happened. Most especially the loss of trust by the Community in that they do not believe their voice is being heard and even when it is there opinions do not carry weight.		
313	I do not think the conclusion on page 4 are accurate. People want quick easy access and prompt treatment		
314	Ease of transport between hospitals. Patients cannot always provide it themselves. More people live alone and maybe unfit to drive and car travel is not to be encouraged especially looking to the future		
315	Equity		
316	Reducing waiting times Not too far to travel - "30 minutes drive" obviously varies during the day / night		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
317	Within easy distance of travel Easy access times		
318	Don't close A&E dept at Cheltenham General. Its much needed at both hospitals ie. Glos Royal too		
319	high quality care in the right place at the right time for all		
320	Minimise bad patient outcomes!!		
321	Care provision to the right people, for the right reasons, in the right way and in the best way possible to reduce the anxiety and stress and make care provision more effective		
322	knowing that patients with complex care needs have a variety of specialities within the hospital to support them. Waiting for review by teams not on site can impact on the length of stay for patients.		
323	Coordinated rural public transport to access minor injury units or hospitals. Distance is less an issue than time taken to travel.		
324	Fast response means local services like a Cheltenham A & E.		
325	one call center for urgent service among all the hospitals and A&E and the information should flow through very easily		
326	Clarity and consistency.		
327	Access to all no matter what part of the County you live or more local services		
328	There bis nothing which could mitigate the loss of A&E service at CGH		
329	quality of staff, locums and agency staff are not invested enough to offer truly good care, less management involvement pressurising for early discharge to non existent outpatients		
330	The time taken to gain access to the service (this can be delayed considerably if a GP referral is needed and GP appointments are not available).		
331	MOST IMPORTANTLY: the immediacy of healthcare. This might be in the number of minutes it takes for an ambulance to arrive... I live in a village (we don't all live in either Cheltenham or Gloucester - A BIG, BIG CONSIDERATION)		
332	A single, neutral site so there is no perceived inequity for staff or patients		
333	Not to have the service changed but restored, negative impact has already happened. most especially the loss of trust by the community in that they do not believe their voice is being heard and even when it is their opinions do not carry weight		
334	Its difficult now to get an doctors appointment within a week. Some problems you can discuss on the phone but others they insist on seeing you personally hence you need an appointment. Care for the elderly how are they going to access the care they may need. They may be unable to travel into Gloucester (buses too have been cut) if the services they need are unavailable locally and sadly I do not believe all the options you are talking about will come to fruition..unless people can pay for it. The only one I think who will benefit out of all this is Mr Branson by the sounds of it. I genuinely worry for our local community in fact the whole of the Forest of Dean.		
335	Services need to be local to individuals and easily accessible.		
336	If Cheltenham General Hospital were to lose its A&E there is no credible measures that could mitigate the loss of such a vital provision.		
337	For Cheltenham A & E to remain open at all hours.		
338	Keeping the A&E at Cheltenham open and not downgrading it to an urgent care facility		
339	Improve First Responder service, in areas outside cities.		
340	Keeping Cheltenham a&e open.		
341	Waiting times Accessing advice and guidance rather than feeling a&e/similar is the only option.		
342	Centralise the things I can plan for. Distribute and make 24hrs those that I cannot.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
343	Lives will be at risk..some patients only just make it to Cheltenham for life saving treatment..lives will be lost if A & E closes. Waiting times increased..which will result in agitated patients or leaving as cannot be bothered with 4 you wait..again risking lives		
344	To have good quality care available at the nearest hospital. In our case, Cheltenham General.		
345	as said LEAVE our A and E alone and only to say the treatment we receive from all departments is second to none. pay decent wages to keep staff and reduce the pen pushers		
346	Care needs to be near to home. Specialist care may require travel but the majority of illnesses and minor injuries can be treated in non specialist centres.		
347	I have only ever been treated with care in Cheltenham however my husband had to go to Gloucester for an operation treatments and care was very poor		
348	I want my family close by to emergency services not almost 10 miles away.		
349	To get rapid local treatment		
350	Stop impacting the villages in favour of the towns		
351	Prompt access Close to home Service available outside of 'office hours' Access to right staff who can help Prompt access to diagnostics e.g. one stop service		
352	Closing Cheltenham A&E would have a great impact on those who are already experiencing trauma & their families. Having to travel further would add greater stress to their situations & recovery.		
353	Travel time to access services Waiting time Car parking charges A long term deliverable plan (dont spend money on an A&E dept only to shut it!)		
354	Ideally I would like not to have to travel further to receive assessment / treatment for non life / permanent injury threatening "emergencies" It is also important for the waiting time for assessment / treatment not to increase. For life / permanent disability threatening situations it is of primary importance that the quality of the service provided does not decrease (and of course one hopes improves).		
355	Any reduction of service should be avoided as the county is already facing many disturbing occasions when a full General Hospital service appears to be unavailable at busy times of the year.		
356	Simple - we want to be seen and treated in the closest facility and in a timely fashion. We have been referred to Gloucester for the out of hours service and then eventually sent back to Cheltenham for treatment. This is nuts.		
357	The correct expert to review patients		
358	LIVES WILL BE LOST/IMPAIRED IF A CONSISTENT LOCAL ACCIDENT & EMERGENCY SERVICE IN THE CHELTENHAM/TEWKESBURY AREA IS NOT SUSTAINED AND IF CHELTENHAM HOSPITAL IS NOT UPGRADED SO THAT PATIENTS ARE NOT ROUTINELY SHIPPED TO GLOUCESTER HOSPITAL WHICH IS WHAT IS CURRENTLY HAPPENING CAUSING STRESS AND PROBLEMS TO THEIR RELATIVES AND THE PATIENTS THEMSELVES. PEOPLE SHOULD WHEREVER POSSIBLE BE TREATED IN THEIR OWN LOCALITY.		
359	Major thing would be local services. Remember public transport is almost none existent in rural areas. You should consider working with local councils and smaller units to develop this local service.		
360	There are four Type 1 diabetics amongst our family members and they need protection that there sometimes urgent need for medical assistance is fast tracked. Better training of medics across all of the NHS on Type 1 diabetes.		
361	QUALIFIED people at minor injuries More accessible GP-eg skype/facetime appts		
362	I do not have to travel from East Gloucestershire to Gloucester to receive services, which can take up to 45		

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	minutes or more in rush hour.		
363	Minimising travel time to specialist care. I would hope that mobile paramedics are already skilled in triage but if they then have to transport the patient to a distant hospital, as has happened to me, their expertise is tied up for some time. Is there any scope for more, smaller, facilities for frequent types of emergencie where patients could be stabilised and transferred later for specialist attention, or await a specialist to reach them while the paramedic is freed more quickly to respond to further emergencies. This sounds like the military model of field dressing stations before removal to a hospital behind the lines.		
364	Staff that really care, attitudes should be professional but enjoy the job they do. Response time could be improved.		
365	Keep communications open so that all are aware of the changes and their dates of implementationono.		
366	Clear, accessible guidance on those changes, plus ensuring those who have to implement those changes understand what and why, and are equipped with the knowledge and resources to be able to make them work. Invest in change management!		
367	Tell us how you have listened to us - what changes made (once decided) are in response to patient feedback.		
368	Easy access, not far to travel, easy to park		
369	Knowledge Rationale Regular updates Good communication		
370	Tell me if services change - public service announcements - it’s the 21st century, communication has never been so widely available		
371	Good communication. Taking time to allow any changes to settle before making further changes		
372	Good clear communication		
373	I am a young man with a heart condition. I simply wouldn't make it to Gloucester Royal Hospital from where I live in Cheltenham in an emergency situation. I am happy for you to make whatever changes to services you feel necessary. But at Cheltenham, and Gloucester (so I've heard), there are two excellent A&E departments and Cardiac Wards. I hope you can maintain both.		
374	Access to high quality, emergency care quickly. Reliable advice and direction for next steps (which may not necessarily be the GP surgery.)		
375	If you take something away you must be able to demonstrate the benefits of what you replace it with - better outcomes = speed of action on arrival at the replacement		
376	Having access to a family GP is critical to some peoples well being. Having to visit another surgery where you don't know the area, the surgery itself and importantly the staff has a negative impact on healthcare.		
377	Ban smoking in all public places, parks, sports matches, streets. Improve medical diagnoses and support for ADHD/ADD		
378	People will need to be told. And it will need to be more than a poster on the wall in the surgery. Having talked to patients and done observational studies in the surgery waiting room, no one looks at posters or the electronic patient screens. There are two main reasons. First, patients are often worried or anxious about their appointment so they will be going over in their mind what they want to say, or they may be ill enough that their cognitive capacity is restricted, leading them to struggle to take in new information. Secondly, most posters are hard to read at any distance, and it is often difficult to get close up, as either the posters are too high on the wall, or they are right above other patients heads so that you would have to be standing very close facing a stranger to read it. Patient electronic screens are rarely looked at except when a patient is called. And just putting a poster up as a pdf on the screen doesn't work, it is not readable. And much of the material that comes out of the NHS is babyish, patronising and condescending, so it ends up being ignored.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
	A letter sent to all patients, with all GPs, nurses and receptionists following it up with a 'have your heard about the changes? Do you have any questions about it?' might be a start. Also getting PPGs involved, and getting more patients involved with PPGs. Having coffee mornings locally in each town, not just in the main towns, complimented with coffee afternoons/evenings for those that struggles with mornings or who work, so that people can find out informally what is happening.		
379	Yes very. Not waiting long to be called in for your treatment when its not your fault		
380	Climate change. Please ensure travel arrangements for staff and patients will minimise carbon emissions. Global warming will have disastrous effects upon our health and this should influence every decision you make		
381	When separating both hospitals distance is a great thing for relatives visiting especially for outlying districts, bus services are infrequent or non existing		
382	A clear vision for the future stressing the benefits of service change. Collaborative working between all sectors of healthcare		
383	24 hours A&E trained staff to filter serious and minor		
384	Very clear signs and directions and naming of departments to replace the muddle of signs at both (all of hospitals)		
385	Change causes confusion		
386	Close to home		
387	Too many letters etc going a stray and appointments cancelled or moved to another date		
388	Any implications of being old and therefore a drain on reserves should be removed from all medical thinking		
389	Clear, concise communication		
390	Do not reduce the A&E in Cheltenham		
391	Increased time to access emergency treatment could have devastating consequences for the patient. For the elderly who may not drive, the cost of affording transport to get to Gloucester out of hours will put more pressure on them as well as their finances.		
392	Ensure there is 24 hour full time cover and invest in this already amazing facility.		
393	to lessen use of Antibiotics for people who demand them for a sniffle - then antibiotics would work for really serious problems		
394	Where do we go to help us, like 111 is better sold as a concept?		
395	Speed, doctors who know their subject, nurses who understand what nursing means, (to nurse = to tend and care for) Some nurses are not suited to the role		
396	1 - Must have easy access, driving around county not acceptable. 2 - Must communicate changes to everyone bearing in mind everyone does not have a computer, cannot see or hear or even understand!		
397	Clear info about how to access and where to go for specific conditions		
398	Everyone knowing where things are		
399	The population of the county is expanding rapidly which is why you must maintain facilities in each area. No more cut backs! The Government has spoken!		
400	Knowing where to go without having to follow some flow chart and have some (basic) knowledge of health problems		
401	Clear information on what is offered where and why. This booklet is a great start but people will still expect things to be as they were, and get anxious and demanding when its different. Change has to be accompanied by a good budget for communication EG local newspaper and GP surgeries		
402	Unless improving the level of sevice, then not making radical changes to the services already being provided. Simply getting a fast and accurate assessment of your particular problem and then receiving the all		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	important treatment within acceptable time limits. These need to be stated accurately at the beginning of the treatment.		
403	Clarity on the new process. Ideally online systems should not require password protocols etc - most people would use this service infrequently and having to remember a password is the last thing I would want to faff about with.		
404	This question is badly written. What is the question?		
405	A&E at Cheltenham is my most important issue. I live in Cheltenham and do not want to go to Gloucester. Travelling to Gloucester to visit inpatients is not easy. I recently spent 5 weeks in hospital and then a second admission of 4 weeks. Both admissions should have been for 10 days. Had I been in Gloucester my partner would not have been able to visit me..		
406	Clear signage and literature about what is available where.		
407	* Clear, simple and consistent information * Reassurance around what the A&E offer is and becomes * Consideration given to travel arrangements/access to services when required		
408	Effective and clear (consistent) communication to the stakeholders and wider audience. When rumours happen, address the rumours and concerns quickly and kindly.		
409	We need to listen to patient experience and the care they have received in the Trust on either site - follow the example of what was good and replicate it. Where we did not deliver - to say sorry we were busy is not acceptable.		
410	no delays to service provision		
411	Unable to comment until the changes are known.		
412	clear communication over opening times		
413	Again, masses of advertising/leaflets through all doors etc - all GPs and health visitors/carers talking about it with all their patients, so that they don't feel like they're not allowed to visit A&E, but at the same time that they would be safe to go to an urgent care unit as that was very geographically close to the A&E.		
414	Better appointments system - more online?		
415	Local centres run by ENP’s		
416	North Cotswold Hospital X-ray department should be every day open. MIU needs x-ray on a daily basis. Also locals could go. Now they have to travel 20 miles or more.		
417	Continuity of servce and access to full medical record.		
418	Improve transport. Gloucestershire is a large county and public transport poor if you live 30miles from the main hospitals. Many people are geographically disadvantaged, there are volunteer groups providing help in some communities but these are services usually provided by retired people and definitely not available 24/7..		
419	consultation give people the right to make informed choices, let people have there say as long as the information is given up front tell them what is available		
420	See above. Try to make waiting areas calmer and signage clearer. reduce the amount of internal and through traffic		
421	Information as to why, where, how?		
422	Would not wish to travel too far. Each Department would need to be more "joined up"		
423	If CGH were to lose its A&E service, there appears to be no creditable means to vitiate the loss of such a provision		
424	Communities take responsibility of community run hospitals. Senior administration. Consultant fees drastically reduced to ensure monies used wisely in the hospitals		
425	Help with travel expenses for those without private or suitable public transport for people who live some distance from the new facilities		
426	Transport is a major problem and the apparent expectancy that everyone has a car or has a relative		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	neighbour etc who can get them there. Then there is the issue of parking, so I would request a transport system. There is a system of volunteer drivers based at Bream I think, perhaps more volunteer drivers who would drive people to appointments etc? And transport patients to a care facility at short notice if they need urgent care but not really bad enough for ambulance. Eg badly cut finger, nail in foot that type of thing. We all want everything to be local and feel that hospitals are getting too large and impersonal. A few well trained, knowledgeable people based in villages, towns, etc would be so reassuring.		
427	1- Definitely location and easy access - very difficult for people in North Gloucestershire to travel all the way to Gloucester Royal and Cheltenham 2 - Availability of all services and quick access 3 - Consistency		
428	If you live in the Cheltenham area and you require urgent advice, assessment and readily available treatment, it would be complete nonsense to have to waste time travelling to Gloucester		
429	Ensure consistent access to the services being offered. Short waiting times including same day access.		
430	With A&E short journey time to reliable A&E with rapid triage. In other cases sticking as much as possible with medical people we know and who offer continuity of care.		
431	Make it more localised, old people and young parents do not always have access to transport. We are having massive surgeries built, utilised those more but keep little satellite "health hubs" in local areas for these people. More "health hubs" in the poorer areas such as Bartongate. Use the children centres to have health care in?		
432	I don't understand the question - sorry		
433	My community - Winchcombe already suffers from poor ambulance response times. On top of that Winchcombe is 8 miles from Cheltenham General and 16 miles from Gloucestershire Royal thereby doubling the journey time to receive urgent care. Without an improvement to the ambulance service in conjunction with the reconfiguration potentially patient care and possibly lives are being put at risk. There needs to be a patient outcome study done before the reconfiguration take place as once the physical changes i.e. buildings etc. have been made then there is no going back.		
434	There is no feasible alternative to A&E at Cheltenham General		
435	Transport is a major problem and the apparent expectancy that everyone has a car or has a relative, neighbour etc who can get them there. Then there is the issue of parking, so I would request a transport system. There is a system of volunteer drivers based at Bream I think, perhaps more volunteer drivers who would drive people to appointments etc? And transport patients to a care facility at short notice if they need urgent care but not really bad enough for ambulance. Eg badly cut finger, nail in foot that type of thing. We all want everything to be local and feel that hospitals are getting too large and impersonal. A few well trained, knowledgeable people based in villages, towns, etc would be so reassuring. Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services? Obviously I am going to say to keep the local hospitals going or if they have to be replaced then build the new one very close to the old as the people know their local hospitals and appreciate them. If some consultants, some scans, and mobile treatment vans could come to the local health centers it would give more local treatment and help lessen the blow of losing the outpatients and hospital esp in Lydney area. The NHS is changing, most of us see the bad news of hospitals closing, wards being left unused and lack of nurses and Doctors. Of course we get worried. Publicise good news relating to the NHS as there must be some. Please make it clear where we go and for what and what to expect. We all want everything to be local and feel that hospitals are getting too large and impersonal. A few well trained, knowledgeable people based in villages, towns, etc would be so reassuring. Like the first responders who volunteer in villages and are called on to attend heart attacks until the paramedic can get		

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	there.		
436	ensure public have access to emergency care at CGH		
437	Frankly there are no options to reduce negative impact! There is no substitute for a properly staffed accident and emergency service within a reasonable commuting distance of patients.		
438	Loss of Cheltenham A&E		
439	Not too many steps in the process to reach the right team.		
440	Silly question....I don't agree that it's a good idea, there is not way to make it work for me or the people I know!		
441	Do NOT close Cheltenham A&E. A&E needs to be as close, and as accessible as possible, and have the staff to deal with its workload.		
442	Proximity of care. Once these services close it is a much greater consideration where you go and then you're less familiar with what that site offers. Eg I attended Cheltenham for a cut. I'd have been better off going to Gloucester.		
443	Keep healthcare local. Losing Cheltenham A&E would be a burden that cannot be mitigated.		
444	Cheltenham A & E must be maintained, there are no feasible or credible alternatives that could replace the loss of such an essential facility for a town and surrounding rural area such as Cheltenham.		
445	Clear directions to correct location. Ease of parking.		
446	Short waiting times. Easy to park. Ability to speak to relevant people. Joined up healthcare. We love the community hospitals and so does everyone we speak to. Because these hospitals are small they give a more personal service.		
447	Clearly defined pathways to access services. as close to home as possible as travelling difficult in stressful/frightening situations.		
448	timeliness and access to those who have the appropriate skills		
449	1. shortest possible journey times for urgent care 2. treatment at a location that is easy for relatives to access, reducing the travel burden at a time of acute pressure in families 3. knowing that emergency and urgent care treatment standards are comparably high in both Gloucester and Cheltenham hospitals		
450	If CGH were to lose its A&E there are no credible measures that could mitigate the loss of such a vital provision.		
451	Improved consideration for people of working age so that taking time off work is easier to manage Elderly people should not have to travel long distances to be assessed.		
452	Accessibility is probably the key thing. Knowing there is somewhere with the right people you need when you need it. Proximity then becomes less of an issue. Timeliness is linked to this as if in doubt one will default to the know quantity in this case A&E.		
453	Keep A&E services as local as possible to reduce ambulance travelling time and possible death on the way.		
454	Why change? A closure would have a negative impact for all of us		
455	Nothing will reduce negative impact. It's wrong wrong wrong.		
456	Accessibility, particularly for those not able to use private transport.		
457	Close at hand help is most important.		
458	Time to respond, ability for the new service to cope with the demand.		
459	Closing sections of CGH and obliging people to go to Gloucester is a bad idea.		
460	For residents of Tewkesbury, Cheltenham is a 15 minute journey, Gloucester is often half an hour, which could be vital. Cheltenham A&E is a necessary provision regarding the amount of new building and large		

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	areas such as Bishop's Cleeve now being built with huge estates - Cheltenham a 10 minute journey and Gloucester might be a 3/4 hour with traffic conditions as they usually are. No other measures will do adequately.		
461	Accessibility to treatment. I live near Tewkesbury a brand new hospital where services are lacking.		
462	I live in Cheltenham. For urgent medical attention, time is essential. Therefore, having full and competent services including A & E 24/7 is essential. The longer the journey, the greater the risk of permanent damage (e.g. stroke treatment is more effective the sooner it can be instigated) or worse, death. For treatment services and so on, many are stressful, and an extended journey just adds to that.		
463	This question is difficult to understand. I think what you are saying is if you reduce services what would be the best way to reduce the effect of this reduction. (Why can't you use plain English). I can't see how you can reduce the negative impact except by keeping Cheltenham A and E open.		
464	See above.		
465	waiting time		
466	If Cheltenham General want to lose its any there are no other credible measures that could mitigate the loss of such a vital vital provision.		
467	If it's an improvement it shouldn't have a negative impact. Why change anything if it works. Change for change sake is not good		
468	There is no change that could ensure those in need still receive adequate care		
469	More space, more staff. Stop the Home Office from harassing the excellent staff from overseas.		
470	if you need treatment it is very important to be treated locally and that means keeping Cheltenham General hospital fully staffed and able to maintain the current excellent services. My husband has benefitted from the outstanding Oncology unit since being diagnosed with prostate cancer. As I do not drive, and he was unable to, it would have been almost impossible for us to attend any other hospital.		
471	If Cheltenham General A&E were to close it would be almost impossible to reinstate it, obviously, and were it to be found, as I am sure it would be, that such a vital service was still desperately needed, it would be too late. There is nothing I can think of that would mitigate or reduce the impact of this.		
472	If Cheltenham General Hospital were to lose A & E there are no credible measures that could mitigate the loss of such a vital provision.		
473	Access to Gloucester hospital is much more difficult than to Cheltenham for all who live north of Gloucester city centre. The travel delay in getting to A&E must have an adverse affect on a number of critical patients, which may mean their life is put at greater risk because their trauma can not be stabilised so quickly. Treatment after stabilising is then in the recovery stage, and could be located anywhere where the specialised skills exist. This is a different emphasis than the thought of concentrating more skills in a centralised place, even though it might be argued that this centralisation might improve the recovery of those who are not affected by the extra delay in getting tp the initial triage assessment.		
474	Relocate to be local a full service health provider facility, in the same way parents relocate to the catchment area of a quality school. This would, of course. benefit only those able to buy into the now sought after area, the poor need not apply.		
475	I need to be able to access them. This means not just when I access them but also where those services are. I do not drive. I need services available in places which I can access via public transport. I need there to be options to use my own GP at times other than 'two weeks from now' or in the middle of my working day. If we close services in one place then I need reassurance that we have bolstered them elsewhere to an equivalent strength.		
476	Maintain two A&E hospitals		
477	Quality of service - fully trained medical professionals available around the clock. Efficient, quick and effective diagnosis and treatment. Easy access to services.		
478	We are not talking about the way that the service is offered that remains the same. This relates the the mass inconvenience or danger that moving away an a&e service away from a densely populated area of the county and the risk of a single point of failure that creates.		
479	Don't close Cheltenham A&E		
480	Please see my comments above.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
481	All towns in Gloucestershire have increased in size, therefore as much medical services need to be available		
482	That those responsible have identified any negatives and designed them out of their proposal before implementation		
483	If Cheltenham General were to lose its A & E, there are NO CREDIBLE measures that could mitigate the loss of such a vital provision.		
484	Having local facilities and not having to travel miles to reach services when seriously ill, more ambulances are needed to safely serve this growing community. I have seen massive housing estates being built locally but, NO funding from these building companies for the infrastructure that is needed ie hospitals, schools, dentists, doctors etc.		
485	personal service. This cannot be achieve at Gloucester. It is too big and they are already too busy.		
486	Distance and 24/7;availability		
487	If Chelt A&E shut, I can think of no way this vital service could be retained. Glou hosp could not cope.		
488	Cost - people should not be forced to sell their homes		
489	Wasted time to get help or get to help in case of an emergency.		
490	There is no way to reduce the impact of longer journey times; Medical, Economic or Psychological.		
491	Easy and swift access to urgent and emergency treatment which means you need to keep travelling distances as short as possible.		
492	There are no realistic mitigations to closing Cheltenham General Hospital A&E		
493	Time and high quality of treatment to be received ASAP. Being assessed by a nurse and then transferred to Gloucester as is current not acceptable. Full services must be returned to Cheltenham A+E		
494	Make sure there is a plan B in case the Gloucester royal burns down. Don’t have all your eggs in the one basket.		
495	By definition, any change which results in negative impacts should not and cannot be justified. No amount of mitigation can overcome negative impacts. Reducing them doesn't make them go away.		
496	Ensure local delivery of services		
497	That A&E requirements are dealt with as thoroughly and quickly as possible without long delays.		
498	Fully re-open A&E in Cheltenham		
499	By keeping the Cheltenham A&E and not combining it wit Gloucester. Gloucester A&E cannot cope with wit the amount of people it has let alone doubling that. To provide a safe and consistent service for emergency treatment Cheltenham A&E must be retained and properly managed. If there are management issues then the Health watchdog should be called in examine the running of the Gloucestershire ershire Health Service.		
500	The most important issue is that in the first hour after a stroke, the golden hour, an individual in getting that treatment shall survive. We do not want our largely elderly retired populations of Cheltenham and Bishops Cleeve having to travel to Gloucester via congested roads to not survive having not received treatment in the golden hour.		
501	Basic things like staying alive and convenience for local people it is supposed to be for. Reducing costs incurred in travelling extra mileage and extortionate parking costs.		
502	If Cheltenham A&E were to close, there is no credible alternative that would reduce the negative impact.		
503	Do not reduce Cheltenham General to a cottage hospital status. Invest in the quality staff you have. To transfer to Gloucester Royal which is not fit for purpose is short sighted. The closure of Coney Hill and Delancey have created massive issues for both mental health and elderly care in the County for short term financial gain .		
504	Keep it accessible Gloucester is not accessible		
505	Continue with A&E at Cheltenham General Hospital		
506	If Cheltenham General were to lose its A&E, there are no viable measures that could mitigate the loss of such a vital service.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
507	We need an A&E in cheltenham		
508	A decent amount of notice when things change, so alternatives can be explored		
509	Information		
510	I want to be able to be seen quickly locally. If my condition is urgent I do not want an unnecessarily long journey whether that is being sent to a surgery's partner site or sent to an A&E that further away than the nearest (existing) one. I don't disagree with forming specialist centres of excellence within the two hospitals in Cheltenham and Gloucester, but I do believe that a town the size of Cheltenham and surrounding catchment area deserves its own A&E and specialist services required for A&E should be maintained at both sites		
511	Whether the care is accessible from all parts of the county and by all people irrespective of whether they have private transport		
512	A sense of some kind of local medical network is important in a town as large as Cheltenham. It is important not to feel like a poor and neglected satellite of Gloucester in terms healthcare, that the hospital has shut up shop and the only help is nine miles away. If A&E absolutely HAS to close, how about improved public transport options, such as a direct and fast shuttle bus between the sites, to avoid people overloading the ambulance service?		
513	24/7 provision of appropriately trained medical staff that is easily accessible.		
514	Losing major elements of Chelt General cannot be mitigated for the population affected		
515	If Cheltenham general were to lose its A and E there are no credible measures that could mitigate the loss of such vital provisions		
516	Ican think of no way to mitigate the loss of services of a local A and E such as Cheltenham		
517	That you still get the healthcare you need despite making the wrong choice about where to look for help		
518	There just needs to be a reasonable alternative. Again when things are free, they go and then think later about whether they needed to go in the first place. Why would you not go if it is free?		
519	If Cheltenham General Hospital were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
520	For emergency and/or urgent care NOT to be downgraded		
521	Travel time, particularly for those with terminal, painful or acute conditions is critical to access to good service.		
522	People who use health care services are, of course, generally ill. Persons who are ill should not be required to travel long distances to obtain care. Any changes which require additional travel would reduce the effectiveness of the service and reduce the chances of prompt recovery.		
523	Services need to be available locally. Concentrating these in Gloucester does not provide a suitable or sustainable alternative for people in Cheltenham.		
524	Nothing should be changing at all, but if changes really have to be made, the main hospital, in this case Gloucester Royal, needs a lot more staff as otherwise it will increase waiting times for those needing to be seen which adds extra stress for patients and staff alike.		
525	Being well briefed on the changes as soon as they happen and if necessary a consultation to help. Many of those requiring these services will have some element of dementia and will need help with any changes and rather more than just a leaflet		
526	Availability of the services which I or cohorts require should not be compromised.		
527	Having a local A+E in Cheltenham is very important		
528	There is a need for centres near homes		
529	Ease of access to the area we live in, if on a pension who can afford £35 per week to visit some one in Gloucester Royal, and the hours journey each way.		
530	My main concern would be the closure of the A&E department in Cheltenham. I have only attended once but a journey to Gloucester would be difficult for me		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	I recognise that the expense of modern machines and expert staff necessarily leads to centralisation of facilities and have no problem with this, This must not be an excuse to do the same with day to day emergency and urgent treatment where time is important. The paper is well written but I'm concerned that it is a PR exercise to downgrade the service under the pretence of improvement.		
531	Increased GP/ANP availability in the day, would reduce the pressure on out of hours/urgent care services massively. Access to routine dental treatment on the nhs. What happened to nhs minor illness walk in centres? They were a great idea and engaged people in healthcare that might not have sought treamtment for one reason or another. Increased GP appointments either on the day, or that you can book in advance a few days. Whilst not having to call every morning to try and win one. It's really not rocket science to work out some people need to plan someone to look after elderly relatives that they may be the main cater for, or childcare, or around work and may not be imminently dying, but still need to access healthcare.		
532	delay in help		
533	I believe it is vital to to keep FULL medical, emergency, urgent, maternity, operations and life support in Cheltenham. Cheltenham General Hospital cover a wide area (into the Cotswolds) and getting to Gloucester is too hard, takes too long, the route may not be known and the critical one hour window could be lost. Plus visiting - which is vital to recovery of a patient cold be reduced for the same reasons.		
534	Keep Cheltenham A&E open.		
535	How many times do I have to say accessibilty		
536	It is incredible to think that closing a service is being considered. Glos Royal a&e cannot cope NOW - i have personal experience So to close cheltenham and put a further 100/120000 people in line for glos royal is plain STUPID		
537	A and E departments locally		
538	Avaiability		
539	Keeping it relatively local		
540	No change needed we want a fully open A-E service 24-7 open		
541	Do not remove Cheltenham A&E.		
542	Locations		
543	CHELTENHAM NEEDS 24 HOURS PER DAY ACCESS TO A FULL A&E SERVICE. ANYTHING LESS IS NOT ACCEPTABLE.		
544	Local services for local people,		
545	We are talking about people's lives here. I had a friend who had a heart attack at the Lido and walked into the hospital A & E and was treated immediately. It was caught so early on, that there will be minimal, if any, long term damage. He would have been severely debilitated had he had to make his own way to Gloucester. Had he been in Bourton on the Water and had to make his way to Gloucester, I would be attending his funeral.		
546	If Cheltenham General Hospital were to lose its A&E there are no credible measures that could mitigate the loss of such a vital provision.		
547	Death		
548	Keeping A&E services at CGH and expanding it back to a 24/7 Doctor and nurse led operation- that is the most important issue to be considered and likely to have most impact.		
549	Access to A & E 24 hours within 15 minutes.		
550	I am getting older like most of the population. I can currently drive to Gloucester, there is a local bus service but it takes a long time and the bladder get weaker. Getting to Cheltenham hospital is easy with local services I can be there in 10-15 minutes. Having only a centre in Gloucester means there will be a need for more hospital based transport services such as ambulances		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	A major problem for both hospitals seems to be getting people out of hospital beds and into the community. It would certainly be an issue for myself being an only child and having a daughter living abroad. Hospitals have to work much more actively with Social Services to locate and indeed provide care in the community		
551	Speed of response. Consistent standards and behaviour Empathy and engagement Positive supportive, meaningful aftercare		
552	There is no way any negative impact on me or people I know can be reduced with these very uncaring proposals. Last week a 93 year old lady friend was admitted to Gloucester with a broken hip. After her operation she was discharged after 4 days with no aftercare. She has no local relatives and her GP was not sent any advice by a week later. This is the situation NOW. It will only be made worse if you bring in your proposals.		
553	Care closer to home. That means all care, not a possible DN if your GP practice has it's act together. The loss of Cheltenham A&E would have a massive negative impact on me and people I know who live anywhere in Gloucestershire, including Gloucester residents who would then have an over extended A&E department to rely on.		
554	Ensure that urgent care services are provided locally		
555	Having staff who care about me as opposed to meeting quotas or enhancing their own careers.		
556	Accessibility		
557	There is no way the services can be changed that would reduce any negative impact on people. The negative impact will happen in the A&E at Cheltenham closes.		
558	Commuting patients is ridiculous. The modern era is demanding less travel not more. Keep services local.		
559	Easy access to all services. Reducing the need to travel long distances on public transport for non drivers.		
560	I do not see that the negative impact created by closing Cheltenham A & E should be something to be reduced - it should not be caused in the first place.		
561	That we are aware of what services are available and at what times and for what conditions. And when attending the correct location waiting time is well managed		
562	Access , treatment through an early response to needs . Local medical expertise to offer treatment without the need to ambulance patients to far away facilities .		
563	Timely access to good diagnosis .		
564	clarity on where to go and service provision at different times of day confidence about ambulance arrival times- our neighbour died last week after 17 hour wait for ambulance after a fall at Jubilee lodge Bourton on the Water despite broken hip and wrist. This real life example and the example of a lady in Bourton who fell and had a 2.5 hour wait serioulsy undermines people's confidence and therefore makes people assume the service locally can't work and best to go to a big centre Continue roll out of specialist nurses attached to GP surgeries to give advice and encourage self care		
565	If I or my family needed emergency care I would want an ambulance or paramedic to come quickly, especially if we need to go to Gloucester as we live in Cheltenham.		
566	I can only speak about Cheltenham, where I live. I don't see a need for there to be serious 'negative impact'. That's because Cheltenham is surely a big enough catchment to warrant its own genuine functioning urgent care service. If I have a suspected broken bone, say, in the hours between 0600 and midnight, I would see it as a reasonable expectation that I would be diagnosed, X-rayed and (unless complex) treated in Cheltenham.		
567	Make sure you ask the correct people before changing things not just the top layer/management		
568	Lots of preparation, being told about it well in advance.		
569	Short wait times, easy on site parking , specialist assessment, reduce multiple visits. Electronic prescribing sent to local pharmacy. Reassurance that access to local urgent assessment can continue - greater publication of what local MIU's can be used for with extended opening times.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
570	Public transport provision. This is a rural county yet this assumes that everyone is a middle class car driver who is either able to drive or has friends who can take them to appointments. Maybe people prefer to turn up and wait than have an appointment? Why is there little mention of mental health?		
571	Quality of care Waiting times Swift diagnosis and treatment As little time in hospital as possible!		
572	I THINK PEOPLE NEED TO KNOW THAT WHEN THEY REALLY NEED IT ACCESS TO EMERGENCY CARE IS QUICK. FOR ALL OF THOSE NOT LIVING NEAR TO GRH, THIS WILL NO LONGER BE THE CASE WHEN A&E MOVES OVER THERE. UNLESS THIS CAN BE DONE I CANNOT SEE WHAT ELSE CAN HELP UNLESS CGH AND COMMUNITY HOSPITALS OFFER SOME SERVICES THEY HAVE NOT PREVIOUSLY OFFERED OOH AND I DONT THINK THAT WILL HAPPEN.		
573	Access to service, urgency of response confidence in service givers knowledge and expertise		
574	Urgent and acute services need to be close by and shared across county. Treat and transfer not practical as not enough emergency vehicles let alone normal transport vehicles to transfer in a timely manner. For the volume of patients this is not workable.		
575	How far patients will have to travel and the opening hours.		
576	I don't think that you can reduce it by closing an A&E department		
577	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
578	Make it simple. The experts are best placed to decide on the place a patient should go. If the option is that the patient has loads of decisions to make to decide for themselves that is not the best solution		
579	I am genuinely concerned that due to the proposals, there will be the following: an increased number of deaths further delays before receiving the care required already busy services which are only going to get busier an aging population putting further strain on the system further cuts to the NHS I cannot see how this can be mitigated. If Cheltenham A&E is closed. It is only going to make the situation worse		
580	Distance you have to travel if you are seriously ill, more joined up thinking between GPs and Hospital Trusts, advice lines staffed by experienced qualified staff.		
581	The use of NHS 111, a call centre, would become even more confusing for patients. Who would patients refer to ring for advice and assessment? Someone they know who also knows them and that they trust, or a stranger working from an algorithm. Many surgeries around the country are now handling their own acute same day enquiries using askmyGP. This is not a technology platform alone, it is a whole system change. IT is often thought, usually by people who either have little experience of IT or whose IT experience is very narrow, to be the saving feature; throw IT at any problem and it will solve it. Sadly that has been proven to not just not solve problems, but ends up adding extra complexity making them worse. Using an IT solution of channelling patients towards a call centre and away from the community while ignoring the system changes that need to go along with moving to a modern health and social care system, are just adding an extra layer of complexity. Analysing the system through patient flow studies, then adjusting the system by bringing in teams of people into the community where they are needed, then looking at what IT is needed to support this, will not only meet the needs of the patients, the clinicians and the commissioners, it will also be a simpler and more cost effective system.		
582	Accessibilty		
583	Good publicity of the changes leading up to a start date via a variety of media eg tv, radio, leaflets, newspaper adverts etc. information provided in a variety of options eg social media, internet, booklet in GP surgery to take away Information stands in shopping malls, hospital reception areas, GP surgeries etc		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
584	Is Cheltenham A&E is taken away then there are no measure you could put in place that would be able to mitigate this. Time increase, lack of services, already overwhelmed Gloucester Hospital will mean longer wait times and poorer service. Nothing in says "emergency" like a long bus/car/ambulance ride between towns!		
585	A& E must be available at as short a distance from an incident as possible. Therefore Cheltenham General Hospital must retain is 24 hr A&E facility.		
586	Change is not always the ans. Improvement on what exists is the way forward.		
587	I think there is nothing that would reduce the impact of Cheltenham losing its A&E department. It is essential that it remains.		
588	Move the services closer to the requirement not further away. Centralising services more and more with a short term view to save cost makes the "service" worse for your customers. Surely this is the lesson of past NHS history.		
589	Do not change services.		
590	Care for ongoing conditions seems to work well, but target-led investigation can annoy people who have good health and take professionals' time from those who need it. Is Brexit affecting changes in minor ailment medication? People now have to afford to buy for some regular treatment, needed, but not considered significant by Govt advice. Check after 3/6 months all can afford that Physio after operations on knees/ hips is vital - see Dewsbury system which gives much better results than here I would guess - gym exercise class with physio on tap to start off rehab and classes thereafter if needed - also addresses obesity too.		
591	even though it'd be a bum for admin staff here, we should open the hospitals 7/7 . appointments over the weekend and evening s for hospitals too.		
592	make it clear online or at the door what you can/can't be seen at the centre for.		
593	The loss of A&E at CGH would have such a negative impact, and I can see no other changes that you have mentioned would counteract this.		
594	That any changes are improvements.		
595	Access to 24-hour urgetnt care		
596	that the reasons for change are fully understood by all groups & communicated to correctly to avoid misunderstanding		
597	Losing A & E can / will undoubtable lead to deaths which could be avoided. IF only Gloucester is left - and IF someone close to me dies when earlier intervention could have saved them then I think the negative impact will be great. This no doubt will lead to enquiries - which leads to reports and statements - Lessons will be learned! All a waste of money. time and further demonstrate the system does not care. For those thinking about closing Cheltenham A & E - think what this would mean to you - if going to Gloucester as the only options impacts you and your family.		
598	Easy access, speed of response		
599	You will not reduce the negative impact of closing Cheltenham ED. How can you? By asking us how we can reduce the negative impact, you are admitting to there being a negative impact. If the numbers visiting Cheltenham ED were down, at least one could discuss the financial implications of keeping it open. Numbers are not down; what is more, neither are numbers down in Gloucester. By closing Cheltenham ED you would impact negatively on both Cheltenham and Gloucester.		
600	24 hour access		
601	Not sure I understand the question- admin speak. Need adequate staff levels at all levels and enough beds to cope		
602	If the change was to close the MIU in Tetbury that would have a very negative impact on me and the people I know. If the change was to increase the hours and the days it opened that would have a very positive impact, particularly if we could book appointments		
603	WE need to place the arguments as being favourable for the population of Gloucestershire as a whole and stop talking about "Cheltenham" and "Gloucester" patients. We need to communicate more effectively with the public. At the last public engagement event for the IGIS hub, the public used words such as "deeply		

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	shocking" to describe our current set up. If we were totally transparent (which we have not been in my estimation).about our current situation for cardiology services, the public would quickly support our plans for reconfiguration.		
604	If Cheltenham A&E closes it is most important that those who make that decision should be held personally accountable for any negative impact on anyone		
605	As a frequent user of services at CGH, any loss of these would be devastating to me and my wife. I don't see how these could be satisfactorily replaced elsewhere, without causing severe disruption to my family. Due to illnesses we have a severely reduced income and my wife is disabled. We would not be able to afford taxi's for visits to GRH, and public transport is not an option due to my wife's disability. So it would be extremely difficult to make appointments or visits there. Most likely, an ambulance would need to be provided.		
606	Closing the A&E here in Cheltenham would have a DISASTROUS impact on EVERYONE in Cheltenham. Let common sense prevail.		
607	You need to listen to opinion, not make a decision regardless		
608	Keep it local....Cheltenham A&E should remain		
609	DONT MAKE THE CHANGES!		
610	There is no solution to overcoming distance and heavy traffic - localised services are essential.		
611	There are no mitigation measures available to address the loss of A&E at Cheltenham General. It is a genuinely essential service, not a 'nice to have if we can afford it'.		
612	Getting to Cheltenham A&E can take minutes, getting to Gloucester can take over an hour, surely if it's an emergency service then time is of the essence.		
613	To have services as near one's address as possible.		
614	I would like to have peace of mind and that seems to have gone out of the window with what is being proposed.		
615	As I commented before change is needed but nowadays the control freaks think change is necessary in all walks of life, mostly not for the better, just to look good on their portfolio. Any concern of impact on me or anyone else is just smoke and mirrors.		
616	Hhhmmm let me see, well i can walk to Cheltenham A&E in under 10 minutes and see a professional so i guess i'll need to see that not change. Expecting people to accept a downgrading of services is hilarious. Are we supposed to be ok with having to go all the way to Gloucester for something we currently have in Cheltenham? The only way you can reduce the negative impact to us is not do it, end of story. These questions look like they've come straight out of a business management seminar. I'm just waiting for the question about "synergy" to come up.		
617	Knowledgsble staff. A and E in cheltenham as gloucester too far. dont rely on GP's as they have limited knowledge. The whole system proposed will be a big step backwards. Learn from other trusts and even hospitals abroad. I am seriosly worried about the level of care in the NHS and have taken out private cover. Even though it costs me a lot of money. I just wish my private care could cover a and e as well.		
618	The delays caused may be life altering or life threatening.		
619	We live in a rural areas North of the county. Very poor public transport but a high percentage of elderly. Make more effort to keep open local hospitals like Tewkesbury. Brand new hospital with excellent facilities but closed atv8pm.		
620	Better communication in the service changes		
621	The changes have to work and be an improvement Without a massive increase in bed base GRH cannot take more services. It struggles at present with its surgical bed base. Orthopedics at cgh doesn’t use all its beds Since they have taken over the old Hazelton ward it is now just an admission clinic. They have not used the beds overnight. Meanwhile the surgical division is struggling. This kind of change has a negative impact on morale as it leads people to believe that those making the changes don’t understand what’s actually happening to patient flow.		
622	Accessing URGENT services only if you are sent Gloucester and you live in Cheltenham. Even if you can		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	drive, maybe you are too unwell and there is no-one with you? how will this work? How would you expect us to access these services?		
623	It needs to be quicker.		
624	having to pay for medication just because you go over the 40 year age for treatment and you are classed as a liability when other people can have more operation and cost a fortune		
625	Good public signposting and awareness sessions, far and wide		
626	Not to drive many miles in the middle of the night to get to an A & E hospital.		
627	Less waiting times		
628	If Cheltenham A&E were to close, I cannot see any credible measures that could replace it without reducing emergency medical care access for many local residents and without risking lives because of longer journey times.		
629	I need Cheltenham general to be able to deal with COPD and anaphylactic shock in an emergency. We wouldn't get get to Glos it would take too long		
630	Availability of timely appointments Not having to chase for appointments to se specialists.		
631	Good Communication over several Social Media platforms to keep the whole community informed.		
632	If a&e is in GRH what happen to walk in emergencies in CGH? Assume staff will still be able to treat or blue light urgent cases over to GRH?		
633	Fair access - ie reasonable travelling distance, always access to specialist staff who are highly qualified/ skilled. Short waiting times.		
634	Information being clear and open.		
635	The maintenance and improvement in standards of care.		
636	Keeping services as local as possible. Remembering that not everyone has transport or someone that can take them to the Acute. Keeping services as close to home as possible within the locality networks.		
637	See answers to question 1		
638	Ensure there is capacity to access these services in a timely manner. Ensure that there is capacity to be transported to the specified centre. This also has to be ecologically sustainable. Ensure appropriate out of hours emergency cover is secured for the specialist centre.		
639	Consutation is so important and potential users should feel involved and responsible. No time wasters, no broken appointments and having due regard tor the importance of the one to one potential solution for a crisis.		
640	Just by information. If it is reported and people know where to find it then you will always get some complainers, but the vast majority will accept it.		
641	A 24 hour a&e in Cheltenham is vital.		
642	I personally live in Cheltenham. Although I've only used it once, it could be very difficult in the future if there is no A and E here. The population of Cheltenham is over 100,000, how can they all be absorbed into Gloucester hospital A & E?		
643	If you eliminate Cheltenham A&E, how on earth anyone is supposed to get to Gloucester quickly in the so-called "rush hour"?		
644	Lots of communication - if something changes then tell people what they need to do now - not just through consultations but Facebook and other social media platforms, schools, offices everywhere.		
645	Good Communication to the greater community in and around Cheltenham about what is being asked of them.		
646	Don't close the A&E from Cheltenham bring it back to 24 hours service		
647	We clearly need good access to services as close as possible to where we live. In this day and age we should be reducing road miles to access things not increasing them. Give us good local access to services		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	That doesn't just mean people in Gloucester!		
648	Keep Cheltenham A and E		
649	the correct knowledge in a timely way To have confidence in the advice I am being given For someone to listen		
650	Having a 24 hour A&E department at Cheltenham Hospital is vital to the safety and sustainable health of people in the town.		
651	I would travel if I know the right services are there but this needs to be reliable IV for my condition should be available at home but I am asked to go to hospital		
652	waiting time triage area minor injuries area local GP service		
653	Keep an A and E provision in Cheltenham or you will be choosing to let people die. There are no credible alternatives.		
654	Good transport links.		
655	In an emergency you need fast reassurance and assessment in place....not long queues and uncertainty		
656	Firstly, continue to invest in and develop the capabilities of the Winchcombe Medical Centre along the lines of my answer to the first question. Secondly, continue to invest in and develop the extended-hours facilities at the Minor Injuries Unit of Tewkesbury Hospital.		
657	Local services, Speed of access to A&E Have a Triage nurse at reception. I had to que behind someone who had a headache, had not taken anything for it before presenting at an A&E service!!		
658	If Cheltenham General were to lose its A&E, I don't see anything that could be done to mitigate its loss		
659	If Cheltenham General were to close its A&E, I cannot think of an answer to your question. Patients will suffer and potentially die if this action is taken. It is very difficult to put a convincing argument that this loss will be anything put a disaster for too many people.		
660	A single lane dedicated to get ambulances to Gloucester without delay wherever you are in the county Is that likely???!!!!! Keep Cheltenham open for the over 100,000 people and the surrounding areas population too. With all the new builds around us our population is growing		
661	If Cheltenham were to lose its A&E service then there is not really any realistic way to replace it: people will suffer more, and die faster, as a result. Clinical staff talk about "the golden hour" and "the platinum 15 minutes" for getting patients into A&E, after which life expectancy drops dramatically. Gloucester is further away than Cheltenham and the clear conclusion is that closing A&E will be paid for in our survival.		
662	If Cheltenham lost its A&E, then the longer journey, greater wait times at Gloucester and higher stress on staff at Gloucester.		
663	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
664	Improved bus services/routes, but actually most travel by car so as long as you get to see the right staff when you get there and that can be assured then so be it.		
665	There are no creditable or acceptable alternatives available to mitigate this loss .		
666	A GP or minor injuries unit cannot be treated as a 'safe environment' by the paramedic co-ordination centre. If you are going to consolidate services to ensure there is enough staff and money to continue to provide safe care then it is of paramount importance - in my opinion - that there are enough blue light vehicles and staff to transport people over what is, after all, a relatively small geography.		
667	Keep what services there are and restore ones which have been removed. Stop privatising services if you wish to save money. Put NHS money into medical treatment without going to private operators who siphon off a large percentage of the money.		
668	It all depends on what the changes are. 24/7 A&E at Cheltenham General would be top of my list. Then		

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	provision of transport for those who live alone with no close family to act as chauffeurs.		
669	By service changes you mean REDUCTIONS in what is currently provided. A rising population should lead to INCREASES in infrastructure and not closures. Please look to improvements to Cheltenham A+E NOT closing it down.		
670	Having out of hours GPs at Cheltenham would be a mitigation. People might well call an ambulance as an alternative to going a long way to A&E which wouldn't be productive. I don't feel there is a really good mitigation to the closure of Cheltenham A&E.		
671	Ensuring all services are accessible locally		
672	I don’t see how anything could mitigate the loss of chelt A&E		
673	That we all know exactley what the changes are and what changes we need to enact to ensure a better medical service provision.		
674	Locally provided.		
675	No skeleton staff services run solely to placate people who don't want to see services relocated. I would much rather travel a bit further but get high class services.		
676	Easy access, cheap parking or good bus services to Cheltenham General.		
677	As said before keep both sites running		
678	If you close the Cheltenham a and e there will be no way to avoid a negative impact on my patients		
679	Think of the planet. As the population of Cheltenham grows, moving thousands of patients over to a centralised location is sheer lunacy. Why increase further peoples' carbon footprint? The most important thing to consider where we will be in 50 years time and the starting point to that must be local availability of services, especially A&E, and other related urgent cases.		
680	Accessibility - not everyone has a car and public transport options can be limited if you have to travel further afield especially at night. Ensuring people have the info they need to access urgent care quickly- Knowing where to go, who to phone How does the layman know whether their injury or illness requires urgent attention? - provide guidance.		
681	I with to keep Cheltenham as a General Hospital.		
682	CLEAR THE ROADS, STOP ANY ROADWORKS TAKING PLACE WHEN I NEED EMERGENCY HELP - YOU CANNOT PROMISE THAT NOR CAN YOU PROMISE TO GET MY RELATIVES TO GLOUCESTER ASAP		
683	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
684	Do not close the local MIIUs as this will have a great impact. Once they are lost they are unlikley to be replaced. Enhance these services to reliev pressure on A+E and on GP practices. Keep services as local as possible.		
685	Don't close the Cheltenham A&E and continue to concentrate services in Gloucester. You must make sure there is public transport within a reasonable time from the North of the County for families and hospital visitors.		
686	Local services, as there is a lack of public transport in rural areas. Treat people closer to and be able to keep people in their own homes.		
687	Clear communication what service is open when		
688	Another obtuse question.		
689	As stated in previous answers any changes needs to ensure people go to the right place to get the right treatment quickly and efficiently. Access need to be easy, consistent, 24/7, and available equally throughout the county. You need to invest in people, equipment and facilities - can you afford this?		
690	The residents of Cheltenham must have comparable care and support services to those provided to residents of Gloucester. I broadly agree with the centre of excellence approach (see later questions)but the underlying theme seems to be a downgrade in CGH with more services being provided in GRH. Not everyone has access to a car or bus route to get them easily from Cheltenham to GRH.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
691	If Cheltenham were to lose its A&E service then there is not really any realistic way to replace it: people will suffer more, and die faster, as a result. Clinical staff talk about "the golden hour" and "the platinum 15 minutes" for getting patients into A&E, after which life expectancy drops dramatically. Gloucester is further away than Cheltenham and the clear conclusion is that closing A&E will be paid for in our survival.		
692	Access to knowledgeable staff with the necessary and appropriate equipment in a timely manner		
693	If the Cheltenham A&E is lost, there are no credible measures to replace the services.		
694	Keep emergency life and death care at Cheltenham if you really want to prioritise.		
695	A 24/7 regular public transport service to gloucester hospital.		
696	Ease of booking an appointment. Ideally the ability to go to a nearer hospital even if out of county. I've recently had two hospital appointments for which I had to go to Cheltenham. At the time of the first I was working in Chipping Norton and ended up having to take half a day's holiday to go to the appointment, it took me an hour to get to the hospital.		
697	Improve standards. Develop a local service which serves the community properly. Underinvestment is not the fault of the hospital (but government) however, Cheltenham could be more customer focused for the locality.		
698	Stop closing down our local services More investment in NHS		
699	changing the service we currently have at Cheltenham will be negative as far as local residents of Cheltenham are concerned. Nothing will mitigate this.		
700	Clear communication. Thought given to how we can get to and from services e.g. public transport links, sufficient ambulance support.		
701	communictaion		
702	Emergency care is dreadful. Glos over whelmed. No beds. No staff. No loos. No parking. No nothing. Not even chairs for people in corridors.... And actually not even corridors with space to put people in them. GPS can't get to people, neither can ambulances so when people get to hospital theyre sicker. You can tell who clinical staff are... They're the ones looking broken		
703	It is expensive and tiring to travel between GRH and CGH and the bus service does not run at weekends. This is particularly hard for the elderly and isolating if close relations cannot afford to visit. I found myself stranded at GRH one Saturday evening and it cost almost £30 for a taxi home. This is out of reach for those on a tight budget.		
704	Take account of the (apparently 8%) people who think that transport is important (see my first comment above). Take account of people who have difficulty hearing on the phone, or do not have on-line access, etc.		
705	I cannot see anything that would help. It would be a disaster. If would be horrific to lose the services here, Many many more calls for ambulances will be made. The ambulance services are already very very stretched. We should not have to swap emergency services for specialist services		
706	If Cheltenham General Hospital loses its A&E there are no credible measures that could fully mitigate its impact. The service change would be devastating and likely irreversible.		
707	If they get urgent service like before		
708	Timely and appropriate treatment It's all very well having centres of excellence but we know that the success of many treatments is very time dependent . This is illustrated well by the lack of vascular surgery provision in SWINDON adding lengthy and dangerous delays to treatment as patients are transferred to cheltenham ! The closure of a and e in cheltenham would very likely increase mortality and morbidity rates		
709	Ensure awareness is maximised- if people are aware of the changes this will empower them to make the changes they need to when they need to access the service. Ensure there are multiple access points into the system		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
	Electronic patient records NEED to be available across all access points and there needs to be a back up E system if the primary E system goes down.		
710	To prevent a negative impact, the A&E department at Cheltenham must be kept open.		
711	Local and immediate access on your doorstep		
712	Appreciate centralising care is more cost effective, efficient but people like good community services. I worked at Standish previously and understand it was deemed safer / more efficient to move to GRH but people in community felt the loss		
713	Reduce waiting times to ensure local services remain so easy and quick to get to, increase opening hours		
714	good communication and access to appropriate services		
715	Communication		
716	Safety safety safety. Good transport links for patients and visitors. Address awful parking charges at hospitals		
717	Keep Tetbury open		
718	Transport as it affects access opportunities		
719	Yes - but only if A&E are genuinely in place ie. in Cheltenham and others		
720	Transport Time taken		
721	Please do not take services away from Tetbury Hospital. You will be threatening more than the hospital		
722	ease and distance of access to appropriate care, not simply a triage service. Speed of access to appropriate care, not just a triage service. Access to acute hospital beds locally.		
723	Considering travel impact and making sure that services are accessible, especially to vulnerable and more deprived communities. Those who don't have a car and rely on buses.		
724	Campaign via eg. the electronic screens in surgery and hospitals. Leaflets in waiting areas. PPGs perhaps case studies / patient stories might speak more persuasively		
725	Clear information on where I need to go for my healthcare needs. I am happy to travel further if the availability and timely-ness of the service is improved.		
726	I think treatment should be prioritised by the urgency / severity of the illness. Once those emergency / really urgent cases have been dealt with I think the less urgent cases should have consideration given so that for example children miss as little school as possible, working people miss as little work as possible, people with no transport get seen as close to home as possible etc rather than treating everyone with a blanket policy.		
727	Please could you see the first box.		
728	Local provision / urgent care, especially the elderly and vulnerable		
729	Patients find it very frustrating when calls aren't answered quickly or have to make a follow on call		
730	An immediate response to problems, less waiting times, Much better management Access to nearest hospital		
731	Urgent care - good and rapid access as local as possible. Major trauma needs centralisation, probably in GRH but more minor could be dealt with at CGH as now and in MIUs		
732	There would have to be great improvements in ambulance response times if longer journeys are needed More space in Gloucester for follow up treatment Better facilities there for family members		
733	Reassurance of ability to get seen in a timely manner with access to the correct care. Minimize waiting times.		
734	We need local Minor Injuries at Tetbury Hospital to remain and possibly extend hours		
735	Improve 111 services - they create too many acute problems		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
736	Gloucester barely copes at present. We have two main centres of population, can be isolated in extreme weather. Transit times getting worse as populations grow. Don't confuse A&E with referred treatment which already may use specialist centres. Cheltenham A&E already stretched at times, adding to Gloucester would not help.		
737	Transport as I don't have a car		
738	I feel it is important to have an initial appointment as soon as possible but also to receive results quickly and not need to wait many weeks / months to be informed of outcomes (some departments)		
739	Communication re changes is key		
740	Communication on wards and between doctors and surgeons needs to improve especially reading of patients notes and giving out appropriate food for patients conditions There needs to be enough staff to cover increasing hours of shift length if departments are going to become 24/7		
741	Ensure what is available where is very clear to patients and that the full range of services is conveniently available to everyone, irrelevant of where you live in Gloucestershire.		
742	Prompt treatment by highly skilled staff is the key		
743	Communications and better waiting timers to the same day centres so people don't feel they need A&E		
744	Keep access to emergency services local where possible and stop making plans for the convenience of managers and accountants Make use of and improve existing sites and facilities Increase sites and facilities to cope with the increasing local created by an increasing population. Stop pretending that we can manage by just centralising everything		
745	Keep it all as local as possible		
746	Making us go even further for even basic treatment. Increased journeys for emergencies if you are not in an ambulance.		
747	Stop blaming an aging population for everything that's hurting NHS services. Most of us have worked all our lives and contributed according to the laws of the country. Over many years pension funds have been plundered. Money wasted, banks running amok with no one apparently to Fit for future should improve services to the people requiring help or treatment in their community, with referral to specialist services. I feel Cheltenham Hospital supports the community very well.		
748	I don't want to see all of our urgent and emergency services go to Gloucestershire Royal. I also want service changes to be based on good evidence, practical experience of staff and realistic expectations. Simply providing more technological solutions to contact services will not improve things.		
749	Opening hours. Distance of travel		
750	Communication Transport Retain a community/ friendly feel by running teams not a whole service model		
751	clear information about where to go for what speedy response from highly skilled staff same day appointments		
752	That increasing the distance needed to travel to services does not prevent or dangerously delay patients accessing skilled assessment and treatment.		
753	Most important is the real-life accessibility of a centralised service....loss of the Cheltenham A&E would require more travelling for patients (in crisis) and consequent cost of private travel.		
754	Well thought out, trialled and tested.		
755	services are further away or it is unclear what a service does or when it is open		
756	Good publicity on where to go/where not to go e.g. no children at Cheltenham		
757	Vulnerable people especially may find it hard to adjust to any change. If there are going to be changes made, I hope health professionals will be well informed, patients will be well informed in advance. Maybe some open sessions where patients can attend to learn about services changes and voice concerns.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
758	I SUPPORT THE NEED FOR ROBUST AND RESILIENT SERVICES. GREAT ENVIRONMENTS WITH GOOD STAFFING LEVELS. PEOPLE MAY HAVE TO TRAVEL A BIT FURTHER BUT IF THEY HAVE THE GUARANTEE OF GETTING THE BEST CARE WHEN THEY GET THERE AND ALL THE RIGHT SERVICES ARE UNDER ONE ROOF THEN THAT MUST BE THE FIRST CONSIDERATION.		
759	Reassurance and proof that the service we receive currently is as good as the one we shall have at GRH and that delays in travel to GRH will be minimised.		
760	Making it easy to identify which service you should contact in the first instance.		
761	Make sure you do an Equalities Impact assessment (EIA) before every change of service (or launch of new service, or closing a service). No programme should be allowed to progress beyond initiation or design until an EIA has been completed and approved.		
762	Travelling distance, quickness of referral.		
763	Your emphasis on timeliness is good because that is what is most important, but it does require that resources are available to keep on top of peaks. We like to feel we are 'in the process' but don't like to feel that the process has got stuck!		
764	Specialisms are fine, but should not be pursued to the extent that Cheltenham loses its A&E department. It's called a General Hopsital for a reason, and providing A&E services is an essential part of that.		
765	I have a 6 year old. I don't drive I need an a and e in Cheltenham that I can access easily		
766	Maintaining image guided surgery at CGH. Maintaining A&E at CGH to serve the westerly part of Gloucestershire.		
767	People need access to services, this is particularly true for A&E as attendance there is unlikely to be planned in advance and the time taken to access the service may be crucial. If significant changes are to be made it is key that GRH have the resources and setting to offer care to all the additional emergency patients that CGH have previously treated and that appropriate urgent and lower level care is available across the county and not just eliminated from Cheltenham..		
768	Keep as much local as possible.		
769	See previous comments		
770	Please don't close Cheltenham A&E. This is such a backwards step. We deserve better. Not everyone has transport to enable them travel further.. so there will be even more impact on our ambulance services which is unnecessary. Keep services local.		
771	Less waiting times and quicker signposting.		
772	Cheltenham A & E cannot be replaced. This is best option for people I know.		
773	Promote the changes in GP / Dentist and Pharmacist and in Hospital Wards (when releasing patients) - can be a simple paper handout or a letter to all patients in Gloucestershire letters (high cost but would recoup in A&E savings)		
774	To provide an A&E department locally and not 8 miles away.		
775	Do not close the A&E at Cheltenham Hospital		
776	Consistency, care and consideration are key		
777	Do not remove image guided surgery from CGH.		
778	Accessing what you need when you need it. Joined up communication between all the services providing care. Being clear about what we gain from the changed and being able to back this up.		
779	The A&E facility availability in Cheltenham is in my view non-negotiable and the only way to provide the residents of the Town with the service & confidence required		
780	Location - don't make visitors or patients go further than needed by closing cheltenham a&e		
781	That the changes are first and foremost demonstrable an improvement on the existing system.		
782	Must be easy to access		
783	The right expertise in the right place - patients do not want to be passed from pillar to post to get treatment		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
784	if access to A&E is restricted their could be a lot of people suffering if they cant get medical assistance quickly.		
785	Not everyone drives, especially the frail elderly so easy assess to hospitals is more important than ever.		
786	That the service is fully staffed and providing a consistent level of care		
787	As long as they are local, and timely I wouldn't bother		
788	speed of appointment/being seen.		
789	clear communications travel/ease of access speed of access		
790	Ease of access - not having to fight to get appointments or help		
791	More efficient timing so it is not wasted		
792	Full honesty. Gain trust of the public which has been damaged by recent events.		
793	Consult with and stop ignoring the public who are at the receiving end and the staff who are at the sharp end having to deal with the ever increasing demand. Dispense with the highly paid top jobs and reward the staff on the coal face.		
794	I don't believe that the changes will have a negative impact the populous need to realise that GRH is only 8 miles from CGH		
795	Availability of services around the clock		
796	Keep Cheltenham A & E open		
797	How people will get to an out if town Hospital when they are unwell and can't afford a cab.		
798	cannot say until changes are proposed		
799	Fair and equitable Open and honest Emergency care that is accessible		
800	Low waiting times and short journeys. Travelling to GRH is too much for so many people who are in an emergency situation.		
801	There must be NO TIME DELAYS caused by waiting or travelling in the provision of Emergency Services in either Cheltenham or Gloucester. Providing centres for minor non urgent centres would help with this.		
802	Prompt Communication of changes		
803	Transportation and increased capacity		
804	Availability of services at all times within Cheltenham		
805	Don’t close A&E services in the first place.		
806	Time between need and access to treatment must be top of the list. Therefore the closer help is, the sooner treatment can begin.		
807	The most important way to prevent any negative impact is to guarantee the permanent provision of A&E services at Cheltenham General Hospital.		
808	Time to reach A&E and facilities when there.		
809	* DO NOT use good ideas in developing better and more efficient service provision, all of which is good , to justify the closure of either or both the Accident and Emergency centres. * In relation to Minor Injury and Illness Units research may tell us that 80% could safely be seen at units without xray facilities, but which 80%? Bad luck if you are one of the 20% and you have no MIIU or if you have your way, A&E unit ,to see you.		
810	I already have to take my children to out of hours A and E in Gloucester, this is often very difficult as I don't have family locally to help with sibling care. It's also an expensive cost as well as the extra time it takes to get there. In traffic Gloucester A& E from NE Cheltenham is an hour away!		
811	Keep A&E in Cheltenham		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
812	Not to have an increased workload to an already big workload, otherwise people will reach breaking point and be off sick, causing extra pressure to other staff.. Not to impact the incredible service we already have.		
813	Accessibility. Not everybody has a car or someone who can drive them . A single parent with a child with a minor injury on a housing estate or village on the outskirts of Cheltenham or Gloucester may would need to take a bus into the main town then a second bus out again to minors unit in Tewkesbury. Not easy with a sick child and several more in tow.		
814	Making sure the elderly and disabled are able to use these services.		
815	Reducing times of appointments. Trying not to have lengthy waiting lists.		
816	I want to be able to be seen quickly locally. If my condition is urgent I do not want an unnecessarily long journey whether that is being sent to a surgery's partner site or sent to an A&E that further away than the nearest (existing) one.		
817	Timely and effective information shared between providers Use of technology eg Skype		
818	you are discriminating against people who don't live near Gloucester and Cheltenham. Have more local services. Think about elderly people, people who live alone, have no car are disabled (or are poor) and have no one to run them back and forward to a hospital that is a very long way from where they live. how will people be able to access these services if they have no access to a car. This is a vanity project and doesn't meet the needs of people who don't live near Gloucester or Cheltenham		
819	You need to establish an independent health care manager for wards in the hospitals whose job it will be to independently visit		
820	Good Publicity / communication about changes		
821	Reliable planned operations which are not cancelled at short notice		
822	Personal care is still not number 1 priority, especially for the elderly		
823	Keep the mental health support in place such as Colliers but don't make it so hard to access. Give those with mental illness more support		
824	Local A&E ervices		
825	With ageing parents, a big concern is knowing where they need to go (in terms of being familiar with the surroundings). This perhaps affects people as they age more than a younger demographic. Also, note that in order to support those needing care, location again comes back into the equation.		
826	Timely coordinated treatment		
827	Streamline 111 - local version? Repeat callers/attenders (who are time wasting) need to go into a special management program		
828	I honestly don't think there would be any mitigation for the negative impact of closing CGH A & E. (Or GRH A & E for that matter should the plans get turned on their head; both are essential to fulfil your ASAP aspirations.)		
829	Local Access to Minor injuries units		
830	Good communication of what the services are and how to access them. This will be a major culture shift for a lot of people so you need to bring them with you by showing the new services are good.		
831	Better more sensible use of limited resources		
832	Living in Winchcombe I need local, accessible care		
833	Better parking, especially at Cheltenham		
834	Clarity and good timely communication about changes Travel times and access - my son was seen and treated for broken bone at Cirencester but had to travel regularly to Cheltenham for follow ups - would have been much more convenient to have had follow ups at Cirencester husband with Cancer - treatment via mobile unit at Cirencester would make fewer visits to Cheltenham		
835	To remove these vital A&E services, there is no comparable services offered, pays no need for patient safety and wellbeing		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
836	The distance that patients have to travel to obtain treatment and the same for family and friends visiting them if hospitalised for a period of time. I.e people living in the Forest of Dean or Cirencester etc having to travel to Gloucester or Cheltenham. you must not assume that the patients / family can drive or have access to easy transport. The new bus timetables for the Forest of Dean have made some journeys extremely long and the schedule is worse now.		
837	Good accurate, clear communication to the public and within the provider agencies (NHs and social care)		
838	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a provision.		
839	Explain and publicise the changes fully. Ensure people who don't visit healthcare settings are aware of changes		
		answered	839
		skipped	187

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	631

1	It is essential that 24h A&E services are provided at Cheltenham General Hospital.
2	Return Cheltenham A&E to a fully functional 24 hour department
3	Maybe open some of the smaller hospitals for emergencies
4	Anything that delivers the above suing improved technology should be considered so telephone helplines should be better funded as this works out more efficient and cost effective for organisations.
5	More consultants to lessen wait times on non urgent appointments and surgery, I have a 1 year waiting period for surgery to repair a parastomal hernia which could cause a blockage at any point. Keep open and improve the A&E department for Cheltenham General Hospital, it is a closer department than Gloucester Royal Infirmary for Bishops Cleeve AND I've seen the A&E queues at GRI which is at capacity now and has no charge if CGH A&E is closed
6	JUST GET ON WITH BUILDING THE NEW HOSPITAL AND STOP ALL THE RED TAPE, THIS PROCESS HAS TAKEN OVER 20 YEARS REALLY - THE MONEY HAS BEEN AVAILABLE TO DO THIS FOR YEARS, SO JUST BUILD IT PLEASE!!!
7	Keep Cheltenham A&E open.
8	Don't be put off by politicians. Do what is best for all residents of the county.
9	A quantitative survey that asks the underlying questions
10	Keep cheltenham hospital open all hours especially accident and emergency
11	Keep ED at both hospital
12	Leave our A/E alone at CGH. Stop driving your own agenda and pretending you are listening . You need to look seriously at your senior management they have got this so wrong. Leave Elective general surgery in CGH it does not make any sense on any level to move it, this will Impact on GRH ability to handle volume of emergency care
13	Accurate, evidence based information on claims made in the Fit for Future publication.
14	Many people struggle with travelling and not everyone has access or the ability to use modern technology.
15	What is the role for community nurses, we need to ensure there are sufficient numbers trained for the future. Minor injury units - raise their profile and ensure they are staffed to manage people who attend, again they can't close early because they are not staffed! We have to change the behaviour of people but also the way the services work. They should not get into the A&E unless they have been seen by a GP first, they need to be sat at the front desk and diverted to the minor injury units or GP surgeries. A&E is for accident and emergencies and needs to do that not everything else. Unless these services are staffed none of this will work, particularly the services outside of the hospital it is easy for people to go to there as they are open 24 hours a day.
16	Fund the NHS [in Glos but also in the country] correctly. Recruit the correct number of GP's, Specialist doctors [eg Gastro enterologists] , Nurses, and support staff. Refrain from pretending that this is an exercise in anything other than glossing over the running down of the NHS . Promoted by central government and abetted by yourselves.
17	Make online appointments available to see a doctor in a reasonable time frame available. Sometimes you ring and are offered appointments in 3 or 4 weeks time. I have rung back in a few days as symptoms have got worse than been offered an appointment on the same day. The current system doesn't seem to work very well. Maybe video calling services could be used like WhatsApp to provide access to a doctor quickly who can assess whether you need to see a doctor quickly, or not at all as the appropriate diagnosis can be done remotely and a prescription e-mailed for collection.
18	I seriously think that we should all be fighting tooth and nail for our wonderful NHS. Whilst it does currently have shortcomings we all know that this is die mainly to under funding and under staffing. Both of these issues should be made a main priority.

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
19	* a walk in centre would be fantastic with all services available immediately for physical health and mental health equity and at the hospital site. They could have housing advice and access alone with social worker and nurses.		
20	no		
21	Not at this time.		
22	As a whole, the system works reasonably well but is stretched. When we have needed emergency treatment it has been available quickly, when not urgent then available after a time waiting. Better use could be made of the other ancilliary hospitals especially Tewkesbury which we like very much.		
23	Centres of excellence are a good idea but not to the point of depriving large towns of their own A&E service		
24	Large print brochures Support for people with dementia regarding accesing services Education for the public regarding the dementia explosion that we will experience.		
25	Keep Cheltenham A and E		
26	yes be clear what you tell us about Cheltenham and let us access our own emergency department locally		
27	Our recent experience of treatment by [redacted] at Cheltenham hospital has been exemplary. We have had 2 occasions to visit for urgent attention and we could not fault any aspect of the services at the hospital. Absolutely brilliant.		
28	Yes we as a family are totally against this proposal. Leave our general surgery alone GRH does not and will not have the capacity. You will never reach centres of excellence with this proposal care will be diluted, rushed and substandard		
29	More health professionals to answer phones, not healthcare assistants following a computer algorithms.		
30	Services need to be close to where you live		
31	I believe long term and palliative care are important to have available locally. As we age, it is more important that our friends and family members can visit us in hospital. Having long distances to travel deters people from visiting loved ones. The bus between the two hospitals is a very good service but may be too arduous for the elderly. If Cheltenham patients have to travel to Gloucester hospital for all emergency care, some (such as myself) may not bother to go to emergency to see if a bone is broken after a fall. While my doctor thought my hand was not broken she recommended I attend A&E for a check. Turned out it was broken and appropriate treatment given.		
32	Yes, keep Cheltenham A&E open 24/7 and provide urgent care services available in Cheltenham. Period.		
33	If we couldn't have a n a&e I think more people would dial 999 i		
34	See above. The service that we receive in this part of the country is very very far from satisfactory		
35	No		
36	No		
37	Yes.. Forget the ridiculous idea of closing Cheltenham		
38	Yes keep CHELTENHAM A&E OPEN and under NO CIRCUMSTANCES close it. People need to be able to go to their nearest hospital in an emergency situation and your current proposals will prevent this. You need to THINK AND THINK AND THINK AGAIN.		
39	Nothing will solve the problem if Cheltenham A&E is closed.		
40	No		
41	No		
42	GP, DIstrict Nurse, Social workes and hospital care is completely disjointed.		
43	I work with elderly people. Please do not suggest even more 'online' services. They cannot cope with what we have already!		
44	No		
45	Run a minor injuries and non urgent problems service alongside A&E, and anyone who has a GP level		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
	problem to be rerouted to a GP service with appointments made for them online as part of the attendance. Or run an out of hours GP service all the time.		
46	Key urgent treatment that requires immediate attention should be on the door step, in Cheltenham. Cancer care, planned hip Ops, etc. I.e >24hr appt planned ahead should be grouped. Transport provided to such facilities IF people cannot afford it. NHS should be A&E only.... long term bigger issues to outsource.		
47	Plenty. Tell us exactly what it is your considering and I'll be happy to provide some critique. Sounds like you're asking me to do your job for you - except your agenda is not to improve the service, just spread what we've already got a little more thinly. Get central Government to sort out the shortage of GPs by ripping up the pension arrangements that mean a doctor can't afford to continue working up to retirement age.		
48	Only that you need to have 2 fully fledged and fully functional hospitals, of equal merit to separately serve the populations of Cheltenham and Gloucester and their respective catchments		
49	Keep it local to those that need it - many struggle to travel. (Cost and physical requirement). Also getting home after discharge is difficult I worked with one young mum who's baby collasped and was blue lighted to GRH. On being discharged in the early hours she found in the rush to get car for her baby she had not picked up her handback leaving her stranded in Gloucester in the small hours (yes she was discharged between 0200 and 0500)		
50	These questions make it difficult for ordinary members of the public to respond and are engineered for the benefit and answers accumulated by and through professionals. It is irrelevant to genuine concern from the general public.		
51	No		
52	I think far greater consultation needs to be carried out. You simply can't take a decision like this in such a short timescale. There needs to be feasibility studies carried out to assess the negative effects of distance and obviously time from all areas that would expect to use A & E services.		
53	Reopen Cheltenham's A&E 24/7		
54	Improve GP services.		
55	Only by keeping local hospitals open can you satisfy the needs of its population. Do it!!		
56	Having read the document it is not very transparent what you are planning. Some clear bullet points about where services will be would be helpful		
57	Yes! Don't let them close A andE in Cheltenham Hospital		
58	Listen to the people that you say you wish to serve.		
59	Do not centralise so Gloucester cannot cope - nighttime services are already a disaster !		
60	Hear this listen We Want Our Emergency dept Kept Open at CHELTENHAM.		
61	Again, liat n to the will of the people.		
62	Take the load off A&E and hospitals by making the front line parts of the service pick up their share off the load.		
63	Start putting people first, rather than saving money and creating more problems as in the long run closing Cheltenham will result in fatalities and cost more in the long run as it will soon become obvious that you will have to replace the closure with another facility		
64	Essential that BOTH Cheltenham and Gloucester have 24hour cover in their A& E departments		
65	No		
66	No		
67	Everyone just needs very local Cheltenham 24/7 help and needs to know where to go and how to access it instantly. Ideally not via a circuitous route via GP who you probably can’t get to see for an appointment for at least a week (although hopefully you’ve sorted that so I can get an appointment quickly)		
68	No		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
69	A good well staffed A&E department would be an intelligent place to start.		
70	Cheltenham is a town in its own right. People need access to services. Gloucester is not accessible or easy for many.		
71	No		
72	No		
73	I would like to see the Trust senior management appear in a public forum to discuss and explain what they intend to do instead of operating behind consultancy exercises which appear less than transparent.		
74	Keep services as they are that has worked for years and reopen Cheltenham A&E		
75	Not at this stage		
76	See above.		
77	Regular appointments no longer get sent out automatically to patients. The last couple of years I have had to chase my regular heart check ups and had different excuses each time for why I've not received my appointment. I should not have to chase my appointment every year, what about older patients who wouldn't think to chase them or wouldn't want to make a fuss? Please make sure appointments for regular check ups are sent out without the need to chase.		
78	Yes, make access available and stop pretending that you are trying to make things better when you are actually making things worse. Stop meddling around.		
79	rather than the 111 services there should be a local number people can call to get advice		
80	More people means more services will be needed, not less.		
81	already covered the areas which concern me		
82	Pharmacy staff are not always as readily available or helpful as the publicity suggests. Higher levels of well-trained staff are the only solution.		
83	Keep CGH Open		
84	Just in case I've not been clear. RESTORE CHELTENHAM A&E TO 24/7 OPERATION.		
85	Not really but consider where the NHS money has gone to improve services which could benefit from expansions. In this time you could improve oncology services at Cheltenham.		
86	Get out on the patch with a proper vision, some clearly thought through sensible options and a preparedness to have a debate.		
87	Not that I can think of at this point in time but I am sure there are many more reasons to keep CGH A&E open.		
88	No		
89	Employing more and training more A & E staff to keep departments open		
90	Scrap the preposterous, negligent proposal to withdraw FULL A.& E services in Cheltenham.		
91	Clear and transparent proposals		
92	Keep Cheltenham A & E open 24/7		
93	People who live in Moerton, Bourton, Winchcombe will find that they have a seriously reduced service.		
94	Keep it open regardless		
95	Just listen to us, the people it will affect		
96	I'm sick of visiting people in Gloucester as they had to be admitted there instead of Cheltenham due to no A and E overnight in Cheltenham. Why should we Cheltonians have a watered down service?		
97	As above		
98	we need to feel that we have confidence in the trust to act in the best interest of the community which at the moment is far from the case . we are unhappy with the apparent cavalier attitude toward the public that you represent.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
99	No.		
100	Already mentioned on line advice		
101	The reopening full time of A&E in Cheltenham		
102	Please listen to what your tax paying customers are asking for. Find a way to keep provision of A&E in Cheltenham.		
103	More access to drs on evening and weekend		
104	Keep it in Cheltenham, TOGETHER WITH EMERGENCY CARE. I will say this as many times as you ask the question.		
105	Yes - listen to the people !!		
106	Get the governent to put a lot more money in to the national health.		
107	listen to the people cost cutting in your over populated management team will save the money you are seeking to save .lets be honest cost cutting for patients more pay rise for the powers that be		
108	Advice and guidance should be consistent. I have an issue with my knee and self referred for physio it helped somewhat but the problem remains. I was then given an x-ray, told there was something floating in my knee but then referred back for physio. My friend with a similar issue was referred to the local gym and engaged on a programme called 'back to fitness'. I should have been given the same treatment and advice.		
109	I have had to use Cheltenham's A&E on several occasions as I have a stoma and have struggled with a twisted small bowel. I've never requested an ambulance; I've either had my father take me or I've called a taxi. At the point where I've had to go in to the emergency department, I've been in absolute agony, and the first thing that's needed is IV morphine. I can't imagine having to travel all the way to Gloucester, which would require a taxi, nor wait for hours because of increasing wait times that would likely be several hours is everyone is forced to go to Gloucester A&E. When I've had an elective surgery in Gloucester, even though it was planned, I was left in the recover room for 24 hours then in a corridor for a day before going home because there were no beds. The hospital is already too overburdened. The last time I was in Cheltenham A&E for my small bowel twisting, I required emergency surgery and I was told I would have died without it. This A&E is vital for so many people, it's not just for accidents and broken bones.		
110	Keeping the A&E at Cheltenham, at least in some form is a no-brainer. Despite whatever other problems you face, I don't think you can ever win by trying to convince people to give up a critical unit because of finance or staffing issues. You just need to recruit the right people and absolutely you need to run the unit in the right way to reduce workload. I also really believe in turning people away who are attempting access to the wrong service. The police would not respond if I called 999 to tell them someone tipped my bin over, the same needs to start applying to the health services.		
111	Nothing		
112	I would like to see a shift away from constant restructures being seen as the way to solving this issue. Instead the focus should be on streamlining existing services where they are... For example automated A&E triage similar to 111 to remove time wasters.		
113	No		
114	confirmation we are keeping a&e at cheltenham		
115	Access should be available in all areas of Gloucestershire, not in one location, which involves travelling many miles for assessment.		
116	Not to keep changing things in a way that leads the public to be suspicious of the intentions behind your proposals. The mangement of the hospitals In Gloucestershire seems to be conducted behind closed doors and in such a way that the public feel they cannot trust any statements coming from the management. Concerns for the future in terms of the availability of highly skilled doctors wanting to work In Cheltenham as more services are moved away therefore reducing their opportunities to develop their skills and career opportunities. The real concern is the management has created a sense of mistrust regarding their future proposals for hospital provision in Cheltenham and to the Cotswolds areas it serves.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
117	No.		
118	GP DOCTORS USED TO BE ON CALL AT NIGHT AND AT WEEKENDS,BY A ROTA SYSTEM,OBVIOUSLY-- A RETURN TO THAT SYSTEM WOULD BE A HELP--IF ONLY BECAUSE GP.S KNOW ABOUT THEIR PATIENTS.AND SO CAN ASSESS THE SERIOUSNESS OR NOT,OF THEIR NEEDS. I FOR EXAMPLE,HAVE TERMINAL BOWEL CANCER,BUT I HAVE NO IDEA OF WHERE THE TERMINUS IS--BUT MY GP,SURGERY ARE IN A POSITION TO SEE ME AND KNOW IF I LOOK AS IF I MIGHT DIE OR JUST NEED A BIT MORE HELP,THAN AN A7E DOCTOR WHO DOES NOT KNOW ME FROM EVE!		
119	Keeping the A&E service comes first		
120	Keep a&e at Cheltenham and increase to 24x7.		
121	Do not close A & E in Cheltenham		
122	Listen to what your customers want instead of telling us what we want in Cheltenham Hospital i.e. 24/7 A&E		
123	No .. but please listen to what's is being said here.		
124	Do not close Cheltenham General A&E		
125	GP surgeries seem to be going backwards in the services and professionalism they provide. My surgery is far from satisfactory, particularly when you consider it is a primary contact for medical care. GP's not available, appointments 2 weeks hence, 10 minutes for a consultation - these are all unacceptable.		
126	Access is not the only issue. Use the staff you have Don't waste valuable time travelling across the county Remove the expense of travelling for those less well off		
127	What a question. No No No		
128	Stop playing roulette with an ever increasing population that needs more services not less - my father was rushed to Gloucester A&E recently at 1am and sat on a chair until 7.30am before being seen and then having another heart attack in the cubicle - he is 85 years old. If that is what is replacing Cheltenham god help us all.		
129	No		
130	No		
131	As above.		
132	Listen to the point being made by thousands of local people that the A&E departments of Cheltenham & Gloucester hospitals should NOT be merged, but maintained and improved in both as well as the access to prompt access to the local doctor services.		
133	Attention should be paid to the difficulties caused to those who do not have a computer, have disabilities or learning difficulties.		
134	Nothing beyond the earlier comments		
135	Ambulance service that is local not from some remote location so we can have a paramedic who are superb these guys and Girls are. The real front line they should be in there own cars who can be at any address in minutes.		
136	Improving the emergency call centre and response times More access to gp and other services		
137	No.		
138	No		
139	No		
140	Access to GP surgeries or MIIU at night and weekends for minor injuries or non critical illness		
141	Keep these services LOCAL.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
142	no		
143	Cheltenham is an expanding town which has a diverse demographic, and so it remains essential that Cheltenham General Hospital operates with a fully functioning A&E Department that is available to the Community 24 hours a day & 7 days a week.		
144	KEEP THE DEPARTMENT OPEN - there is nothing else relevant to add		
145	No		
146	Yes stop using the word Urgent as if it covers emergency as well. I find it misleading. Work with the community.		
147	No		
148	Considering all of the local popultaion, including young, working age and older adults and those that traditionally have struggled to access health care such as the homeless		
149	Replace the Trust Board		
150	stop cutting at the front end, cut the overheads		
151	Adequate staffing is essential		
152	It would be very beneficial to recruit more medical and support staff to reduce the terrific overload on staff at present		
153	More walk in centres for minor emergencies needed		
154	Keep it (Cheltenham) open....or make Tewkesbury an a and e.. Hah... How likely is that...NOT		
155	See Above		
156	Some unfortunate person is going to die because of the increased journey time if you go ahead with closing Cheltenham General's A&E		
157	You haven't actually stated the evidence you've used, or given figures on costs, which is likely to be driving this. It's all vague weasel words. How many more people will die on the way to hospital? How many do you think will be saved by having a more effective centralised team? Actual figures. Not hand waving and pictures of smiling nurses.		
158	I do not see how elective surgery care in GRH will work - the clinicians are not on board which includes many general surgeons, anaesthetists and others involved in the pathway. To push this through would be a grave mistake		
159	Get it done - please		
160	Better communications between surgery and pharmacy		
161	Restore 24 hour A & E to Cheltenham (a town of over 116,000 people) and all the many other people who will have to drive even further than I would if I needed the service. Do not go through with your plans. You are likely to have someone's death on your hands before long. What are you thinking??!! We think we know and we can see right through you with your pretended consultation. We will not take this lying down.		
162	If it aint urgent dont go to A and E		
163	I have already stated my feelings in the previous questions.		
164	Tell us how we get to A&E Gloucester from over Cleeve Hill in an emergency quickly		
165	There are more houses being built in Gloucester and Cheltenham. Therefore more and more people coming into the area. Who in their right minds would think it's now a good idea to close Cheltenham A&E department. Glouustershire Royal already cannot cope with the volume of patients. This is playing with peoples lives!		
166	Use crowd funding to get better equipment and free up budgets. I am sure lots of people would donate if you need something. That might free up budget for other things you are trying to achieve.		
167	Look at what the largest percentage of demand is fo, not concentrating on the very smallest technical		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
	element that interests the senior medical staff and attracts professional recognition.		
168	see above		
169	1. One hears of operations having to be postponed at short notice, and of appointment times not being received by patients. If one is in a queue it would be reassuring to be told at weekly intervals how one is moving up the queue (or not). At the moment I am deterred from asking because I know staff are extremely busy. 2. I believe that one can monitor the current waiting time at A&E online. If I knew when there was a "quiet" time to visit the GP Surgery I would gladly do so.		
170	You recommend asking your local pharmacy for advice, this does not work as the pharmacist is unable to prescribe e.g antibiotics, painkillers etc without a Drs. Prescription I know this as recently asked for something stronger than over the counter paracetamol but chemist unable to give without Drs prescription		
171	Local! Cheltenham not further afield. I feel so strongly about the availability of a local A&E facility.		
172	NHS services should be overhauled from the top down, and local services should be improved so access is easier, smaller units to deal with everyday accidents etc much more efficient, them if more serious moved to larger more specialised units!		
173	See above...		
174	Easy access to the centre		
175	Keep it local for urgent and Emergency care.		
176	I have concerns about combining A&E into one unit. This will increase ambulance journey time and cost lives.		
177	Forget any idea of reducing A & E se vices. In fact put them back to what they should be. Reducing capabilities and skills and then saying the service is poor is a disgraceful thing to do. Shame on all of you.		
178	This consultation has not been good enough and the v worst information documented that goes with this is too complicated. You should address how to achieve widest dissemination to Gloucestershire public and ensure proper engagement. The majority of people I have spoken to are NOT aware of this.		
179	This survey will be off putting for many people as you really don’t want to hear from the residents of Cheltenham		
180	Why has this survey not been forwarded to every household? I received this via a third party.		
181	No		
182	I don’t want Cheltenham A&E to close I believe it’ll only cause more pressure onto Gloucestershire A&E. It’s already under strain and it’s a bad idea.		
183	Suggest you try to use 111 to see what the problems are. The default is usually to dispatch an ambulance which means blockage of A&E.		
184	Much more practical description of changes that the ordinary person can relate to. Give real examples of how some conditions will be treated differently but better.		
185	Yes, make a public site where every one can comment fully, by email, computer, post or message recorded at either a free or low cost rate. If you really want the truth...		
186	Cheltenham General Hospital MUST retain its A&E department! We don't all enjoy having sirens and blue lights to clear traffic obstructions when we need to get to hospital urgently.		
187	No		
188	Local GP surgeries and their staff aware of what clinical presentation is appropriate to be referred where		
189	Advice is not always an option for some people		
190	Having to travel over 3 miles to A and E brings on more anxiety to the patient relatives and friends of them.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
191	No.		
192	Continue joining up services & reducing inefficiency & bureaucracy.		
193	Improve 111 service, it's not fit for purpose, they always send patients to Gloucester		
194	Yes, expand GP services and fund them accordingly. This should be the most important FIRST POINT OF CONTACT and not have to wait days for appointments..... the 101 service is barely fit for purpose. Walk in at A & E seems to be the most efficient and taking that away is not a good plan.		
195	It is also better for the environment to keep services local		
196	Simplify your actions! Not having each person who sees you ask the same multiple questions. Service is appalling. Why ask a question if the answer is not recorded & looked at by the next clinician.		
197	SO often now people (often elderly) say there's no point going to see their GP any more. They can't get appointments. They feel it's a waste of time. A bit of a mixed message when we have all been told, for years, to be vigilant, that prevention is better and cheaper to the NHS.		
198	Do not try to fix something that is not broken the removal of Cheltenham A&E would be a terrible crime		
199	Keep Cheltenham General Hospital ED open		
200	cost saving! This brochure must have been expensive to produce - why not in black and whire? ITS OUR money you are spending		
201	Free bus passes for everyone would have lots of benefits (including health) Free swimming pools would likewise bring many health benefits		
202	No		
203	Please note answer above. Do not close access to Cheltenham!		
204	If you really need urgent advice call 999/111		
205	Good communications between staff, patients and family		
206	Central government needs to properly fund the NHS - not just make election "promises" which never materialise.		
207	Keep Cheltenham A&E open		
208	Please retain and enhance a full Cheltenham A and E. Nothing else will be sufficient. This is a vital service. Lives will be lost if the unit closes and mives to Gloucester.		
209	It is most unfair to all Cheltenham residents, but particularly the elderly and parents with young children who require immediate local help .It adds time , extra stress, and having to battle through unnecessary traffic when we have facility in our own local hospital.		
210	See above. Support things like keeping the Lido open that help keep people fit and healthy		
211	as previously stated		
212	Improve 111 advice so that not so many are pointed to ED for help		
213	No		
214	No		
215	Campaign to explain / identify difference between urgent and emergency. Educate as per previous answers so people know when to go to gp and/ or all the other possible sources of information so A& E regarded as last resort for serious care . Currently a & E can be treated as first port of call because people don't know where else to go. Information desks to disseminate information about new developments, local sources of care could be set up at readily accessible well advertised points around the county. Eg tourist information office, local council enquiry desks for drop in access. ASAP interactive website for the county that people could put in post code or reason they are seeking care and get advice on path to finding solution to care requirement.		
216	The wording of your booklet Fit for the Future is pretentious talking about "centres of excellence" and "world		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
	class treatment". An adequate service would be more accurate The NHS has been on the point of collapse now for decades. Health care is no longer seen as an aspirational career and few of our young people think their best career option is in medicine. We have seen doctors strikes and an NHS going from one crisis to another. In these situations there are better options career-wise The immediate problem post-Brexit will be to find enough GPs, Hospital Doctors and Nurses to run the service This makes it even more important that more emphasis is given to prevention of illness and to encourage patients to make more use of internet services		
217	What will be the impact on Cheltenham x ray and Diagnostic Sept? Will this be down graded. Will Gloucester sister department be upgraded to cope?		
218	No		
219	Improve 111 advice so the default position is not "go to A&E"		
220	Yes, start focusing on reducing the horrendous level of obesity in patients who clutter the hospitals		
221	Build / convalescent care / homes for the elderly / dementia patients so they aren't occupying hospital beds. Tackle lifestyle issues (eg obesity) more directly with patients		
222	Skill and expertise of staff I would rather drive a bit further and get quality treatment		
223	Please do not close down Cheltenham A&E. Think about people living in North Gloucestershire		
224	Doctors are offering more appointment times early and late appointments and appointments on Saturday and Sunday so progress is happening and 111 service also gives on the day consultations, but A&E is still required at Cheltenham		
225	There are no safe alternatives for "patient first" Cheltenham must have 24/7 cover locally. The police and fire service operate 24/7 locally why does the NHS believe its services are any less critical that they can be based miles away.		
226	Your changes would mean I'd have likely suffered serious complications when I had sepsis costing the NHS more money. This isn't going to save you money, it's going to cost you lives.		
227	Repeating what I have said. Expertise without a long wait is paramount.		
228	[redacted] and the team do a great job We need to share with the community when it is not working, and whatever change we have we need to make sure we have a reflective methodology to share if it, or any implemented change, s or not working well,		
229	Keep CGH A&E open permanently		
230	Sort out the appointment problems. I have been given appointments over 6 months in advance in cases where the consultant concerned has told me he wasn't booked up in that six months. I think there is a serious problem with your booking system and its connection with consultants.		
231	If you're going to take the A&E away from Cheltenham, make sure you speak to Highways and come up with an amazing plan for how to get people and ambulances there quickly. If you close the A&E at Cheltenham, make sure you have far more paramedics and ambulances on hand in Cheltenham. I think there would be far more call on them - if you're having a medical emergency, you are not going to try and get yourself to an A&E in a family vehicle if the journey is miles.		
232	As I have said accessbility is key - sort out the A&E area so that it runs efficiently.		
233	More staff need to be recruited if need be.		
234	It's exhausting.		
235	Makesure it is consistent and not a postcode lottery		
236	Where trauma / stroke and Mi are concerned I want to go to the best facilities with the best doctors/ nurses where I will get the best outcomes . We all need to accept this and not be so parochial . One GLoucestershire needs to bite the bullet and ignore the politicians who have a massive conflict of interest with their party / being re-elected and for once do something that is right for the people of Gloucestershire		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
	If you choose to live in a place far away from the centre then you should be prepared to travel a bit further , that is your choice ! The CCG shoudl be brave and do what is right for the people		
237	Giving up Cheltenham's A&E would be indefensible - whilst it may seem like a good business decision, it can never be in the best interests of Cheltenham residents.		
238	For elderly patients not ready to go home but no longer needing care in glos. royal or CGH The options are very widespread. Cirencester, Tewkesbury, Moreton. All areas badly served by public transport. Therefore these people receive few visitors which it is accepted makes a huge difference to speed of their recovery Again pressure should be put on councils to improve services.		
239	This whole survey focuses on urgent care only and not emergency care. There should have been questions about emergency care, too - it appears you wish to silence the voices concerned about emergency care.		
240	No		
241	no		
242	see later		
243	1. emergency care local to Cheltenham 2. elective surgery to stay in Cheltenham, we have the capacity, both in surgical beds and DCC. we can put the TRUST on the map for a centre of excellence. the NBOCAP figures are already above national average. it will be so wrong to move everything to GRH on so may levels		
244	BELIEVE IN YOUR CURRENT CAPACITY TO SET WORLD CLASS STANDARDS OF TREATMENT AND CARE.		
245	Fortunately I have not had to use these services yet but I know my sister who lives in another region had terrible trouble getting hold of her GP after coming out of hospital and felt vert isolated, I hope that never happens to me.		
246	No		
247	Please just do it		
248	I am putting the same point in all sections incase they get separated to be collated. Transport arrangements should be an integral part of these plans. Many people cannot drive or get driven (for a variety of reasons) to a treatment centre and public transport in the Forest of Dean is currently hopelessly inadequate and extensively non existent. To ensure access for all this MUST be addressed fully so that ALL service users can reach a treatment centre in a tomely manner - eg within your own stated time target of 30 minutes.		
249	More engagement with the public and more publicizing of the option available to everyone, such as MIUs		
250	110,000 people in Cheltenham - what is the detail of the proposals for urgent non life threatening health care if A and E shift to be Gloucester only?		
251	1) In order to free up acute beds, re-instate a Comminity Care facility tghat can offer care and re-habilitation services, not every patient whose condition is no longer acute is fit to go home straight away.		
252	Personally I am impressed with my local pharmacy and GP practice which is excellent. I have also had excellent care in CGH for assessment - Cardiology / lung and also hip replacement, plus general surgery (lower and upper)		
253	No		
254	Would there be enough trained staff to deal with this? Otherwise....??		
255	not really, the fact you are all trying to help is in itself reassuring. Thank you		
256	Add in the minimum of time		
257	Encourage more general staff by giving more training to them and better wages		
258	No		
259	No		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
260	Resources, staffing, training, access and understanding the issue are all concerns		
261	I feel the changes in amalgamating services are resulting in delays in discharge as patients need to wait for specialist review when that speciality not on site.		
262	Triage for everyone in A & E.		
263	what is the mean fast time for a patient receiving care from the phone call to the service itself?		
264	Allow people to use the Pharmacies in GP surgeries and Hospitals instead of asking people to make extra journeys to pick up prescriptions (sick people want to get home ASAP)		
265	No		
266	PLEASE, PLEASE remember that we're not all living in either Cheltenham or Gloucester. Just as we're not in London, from where edicts emerge: they ALL have massive choices as to where the best treatment might be obtained - a tube-ride away. And at specialised hospitals... We don't have that luxury but should (in theory) have the same life-chances. Simply put: we don't. Tell the Government lackeys - of whatever hue....		
267	In order to free up acute beds, reinstate a community care facility that can offer care and rehabilitation services, not every patient whose condition is no longer acute is fit to go home straight away		
268	I have asked around and many have not heard about or seen your booklet. So this is not a true representation of what people really feel. Basically a total waste of money and time. Same old same old really...sadly. I personally have no faith in the outcome of your plans for the future		
269	No		
270	Employ staff who are willing to work extended hours/shifts especially in ancillary departments such as Pathology.		
271	Keeping the A&E at Cheltenham open and not downgrading it to an urgent care facility		
272	Better communication across county boundaries.		
273	Keep Cheltenham a&e open.		
274	Keep our A & E and impliment minor injuries unit		
275	111 is a good way of accessing advice - but with limitations. It is annoying to have to go through a whole load of irrelevant questions when you know exactly what you need to ask.		
276	as said the treatment we receive in Cheltenham in all departments is second to none; We in Cheltenham deserve to keep our specialists and a fully operational hospital		
277	Listen to our MP		
278	You will be putting peoples lives at risk by adding pointless miles to receive emergency treatment, you only need an accident or road works on the route between Staverton to Cheltenham'and and then Cheltenham to Gloucester for the whole process to collapse. Invest more in Cheltenham A&E.		
279	Make the services equally available to villages and towns		
280	Processes to reduce readmission rates. Nurse practitioners to be made available to discharged patients who have had major, complex surgeries. Often these patients just need some advice and reassurance		
281	Please don't close Cheltenham A&E		
282	A full A and E service at both sites is necessary especially as a reported 'up to 4 hour response time from the ambulance service' is what could be expected. A further journey on a busy carriageway can only be harmful.		
283	Yes - centralised out of hours services including GP cover must be available locally - so both Cheltenham and Gloucester.		
284	Face to face and local, local, local.		
285	As mentioned above your reviews are always focused on what is convenient from your viewpoint, rather than your patients. As a result you treat people like commodities. Try to start seeing things from the other way around, then you won't experience so much anmosity.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
286	Will there be independent objective audit of changes so that failures are identified quickly and replaced?		
287	No thank you - local medical provision is excellent and thanks to all.		
288	Public service announcements - they don't have to be complex, they just have to make an easily understandable statement		
289	Again, it starts with 111. Investment in 111 will lighten the load on other services. Promote 111. Make it the first point of call for everyone. e.g. Train GP reception staff to ask patients if they've tried 111 before booking emergency GP appointments. Government to launch nation wide campaign to change behaviours to favour 111 ahead of seeking medical care.		
290	Until I read this booklet, I was not aware that there was a nurse led walk in clinic at CGH overnight! Thinking about this I realised that we moved into this area 7 years ago, coming from a large, busy city where NHS provision was very different. It did not occur to us that there might be very different arrangements in a town. (sorry!) The population of Cheltenham seems to be remarkably fluid so I wonder how many new comers are unaware of how and where services are provided? Perhaps information could be offered when patients register with a new doctor?		
291	Is "A&E" a 'legacy' service that (all) hospitals always provided - because no-one really thought about it ? There must be a lot of data involving the movement of blue lights away from CGH overnight for what 3 years now ? Are you analysing that data ? Why are you not discussing it publicly ? And demonstrably basing plans on that data ?		
292	I sent the comments below to my local Lib. Dem MP, Max Wood and would be interested to know if you are able to answer the questions. It's interesting to know the numbers of walk-ins and ambulances at both Cheltenham General and GRH but I think the important point is how do the hospitals manage the levels of patients, whether it's 10 or 100 the service and treatment both hospitals are able to provide and the impact it has is what should be measured. 2. If Cheltenham A&E remains as a partial provision, can GRH continue to carry the extra burden of more patients when Cheltenham is closed? How will they manage patient numbers if Cheltenham A&E is permanently closed? 3. They talk about stakeholders, engagement & consultation but what are the drivers behind the review of provision from Cheltenham General? As more homes are built in and around Cheltenham the demand for services will increase across the whole infrastructure, reducing the level of provision isn't going to improve the situation.		
293	send out leaflets Not waiting long to be served in general shops and not paying a lot for parking as its not your fault		
294	24hr GP service especially in rural areas		
295	More investment in GP surgeries Longer appointment times Quicker access to help		
296	Removing confusing words to describe jobs		
297	Somehow to educate people to use what is available more efficiently. Not to go to A&E with a sore throat		
298	More tie in with 111 and A&E, when I phone for advice and been told to wait for doctor call back, then told to go to A&E, the several hours I waited for the call back would be better spent at A&E getting seen sooner		
299	Better English of service providers		
300	All medical - no matter country of training - staff should pass qualification and experience (Inc language) investigation		
301	Staff 111 correctly. All the time but especially out of hours		
302	Has anyone discussed such proposals with the staff who work at Cheltenham A&E? These people are the experts and have the complete insight into the logistics and consequences of reducing/removing a fully operational A&E.		
303	Enough people to answer the phone.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
304	Too many chiefs and not enough nurses Bring back matron who ensured wards were spotless, then no superbugs killing patients Simple really?		
305	Advising desks at GP premises rather than always talk about appointments, not available 10 to 14 days for GPs!		
306	If a referral is necessary it would be better for the patient to be made aware the projected time and whether they would be attending CGH or GRH		
307	1 - communication to all public where they go, A&E cannot cope with volume of patients, not all patients are emergencies		
308	On a larger point (i.e Government) staffing needs to be addressed so we have enough Doctors and Nurses		
309	Quick access to emergency and knowing what I need asap		
310	Spend less money on managerial functionaries and more on front line care		
311	Valuing staff is the best way to ensure a good patient experience. Care of NHS staff of high quality, training for them, listening to them and encouraging rather than imposing change on them will improve services for patients - and prevent staff shortages. I don't mind waiting if I am seen by someone who cares		
312	It is vital that people understand where they get the appropriate advise, then that they are understand that the assessment advise they are being given is consistant with the given problem, then what and why the particular treatment procedure is being given.		
313	Keep it as simple as possible to the patient.		
314	It is important to consider all the people in Gloucestershire re design of services, not only the wants for vociferous Cheltenham residents. Localising emergency services to Gloucester would be of large benefit to the whole county and only a minor inconvenience re travel for those living close to CGH.		
315	Care closer to home must be a reality not a vague promise. Not all people have access to PC or other devices to access advice. Telephoning GP surgery for advice takes too long to get through. Not all people can travel to Gloucester/ Cheltenham and do not have family or friends who can take them.		
316	na		
317	There are still a shortage of GP's in practices and waiting times to see a GP for routine appointments are still too long.		
318	closing an A&E unit is not going to push people to minor injury units it will just clog up the only A&E making it worse you need to keep both open but incorporate the minor injuries in them so this becomes the norm		
319	Mobile units? Taking a leaf out of Hope for Tomorrow's book?		
320	The NHS has way to many Managers that just cost money and bring no real value to the NHS. Every Surgery should have an Ultrasound Machine this would reduce the workload for Hospitals. Also GP's should be able to give Pain relief IV that would reduce the burden of A&E Departments. There are a lot of Treatments GP's could give to reduce the strain on Hospitals.		
321	Regular updates.		
322	regular up dates		
323	See above		
324	Speak to Government and politicians. Make it clear that funding needs to be provided for on the ground staffing - nurses, Doctors in hospital and in surgeries - sufficient beds to accommodate patients being admitted		
325	Longer not staggered opening hours at GP surgeries Publicise ones that are open in the evenings / Saturdays Keep telling us what is happening		
326	No		
327	Better use of communication whether this be technology or face to face. more use of telephone		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
328	The South Forest area is likely to be most affected part of the county when its hospital closes. Some for mof improved health centre with a MIU facility is needed		
329	Obviously I am going to say to keep the local hospitals going or if they have to be replaced then build the new one very close to the old as the people know their local hospitals and appreciate them. If some consultants, some scans, and mobile treatment vans could come to the local health centers it would give more local treatment and help lessen the blow of losing the outpatients and hospital esp in Lydney area. The NHS is changing, most of us see the bad news of hospitals closing, wards being left unused and lack of nurses and Doctors. Of course we get worried. Publicise good news relating to the NHS as there must be some. Please make it clear where we go and for what and what to expect. We all want everything to be local and feel that hospitals are getting too large and impersonal. A few well trained, knowledgeable people based in villages, towns, etc would be so reassuring. Like the first responders who volunteer in villages and are called on to attend heart attacks until the paramedic can get there.		
330	Free parking and easy access to parking. Good transport links More opening hours at North Cotswold Hospital in Moreton		
331	If you are ill at the present time, it seems that getting to A&E department is the only way you stand a realistic change of receiving urgent advice, assessment and treatment		
332	Ensure that telephone advice does not default to "go to A&E" which is sometimes the case with 111.		
333	A 111 'chat' online service would be helpful - lots of folk struggle with phone contact...		
334	For the North of Gloucestershire not only is it accessing urgent care but also get home again as Gloucester is a significant distant and expensive to get home. This places an even greater reliance upon the motor car and less on the public transport which does not serve many of the villages.		
335	Obviously I am going to say to keep the local hospitals going or if they have to be replaced then build the new one very close to the old as the people know their local hospitals and appreciate them. If some consultants, some scans, and mobile treatment vans could come to the local health centers it would give more local treatment and help lessen the blow of losing the outpatients and hospital esp in Lydney area. The NHS is changing, most of us see the bad news of hospitals closing, wards being left unused and lack of nurses and Doctors. Of course we get worried. Publicise good news relating to the NHS as there must be some. Please make it clear where we go and for what and what to expect. We all want everything to be local and feel that hospitals are getting too large and impersonal. A few well trained, knowledgeable people based in villages, towns, etc would be so reassuring. Like the first responders who volunteer in villages and are called on to attend heart attacks until the paramedic can get there.		
336	Do not downgrade CGH - ensure good urgent care is provided there		
337	Non-urgent GP appointments at my surgery have a three week wait Ambulance resources are wasted transporting cases to Gloucester		
338	See above		
339	we support your proposals in the consultation		
340	Don't forget about all the thousands of people who live in little villages on the distant edges of our county. It's not all about Gloucester and Cheltenham.		
341	nothing which springs to mind		
342	People without internet access should not be at a disadvantage.		
343	No		
344	More staff less bureaucrats		
345	Do the maths. It wont work and people of Cheltenham do not want it.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
346	We have an MIU one mile away, and the hospital 15 minutes away. If we need emergency care we have a 40 minute drive (at midnight, much longer during the day) for emergency care. Both are overstretched.		
347	We need good recruitment systems so everyone is heard and helped		
348	Invest in Oncology in CGH		
349	Better communicaton , using emails texts and get rid of the paper that seems to get lost when it's passed from one department to another		
350	Yes, listen to Alex Chalk our MP. I am not a supporter of his party but I think he is a good constituency MP. He has a great understanding of the people and community he represents, so engage with him and listen to him.		
351	No except make your questions easier to understand.		
352	in my personal experience the service provided is good but can be better		
353	No		
354	We already do that. Stay the same. Don't change anything.		
355	Closing Cheltenham A& E would be a disaster. Keep it open and extend not restrict the hours. Talk to the ambulance drivers and the front line doctors and nurses! They will tell you what needs to be done. Extend GP hours and services to take some pressure off A& E.		
356	Local services of the highest standard should be taken for granted. It is no good having half baked plans to split departments over several hospitals causing maximum difficulties for the population you are supposed to be serving.		
357	I cannot think of anything.		
358	Keeping a&e open in chelt gen hospital. A town as big as Cheltenham needs A&E dept. Better still built a new hospital for both cheltenham and Gloucester near the m5. With upto date facilities. And redevlop both the old sites.		
359	No		
360	Distribute the service, centralisation of the service may benefit the providers but almost never benefits the recipients. Certainly not when any part of the service is time critical. Consider the telephone; first there was a telegraph office in the village (rail station or post office), then a telephone box or two, then a few homes with phones and more boxes, now every home and every person has a telephone. While you cannot provide a doctor for every person, you can put them where the people are.		
361	Work harder on your public awareness campaigns. I found this questionnaire because my MP sent it to me after concerns I realise about the closure of Cheltenham's A&E service. I then had to hunt for the leaflet online. This is not the way to engage a wide customer base. If you can text me to let me know my appointment is coming up, or write to me to tell me about a smear test, you know how to contact me about something as fundamental to my wellbeing as this.		
362	Don't continue to ignore needs of the Cheltenham area community		
363	Fund it adequately and reject cuts. Remember it is a service we pay for so ensure our needs are met in relation to this service and don't cut corners.		
364	Don't close Cheltenham A&E		
365	Ditto		
366	We live in uncertain times; openness and honesty is the only way to reassure the public of your intentions.		
367	NO		
368	More thought for human life and less for financial gains.		
369	I recently broke my ankle requiring an X-ray and surgery. I can honestly say that I would have delayed going to A&E for a few days if it would have required going all the way to Gloucester. This could have resulted in more complicated, time consuming and therefore expensive treatment. Closing Chelt A&E would be a false economy.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
370	The ONLY answer is to retain Chelt A&E.		
371	No		
372	None		
373	I have used Cheltenham A&E several times myself for my children's sports related fractures & ACL damage. It is an excellent facility and a huge benefit to the community. Given Cheltenham actively attempts to encourage large numbers visitors with the Festivals of racing, Literature, Science etc it should aim to support them in every possible way, including emergency treatment.		
374	Save Cheltenham A&E as doing away with it will result in an inadequate NHS service to the people of Gloucestershire.		
375	No		
376	Get more ambulances and base them all over gloucestershire		
377	The point here is to ensure that everyone can access consistent urgent advice etc. Moving this fundamental requirement further away from people would only ensure that access becomes less likely.		
378	Maybe Hospital staffing at a certain level should be reviewed. There seems to be a lot of managers and people walking round with clipboards in hospitals currently. This would free money to pay for more nurses and doctors to help deal with emergency treatments.		
379	Fully re-open A&E in Cheltenham		
380	Keep the Cheltenham A&E for the people of Cheltenham and the Cotswolds catchment area. Maintain services on Cheltenham.		
381	I do not think it is very clever that an 80+ year old man from Bishops Cleeve is promised an angiogram as he presented with heart attack symptoms after collapsing at home, being rushed by accident and emergency ambulance to Gloucester Hospital, an angiogram that he is told shall have to be undertaken in Bristol. Then receives an angiogram in Cheltenham, dies in Gloucester Hospital within a fortnight of being ferried to Gloucester. This it is alleged was during the time the Government wanted to extort tax from hard working consultants and they were on short time.. The most important issue is that in the first hour after a stroke, the golden hour, an individual in getting that treatment shall survive. We do not want our largely elderly retired populations of Cheltenham and Bishops Cleeve having to travel to Gloucester via congested roads to not survive having not received treatment in the golden hour.		
382	Try asking the people who use it even before thinking about any decisions about closure. What assumptions are you basing your hair brained scheme on? I hear on the news that extra funding is being provided for essential care. Where is this being spent, I hope its not being diverted to top up pension plans and pay rises for the highest eaners. The hospitals where set up for the use of everyone not for a get rich scheme for the few. Think very hard about making decisions on behalf of other people before you have asked their opinion. What authority do you have to make these devastating decisions for our area? I would love to have the opportunity to go through all your books and see exactly what is going on in the running of the hospital to see if the sums add up, or what the philosophy is behind the decision you propose. Could you forward me the complete list of employees of the Cheltenham General Hospital from top to bottom and I will make it my job to work it out for you. Oh and can you send me the exact amount you have to spend for same.		
383	No.		
384	Patients trust their GP's. They have little knowledge of how NHS trusts work . However when they need their local hospital they want to be treated close to home with the best facilities and care the NHS offers. It is heartbreaking to have to drive from Cheltenham to Gloucester with a new born child under a hour old not knowing if the Mother in the ambulance is alive or dead. A general hospital in the town the size of Cheltenham is essential for the wellbeing of its residents and the surrounding areas.		
385	Keep Cheltenham open		
386	See above		
387	No		
388	No		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
389	Keep Cheltenhams A&E open please. Bad enough we lost our maternity unit		
390	The county needs two A&E sites		
391	Please don't cut the northern part of Gloucestershire off from emergency care		
392	No		
393	No		
394	yes invest in Cheltenham		
395	Keep it simple stupid		
396	No		
397	There are no core standards (eg a nationally consistent patient record) nor effective plans to achieve that in a near timeframe. This is shameful.		
398	Local access is much much better than service from a distance. Establishing centres of excellence for complex specialist capabilities is acknowledged as an appropriate strategy, but for general capabilities such as A&E local capability is essential if the objective of early treatment is to be achieved.		
399	Keep Cheltenham Hospital open and provide a minor injuries unit there.		
400	Perhaps social services could help with advice on how to get appropriate treatment		
401	Look at the needs of individual people.As a small example communications, use of email , { obviously not right for all but good for some] . Also share some information of any factual research you have done or modelling, not just quote what the general public have responded to your survey which can have a bias from the somewhat gilded view of some aspects you present		
402	More than one centre is needed as more homes are being built all the time and numbers in the area will increase		
403	Try using the 111 service.		
404	Employ registered healthcare professional's, not people who are just trained in using an algorithm to screen nhs 111 calls.		
405	I believe it is vital to to keep FULL medical, emergency, urgent, maternity, operations and life support in Cheltenham. Cheltenham General Hospital cover a wide area (into the Cotswolds) and getting to Gloucester is too hard, takes too long, the route may not be known and the critical one hour window could be lost. Plus visiting - which is vital to recovery of a patient cold be reduced for the same reasons.		
406	Everything as set out by Alex Chalk.		
407	No		
408	No		
409	Invest in this type of care on a local basis		
410	Yes a fully open service A-E 24-7 Do you not understand Cheltenham Needs fully open 24-7 service		
411	Do GP practices need to be boosted so that A&E is less stretched and thus more able to fulfil a pure A&E service		
412	CHELTENHAM NEEDS 24 HOURS PER DAY ACCESS TO A FULL A&E SERVICE. ANYTHING LESS IS NOT ACCEPTABLE.		
413	Listen to what doctors and nurses are saying		
414	I am not sure what your agenda is here...		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
	For what reason are you even considering closing such a vital service?		
415	No		
416	Keep Cheltenham open		
417	I would like you to stop talking about it, having meetings about it, producing booklets and moving goalposts. Just re-invest in CGH a&e Department as I have outlined above or when lives are lost because there are not the facilities available in the centre of our town, as they should be, it will be your fault and the blame will lie directly at your door.		
418	See previous comments		
419	I would like you to listen to the many elderly people in Cheltenham and the villages and towns north and east of Cheltenham who will find it very difficult if you remove A & E services from our hospital and place them in Gloucester Royal. Obviously a great deal of your problem will be solved if you follow this proposal as many people will die on the way to Gloucester. The journey takes a considerable time even when the roads are quiet. I would like the board members and particularly the CEO who want to implement this proposal to take a drive from the centre of Cheltenham to Gloucester Royal between the hours of 4 to 6pm any week day evening. Perhaps then you may have an understanding of the problems which will occur.		
420	No		
421	No.		
422	Keep it local.		
423	If General Practices were able to provide more timely appointments (currently 3/4 weeks seems average) then the calls upon A&E would be much reduced.		
424	No		
425	I am fearful for my survival if I have to travel beyond Cheltenham for urgent care.		
426	Ensure that an integrated transport system is put in place to ensure easy access. For example, at the moment to get to Gloucestershire Royal from where I live in Cheltenham is 2 buses. Those who live in outlining areas with no bus services rely on family & friends to attend hospitals. We are an ageing population and the need for better public transport is a must. All your planning must also involve liaison with Gloucestershire County Council who make contributions to public transport on outlying routes which are not viable.		
427	No.		
428	Ongoing repairs and updating of our hospital . Recruitment of specialist medical practitioners . Cheltenham and it's people should be at the forefront of emergency treatment , not reliant on neighboring hospitals to provide delayed care of those suffering immediate trauma !		
429	Whilst there is a case for centres of excellence the removal of high level care from local communities is of concern. GRH is considerably more than 1/2 an hour form much of this district and the cost of travel can be prohibitve for many. Further car parking is both expensive and frequently difficult to find at GRH. The effect of concentrating A & E on GRH is that those who need to become in-patients are often difficult to visit for family members leading to slower recovery.		
430	Key worker accommodation support - so it is affordable and possible to attract and retain health staff at a sufficeint ratio for care needs especialy where the percentage of older frail is higher		
431	Maybe more mobile paramedics who could visit homes to access or fast access to an out of hours GP. My daughter in law nearly died because of an incompetent 111 person at the call centre.		
432	You must have a lot of real-world data about who is currently accessing Cheltenham A&E, and why, and whether it's justified, and what the outcomes are. So you must be in the best position to say what patients really need and how best you can meet those demands. It's not really good enough to say that one-third of the people needn't be there. Where else should they be? And how practical is that alternative option - IN REALITY?		
433	Don't change it if it is not broken, just to save money.		
434	no		
435	Press and MP's need to report accurately		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
436	The people who plan these services should actually try to do what they are proposing from a location out of the two main centres and see how difficult this is. They should literally put themselves in the patients shoes.		
437	No		
438	ITS THE TIME EVERYTHING TAKES, WHEN MAKING AN EXTREMELY URGENT CALL ABOUT MY FATHER 2 DAYS BEFORE HE DIED I HAD TO WAIT 10 MINUTES TO GET THROUGH TO A 111 OPERATOR. ONCE I SPOKE TO ONE A PARAMEDIC WAS CALLED WHO TOOK ABOUT 20 MINS TO ARRIVE. THIS IS TOO LONG WHEN YOU HAVE A DELIRIOUS TERMINALLY ILL RELATIVE. NOW A&E WILL MOVE TO GRH OBVIOUSLY FOR THOSE OF US WHO DONT LIVE IN GLOUCESTER THE LENGTH OF TIME TO ACCESS WILL BE LONGER, PROBABLY MORE OF US WILL DIE OR SUFFER MORE AS A RESULT. BUT HEY THAT DOESNT MATTER AS LONG AS WE SAVE MONEY EH!		
439	Make urgent e services a local priority. Separate urgent from from minor/non-life threatening injuries services. Improve minor injuries/events services so that they do not impede urgent services. Offer more urgent "at site/home" to initially triage patients and define their needs		
440	Future of urgent care and assessment units across county.		
441	Keep Cheltenham A&E open 24 hours a day		
442	No		
443	As above.		
444	People will need to be told. And it will need to be more than a poster on the wall in the surgery. Having talked to patients and done observational studies in the surgery waiting room, no one looks at posters or the electronic patient screens. There are two main reasons. First, patients are often worried or anxious about their appointment so they will be going over in their mind what they want to say, or they may be ill enough that their cognitive capacity is restricted, leading them to struggle to take in new information. Secondly, most posters are hard to read at any distance, and it is often difficult to get close up, as either the posters are too high on the wall, or they are right above other patients heads so that you would have to be standing very close facing a stranger to read it. Patient electronic screens are rarely looked at except when a patient is called. And just putting a poster up as a pdf on the screen doesn't work, it is not readable. And much of the material that comes out of the NHS is babyish, patronising and condescending, so it ends up being ignored. A letter sent to all patients, with all GPs, nurses and receptionists following it up with a 'have your heard about the changes? Do you have any questions about it?' might be a start. Also getting PPGs involved, and getting more patients involved with PPGs. Having coffee mornings locally in each town, not just in the main towns, complimented with coffee afternoons/evenings for those that struggles with mornings or who work, so that people can find out informally what is happening.		
445	Only that you're keeping Cheltenham A&E. All other comments would be a waste of time.		
446	As a retired Police Officer and having worked in places such as Stow on the wold, Moreton in the Marsh, Andoversford, Whinchcombe etc, I am very much aware of the need to treat accident victims as soon as possible. Adding another 10 to 12 miles on the journey to a hospital could prove fatal.		
447	no		
448	No		
449	Do you honestly want to read the same story?		
450	We all know that medical professionals are earning more and more per hour and so reducing the number of hours worked. They also claim that the tax system provides a disincentive to work more. I can remember when MY PERSONAL doctor DID work 24 hours a day when needed and would come and visit me at home in the evening if I rang him at HIS home. What a change in attitude. The medical trade union has a lot to answer for. What happened to the doctors' oath? How you sort this problem I do not pretend to know but it is your job not mine to do so. Maybe telling doctors what it used to be like,regularly, and how lucky they are would be a start. Maybe you should try giving them more responsibility for high level achievement and cut out the amount of reporting paper work. But, of course this would mean YOU and them would require less administrative staff. Consider the potential savings!!!		
451	Rural areas need support with access, with local experts, especially at peak times eg winter virus often for quick low level response to save on higher level response needed later		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
	Coleford Health Centre must be in town centre so that transport is feasible for access. And soon, not delayed again because of hospital programme. Much new building scheduled in next 3 years, so more customers.		
452	maybe train GP's reception staff to be friendlier???		
453	None		
454	No.		
455	No - stop over thinking the thing!		
456	Again, I have to stress that response times are poor and MUST be improved		
457	I think it's clear.		
458	Ambulance and / or paramedic stationed at more distant places with high population eg Bishops Cleeve - a steadily expanding area.		
459	As above		
460	I know a lot of the town do not go to [redacted] surgery, they go to Tolsey or Malmesbury, they are Gloucestershire residents but they fall into Wiltshire for Health services as their GP is located in Wiltshire. Have they been consulted as I know they would use Gloucestershire A&E and MIU services as they're closer.		
461	We need more transparency about the patients who have come to harm. The public want to hear about these instances. They should not be "covered up."		
462	Plenty but unfortunately it is apparent you are not listening to anyone. You are just going through the motions		
463	No.		
464	PLEASE DO NOT CLOSE THE CHELTENHAM HOSPITAL A&E!!		
465	Keep Cheltenham and Gloucester in operation, don't overload one and compromise the other		
466	No		
467	Keep a&e open in cheltenham!!!!		
468	Just to actually, actively listen to what is being said already and not giving lip service to local needs. We have a wonderful facility in my area - Moreton in Marsh - but this facility is closed more than it is open for services such as x-rays. A shortage of staff is not an acceptable reason for not having local services. It requires solutions solved by thinking outside the box.		
469	I think you need to start listing. This consultation feels like you're going through the motions.		
470	Just keep our local services local please.		
471	Life is not consistent. You are concentrating on this urgent advice mantra when the general need is speedy advice available locally but in not necessarily life-threatening situations.		
472	KEEP CHELTENHAM A&E OPEN. PS Had someone had the commonsense and fore site to build a new and modern hospital between Gloucester & Cheltenham some 20 odd years ago and existing hospitals sold off to developers these problems would not exist. Like I believe , over educated idiots. NO COMMON SENSE>		
473	Your proposed system puts the onus on an individual defining whether they need urgent advice or emergency care. So the plan is let the person decide for themselves and if a few people slip through the net and die like my poor friend's father that's just going to be collateral damage i suppose? As i keep saying just make the triage system at Cheltenham A&E stricter and support the staff in being able to carry this out. You're not going to stop the time wasters, they're already thinking they need emergency care, so will just bypass the "self diagnosis" and call for a taxi ambulance. This "urgent advice" option is a nice concept but will not work because you're clearly not taking into account the human psychological factor, this is people's lives you're dealing with, not online retail customer care.		
474	Provide A&E at CGH 24/7		
475	Improve 111, poor advice given when telephoned resulting in a delay then a trip to ED with admission to Paediatric ward		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
476	24/7 PCI service- ideally at CGH where all the experience currently is. It's still closer to GRH than Bristol and the ambulance usually makes the decision		
477	As previously stated, centres of excellence I think we can all get behind, its a great idea and we can all access Cheltenham/Gloucester with time to arrange lifts. Urgent Care appointments in Gloucester if you don't drive and feel very unwell - how do you expect us to get there? get a bus? pay £40 for a taxi? Its a serious issue for many people.		
478	Telephone appointments aren't a good substitute for a doctor being able to see you, listen to your breathing, take your blood pressure etc.		
479	Please consider the older people in the community; driving late at night in all weather, for a long period of time is very difficult and worrying. Closing local A & E's will be a disaster		
480	No		
481	No.		
482	I think the GP emergency weekend service behind A and E is a good idea. I also like the GP extended hours program		
483	Reliability and quality of service is everything at the end of the day.		
484	This questionnaire is badly written and confusing and suspect it's designed to put people off from completing.		
485	Any solution should be environmentally sustainable, ie ensure reduction in CO2 admissions.		
486	if you want a good service you have to be prepared to fund it. What's wrong with taxes dedicated at raising money purely for the health service??		
487	Not for the moment.		
488	Cheltenham general needs a full 24 hour a&e.		
489	Fast, quality, reassuring triaging is very important.		
490	Ensure that attempts to contact the services do not end up with the waiting times frequently encountered with many so-called "help lines".		
491	Maybe Skype phone calls? Turning people away with colds.		
492	Listen to Alex Chalke		
493	Don't close the A&E in Cheltenham.		
494	Cheltenham needs an A and E		
495	thank you for asking by its nature urgent assessment and treatment is best delivered locally		
496	Having a 24 hour A&E department at Cheltenham Hospital is vital to the safety and sustainable health of people in the town.		
497	Avoiding any downgrade of A and E in Cheltenham . There is a culture of short term is in the health service. We have no confidence that decisions taken now will not have longer term consequences for A and E. Often this is after the current management group has moved on leaving the community to deal with the consequences.		
498	No		
499	Keep access local.		
500	Nothing to add to all of the above.		
501	Keep the A&E service at Cheltenham This is one of the longest surveys I've been involved in, I suspect you have made it so to stop people completing it. I'm only at 30% now!!!!!		
502	No		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
503	No		
504	Spread specialist departments across Gloucestershire and so that Cheltenham can remain a general hospital		
505	No.		
506	No. Just Cheltenham needs to keep its A&E.		
507	No.		
508	No		
509	I would like to hear our current and prospective politicians talking in terms that indicate that they have the first idea what it means to provide standardised healthcare to a diverse range of people in both rural and urban settings throughout the county. We are in a very rare position of being served by mainly one CCG and have an excellent STP in place. They can say we need two A&E departments but we don't need them - we may like them but we have neither the money or staff to make this a reality.		
510	Make it easier to see a GP. At present there is a hostile attitude towards patients which deters people. I now put up with medical problems until they become a real saga simply because I can't navigate the GP appointment booking system.		
511	Make sure that voices on phones are clear and speak English with English accents. Offer options for non-English speakers to get the same service in their languages. Change the charged car parking systems so that cars bringing patients get their fee refunded/voided.		
512	No		
513	Keep Cheltenham A&E if at all possible. Otherwise there really isn't a consistent service across the part of the county served by Cheltenham & Gloucester health services.		
514	Keep chelt A&E		
515	Not to rely mainly on technological communication systems to broadcast the changes. There will need to be a blanket advertising programme with information posters in GP surgeries, parish and town council notice boards, local advertiser papers/magazines, County newspapers, even a fact sheet included with our annual Council tax notice etc, etc.		
516	Advertise everywhere then advertise everywhere again but in a different way. It's amazing how little the public take it in until they are in crisis.		
517	It worries me that so much effort is being taken to keep people out of hospital or discharge them before they are ready. Our family have experienced the devastating trauma of the impact of this on two separate occasions in two years.		
518	If you close this facility you will find that the long term costs will increase if you reduce the urgent service available you will have a negative impact on Gloucester a and e already very overloaded will not offer any improvement. There is so much room for improvement already. You will result in a much poorer quality of service. longer waiting times and more deaths .Healthcare is not a business urgent services are not an exact science. reducing availability in such a large county will be devastating on the population.		
519	The key word in the question above is 'everyone'. Gloucestershire's population is widely spread. Access and availability can best be delivered through local and hyper-local outlets and NOT a semi centralised location. You should be considering expanding the services offered not reducing them. With financial resources becoming more available, this should not be considered 'pie in the sky'.		
520	Could more use be made of FaceTime or sending photos of the injury, rash etc to help with assessment?		
521	Keep Cheltenham A&E. Make Cheltenham A&E 24/7		
522	GIVE CHELTENHAM A REFERENDUM - DO WE WANT AN A AND E OR NOT BET YOU DON'T!!		
523	Cheltenham General Hospital is used by many people from outside Cheltenham. These people would have even further to travel if they had to go to Gloucester instead. Why overload Gloucester and create the requirement for more unnecessary journeys.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
524	Same things. There needs to be access to advice and services locally to the people. The Moreton-in-Marsh hospital is new and has excellent facilities. Instead of reducing its services, increase them to make it a stronger focus for services in the North Cotswolds. In the long run this will decrease the pressure on the ambulance service driving people to Cheltenham (and even worse, Gloucester) if less urgent cases can be dealt with here. You might say that people shouldn't use ambulances for slightly less urgent cases. Go and read "Nudge", and then recognise that providing a familiar, local service will reduce the demand on the central hospitals.		
525	Clear advertising of the pathways people need to take, manage people's expectations.		
526	Keep services LOCAL.		
527	Assuming all the proposed changes are implemented and deliver the high level of service promised, and assuming that in due course A and E at Cheltenham is downgraded what would you say to the resident of eg Guiting Power who rightly needs A and E treatment and who has to travel an extra 9 miles to Gloucester. They may indeed get excellent service when they arrive but it is surely inevitable that their outcomes will be affected by the distance the ambulance has to go in the first place to get to them which is then compounded by the extra time it takes to reach Gloucester. How can you ensure they have the same chances of survival as someone living in the centre of Gloucester?		
528	No		
529	No		
530	Yes - stop producing these expensive glossy brochures full of bland words and publish the true facts - what is the peak level of demand that is experienced by A&E at present? What is the breakdown of the types of complaints presented by the patients? How long does it take to tackle them? How successful is A&E in dealing with them? What proportion of cases have to be referred to another department because A&E cannot resolve them. Let's have average and peak demand data and indicate the frequency with which different levels of overload occur.		
531	No		
532	Health, health, health. Do for Cheltenham hospital what 1997 new labour did for education		
533	no		
534	Please keep an A and E at Cheltenham		
535	If advice is not available - do not be surprised that people turn to the internet, and if they do, then do not then poo-poo the solutions they come up with (we care at home for a family member with dementia, and have done for the last eight years since diagnosis. The dementia nurse comes once a year for goodness sake! of course we do the rest for ourselves as best we can)		
536	Nothing will work without enough staff to do the jobs. One person can do one job well. Pole more on them and they do it poorly. Ask them to do 3 times as much and they do bugger all, leave or get sick		
537	The poorest of the community will be hit the worse but we all need an A&E in Chelt		
538	Keep fighting for more funding for our growing town, promoting local access to healthcare at all possible occasions.		
539	For people over 60 years old the medical check not only blood, height, weight and blood pressure. It's better to check body with scan.		
540	The emergency vehicles need to be increased in number. The arriva transport system needs needs to be looked into to prevent patient delays. The current service is not adequate to transport patients between sites and if services are chaning, transport will be imperative.		
541	No		
542	Don't try to baffle the electorate, don't try to lead us the way you want. Listen to the public		
543	My step dad had heart attack on Bank Holiday Monday. He was taken sent to BRI on blue lights for life saving surgery - logistically it was difficult to travel there to visit and bring him home		
544	The reason people don't use minor injuries is that they either don't know about them or what they offer, free		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
	parking is also key. These could be brilliantly used if better communicated		
545	A guide to getting to NHS services by public transport		
546	don't rely on the NHS 111 service, its rubbish, the advice is often not appropriate and communications between services is poor		
547	No the ideas in the consultation are all very good		
548	Lloyds pharmacies do not seem to have a regular pharmacist in its shops to help promote confidence		
549	Worried that this is just cost saving		
550	Urgent advice (within hours) would be your GP out of hours currently say "go to" how in the evening, night or weekend? Result = more 999 calls		
551	maintaining appropriate on call services at CGH is paramount		
552	Making sure carers, deprived communities and those who don't have a strong voice are listened to. Listening to health care professionals and their preferences for their services		
553	Options for development? GPs in emergency departments, paramedics in primary practice or linked to same		
554	Please could you see the first box.		
555	GP web sites and GP surgery TVs should be provided with an update notification.		
556	Local area having a weekly drop in service just for regular tests. Eg. blood pressure etc where a nurse could sign post to DR or hospital if needed.		
557	Weekends and Bank holidays need a good GP service. as lack of this overwhelms A&E particularly GRH		
558	Provide more facilites for minor treatment and advice so that facilites for more serious cases are less crowded. Ensure the public are fully aware of where they can get help and advice for more minor cases		
559	Wherever possible as local as possible as transport links require improving.		
560	avoid duplication of services		
561	As above-I believe if you make this too accessible it will continue to be abused and demand will increase exponentially		
562	Urgent care means it is needed quickly. It should also be the best i.e. from a specialist with expertise but it is less important how expert the centre is if it takes too long to get there		
563	patients red flags taken into consideration and appropriate investigations carried out. Therefore the team knowing what to order for a suspected fracture etc		
564	Please involve private practitioners more and respect HCPC physios. If we have already triaged and feel they need same day help then they should need a full second triage. Waste of time and money		
565	STOP LYING TO PEOPLE about your true intentions when dealing with plans such as this By saying that "one Gloucestershire" does not cost any money because "there are no people employed by One Gloucestershire" By saying "we have not spent any money with outside companies on creating websites. The man two desks away from me manages the website ([redacted] - a One Gloucestershire Manager)		
566	No		
567	Do you really mean Everyone? Start with the young and the very old. Increase availability of support to those groups.		
568	I think that when there are more definite, structured, operational ideas about how urgent and emergency treatment services will be implemented, the public should be consulted on this.		
569	With 10% of vehicle traffic being health related its vital that this factor is considered with service changes. Its no good saving a few pounds on service reconfiguration if a few serious life changing episodes come about with more traffic on the roads due to less local services		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
570	Yes - i think it is very negative to be charging patients to attend necessary/ emergency services....at a point when individuals are worried and seeking necessary accident and emergency service use.		
571	Some people may not be aware what help is available except from their own GPs. They may not be aware they can access certain services without GP referral. Some good information leaflets listing all the available healthcare settings that can be access by the patient would be helpful.		
572	BUILD ON THE VERY GOOD STOP THINK CAMPAIGN - THE APP AND WEBSITE ARE V HELPFUL		
573	The old 111 service asked a load of standard questions that bore no relevance to the problem. The new 111 service - from what I can tell - is relevant to the problem.		
574	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future.		
575	Keep it in Cheltenham		
576	No.		
577	See previous comments. Keep it simple.		
578	As all above answers		
579	More video links should be established so that people can go online to speak to nurses and the specialist can then see what patient looks like/rashes/temperature etc. then signpost quicker, rather than seeing the GP who has multiple scenarios to deal with.		
580	No		
581			
582	As above.		
583	Do not close the A&E at Cheltenham Hospital		
584	More choice for whom patients see and more assurance that nurses and pharmacists can do as much for them as their own GP.		
585	No.		
586	rather than charge people for GP appointments - charge those who do not attend a fee - take bank details of patients when they register make clear that non attendance fees apply - inform those who do not attend that they will be charged and then take the fee. Make GP Practices work to one system.		
587	As above		
588	Ensuring the entire cross section of society are aware of the contact procedures, Not totally focused on modern technology. Posters in GP surgeries, hospitals, local town and parish council notice boards, local Advertisers papers/magazines, advice sheets included in our annual Council tax notice even,		
589	Listen to the people. Do not disregard their views.		
590	they don't need advice they need medical help when its required.		
591	Please do NOT close Cheltenham A&E. They save lives.		
592	Anybody who is drunk or violent should be excluded from emergency departments		
593	nope		
594	Pharmacists are a key resource but until health records are joined up, they a powerless to actually help in most cases. Give them access to records, prescribing powers, and the ability to fast stream patients to ongoing services - e.g. make the a n urgent GP appointment.		
595	My husband and I have both had the need to attend A &E followed by admission, and the worst part of it was the waiting while in pain, causing anxiety levels to rise due to the lack of staff, followed by admission to a ward not anything to do with the complaint due to lack of beds. Frankly it's a mess! So basically, it comes down to the need for more staff, more efficient management, and enough hospitals close enough for local people to attend without the need for a long journey.		
596	I have experienced 2 recent instances at Glos Royal when I was discharged with an incorrectly diagnosed		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?		Response Percent	Response Total
	bruised hip which was in a fact a serious fracture because the duty doctor refused to give me the appropriate treatment.		
597	No		
598	It is not worth putting lives at risk to save money. Claim what you like about increased efficiency. This is a cost cutting exercise.		
599	not at this moment in time		
600	Responsive easily accessible and prompt		
601	See previous answer		
602	You could use GP surgeries, nurses, pharmacies to allow emergency services, still located locally for the people of Cheltenham, to provide local provision for life threatening or dangerous injuries		
603	We must have emergency services within Cheltenham, the town is too big to not have its own A&E department		
604	No		
605	It is already difficult to see a doctor in your local surgery, due to the increase in population locally. So if urgent attention is needed, and a doctor can't see the patient to assess if they need emergency care, then the already overworked medics won't be able to cope and the poor NHS will feel the brunt of public frustration. Please make the sensible choice.		
606	No.		
607	Ambulances are too few in number so private cars and taxis need to be able to get to A&E		
608	* The timing of this consultation has worried people, including me, to consider it akin to a bad news story being put out on a major news event day...unfair perhaps, but if it is in your mind to close Cheltenham's A&E dept. and we believe it is, it is SUCH a fundamental withdrawl of a service which you have promised a succession of MPs and community leaders will not happen, that you should not do it via what is a back-door consultation that only the IT literate can hope to access.		
609	Keep A&E in Cheltenham		
610	Maybe more online information to help in the interim?		
611	A good acronym that's catchy and signposts people to the right service on posters around the county.f		
612	Making sure call centre staff have better training.		
613	As above - Gloucester is very hard to get to for people who live in Moreton or other rural areas - people lives and health will be put at risk. Transport services would be needed - but if you had a heart attack you would die on the way to your centre of excellence - because it takes even an ambulance an age to get there		
614	Each patient three times per day and to take complaints about lack of care, medicines, catering and ensure each complaint is recorded and actioned within an hour. The stories from patients experiencing poor care in GRH is increasing		
615	Based on increasing numbers of people (housing) whilst not disliking the idea of centres of excellence, feel it is necessary for A&E at both Cheltenham and Gloucester		
616	That patient records are consulted - electronic notification		
617	Can you give the patient responsibility for holding their medical records (eg. X ray on CD rom) so they take them with them whenever they go		
618	If I call GP surgery for a non urgent appointment , the waiting time is nearly always 7-9 days. Tetbury is certainly struggling with a massive amount of new housing		
619	Stop making cuts to services we have Stop rushing people to get better so it makes your numbers look good, make sure they are and genuinely well		
620	Medical care unit in Churchdown between Cheltenham and Gloucester - even off the A40 Golden Valley bypass.		

Anything else you would like us to hear in relation to making sure everyone can access consistent urgent advice, assessment and treatment services?

		Response Percent	Response Total
621	Elderly parents think they will not receive as good care and will be left waiting on trolleys if admitted to hospital		
622	If the 'Improved Access' project was expanded a lot of OOH work would stay at the local GPs surgeries		
623	While there are compelling social and geographical reasons for retaining CGH A & E, there is also a significant emotional investment. As a patient it's my safety net; I hope I never need it but if I do I want it to be easily accessible for me 24/7; my A & E shares the same esteem as the NHS itself. (Something that NHS managers, wrestling with their problems of how to make ends meet, may rather underestimate.)		
624	Early appointment same day		
625	Over 65s will need their own leaflet explaining access in a simplified way. If they are unwell and stressed and live alone they need to have this information to hand. Many cant drive as they get older so how to get to the services if needed is a concern. They will die at home rather than bother anyone or call an ambulance		
626	Better triage templates / history training / clinical reasoning and use of scare resources		
627	Local		
628	Better GP services, one large GP centre is a good idea, get rid of the out of date GP surgeries across the county.		
629	Such high concentration of services at Gloucester RH is worrying particularly as this hospital ALREADY struggles to give proper care and treatment to its existing level of patients		
630	you need to ensure that thorough follow up treatments and therapies for instance - automatic lymphedema treatment for breast cancer patients. As patients are being discharged at various time s of the day and night, it is essential to have a contact number so that patients / family can call if patient deteriorates post discharge		
631	No		
		answered	631
		skipped	395

Improving specialist hospital services and developing "centres of excellence"

After reading pages 14-22 of the Fit for the Future booklet, please share your views below:In your view, what are the most important things to be considered in improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	751

1	the right skill mix across medical, nursing, diagnostics, and therapy. all working 24 hours a day.
2	Safe and expert services.
3	I understand the rationale for focusing some countywide services in one or other hospital in the county however it is interesting (and concerning) that Gloucester is being considered the best hospital for A&E 24 hr services not Cheltenham- this means that Gloucester has both the Access Centre and the local A&E services- it is staring to appear discriminatory! What about the rest of the counties populations access to urgent & emergency services.
4	I think having centres of excellance is a good idea if that means you can see the right person and receive all diagnostics such as x rays, radiology etc in one visit. if patients have to keep returning for many unecessary appointments then you may aswell keep things as they are.
5	Agree about need to reduce waiting times for assessment and treatment and cancellations - feel the further separation of planned and emergency would contribute to this positively Avoidance of too thinly spread specialists having to waste time travelling between sites Being effective enough to be included in access to trials and new treatments is really important especially as its not a university hospital trust
6	it is essential that 24h A&E services are provided at Cheltenham General Hospital.
7	I don’t have a problem with making one or the other place a specialist place for various conditions. It’s a good idea to do that.
8	The quality of care I get and the timeliness of care when I get to hospital. Everything I and the specialist staff need is on site - including links to related services. Great care - 24 hours/7 days a week.
9	Keep things local as it used to be and not have certain hospitals for one thing and another for something else. It is not easy for some people to be near their loved ones when it if not in their neaest hospital
10	Although it is nice to have close to home it needs to based on clinical outcomes - if I have to travel more to get the best clinical outcome with access the highest quality expertise then it needs to be organised in this way so that it can be staffed effectively have the right equipment available that is in excellent working order and no longer have outdated equipment that breaks down.
11	More consultants to lessen wait times on non urgent appointments and surgery, I have a 1 year waiting period for surgery to repair a parastomal hernia which could cause a blockage at any point. Keep open and improve the A&E department for Cheltenham General Hospital, it is a closer department than Gloucester Royal Infirmary for Bishops Cleeve AND I've seen the A&E queues at GRI which is at capacity now and has no charge if CGH A&E is closed
12	More staff and reduced waiting times for general surgery. Ensure Cheltenham A&E is kept open.
13	Most efficient use of resources,
14	Listen to the Consultants - they are the experts.
15	Stop splitting up bodies into parts everyone is a whole person and should be treated as such.
16	Expertise of staff. Staff retainment. Funding to develop a centre must not be taken away from other services. A planned procedure may turn into an emergency. What happens then? An A&E service must remain at Cheltenham. I would not be able to get to Gloucester independently whereas I can get to Cheltenham.
17	Excellent healthcare as local as possible Increase opportunities to avoid the ill health
18	I find it incredulous you are proposing to move both emergency care and general

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		Response Percent	Response Total
	Surgery to GRH. How can you guarantee a safer service. Having everything under one roof does not make a safer service. The infrastructure is not there. CGH has an outstanding CCU to accommodate all elective major general surgery & the beds.		
19	Accuracy of information with hard data would be useful. Cardiology, Interventional Radiology and Vascular surgery are already on one site and so there is already a 'centre of excellence' so why market this option as a possibility when it is already in existence?		
20	Give proper funding and staff to Cheltenham General		
21	Reducing waits and waiting lists.		
22	The development of specialised centres sounds promising but the basics of care cannot be forgotten. The correct infrastructure for travelling and access must be in place before things are moved from one hospital to another.		
23	Making sure that all patients know where these Centres of Excellence are, so they can plan how to get there & logistics, etc...		
24	The services need to be working to reduce waiting times and the infrastructure has to support the person into and out of hospital. The hospital has to be fit for purpose, and be able to provide the care people need when they need it, either planned or emergency. I am not expecting a shiny new hospital but I expect things to be available eg equipment, appointment times, investigations and results. The hospital has to be clean and staff welcoming but efficient. At pre admission clinics there must be planning to enable older people to get the support they need on discharge.		
25	You continue to include A& E with oterh specialist service as though the nature of the illnesses presented to the former was equivalent to the latter. It is not. A scheduled gall-bladder removal can be geographically footloose/. 10 minutes in an ambulance [if that is the mode of transport chosen] is unlikely to affect the outcome. Not so for emergence admissions to A& E You continue to ignore and accept the underfunding propogated by this govenrment for the past 9 years. Stop. The issue is resolvable. Wheter by a hypothecated penny on income tax or any other rise in taxation or by borrowing you are accepting the status quo as an assumption. BAD GOVERNANCE on your behalf.		
26	One stop shop, surgery does need to amalgamate to offer a better all round service. If the need for the specialist service is great enough within the immediate local area these should be developed in county, if not it's far better to invest in other areas and be able to send to an excellent centre in a different county than a mediocre or just good enough one. nearby Less cancelling of appointments once booked, that is all you ever hear about appointments they've been offered, changed, cancelled etc... not useful for patients		
27	Capacity to cope with demand, and local availability throughout Gloucestershire.		
28	That all services are equitable around the county and we have a 24 hour A and E at Cheltenham and Gloucester and the Minor Injury Units stay open around the county. We need more and better social care and access to this for all ages - children and elderly We need better funding for mental health and physical health equity - all these services could be at the main hospitals with a drop in for advice and information for children's mental health crisis services too and with courses to cope with children and teenage difficulties and normalisation teenage difficulties and behaviours so we do not further disadvantage our young people and label then with mental health difficulties and build resilience and coping		
29	The ability for infrastructure to cope. Increased staff and more funding		
30	I think it's the same for all the the services. They need to be too quality, reliable and easy to get to - at all times - including for those without a car.		
31	Better parking especially for blue badge holders. Better directions on the website including where parking is available. The bus service is OK but the walk from the bus is too far therefore we need to use a car due to disability especially at Gloucester. We have had quite a few visits to the Endoscopy Unit in Cheltenham and the care there has been first class. My husband was in the Stroke ward at Gloucester and did not like it at all. In order to take a shower he had to clear space in the bathroom as it was used for storage. The bathroom facilities in the older parts of both hospitals leave a lot to be desired. The wards can be very hot. Tea/coffee making facilities in day rooms would be good.		

After reading pages 14-22 of the Fit for the Future booklet, please share your views below:In your view, what are the most important things to be considered in improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence?

		Response Percent	Response Total
32	See earlier comments		
33	Joined up working		
34	I can see the rationale of having specialist services in each hospital. However, some people have multiple issues and more thought needs to go into how to deal with these. I can also see that dividing up the specialisms between the 2 hospitals will not be that popular with the residents.		
35	While we have the cancer care unit I think more money spent in Cheltenham would give us the best chance to exceed in more departments		
36	A&E access.		
37	Two centres of excellence required in ~Glos.		
38	Choice, ease of access and flexibility.		
39	CGH has the capacity to have an excellent general surgery unit. There are others specialities on that site to make a superb pelvic unit, a proper centre of excellence. Oncology are on hand. There is no viable reason to move general surgery . If emergency care is moved how on this earth will anyone have specialised care in general surgery how very short sighted		
40	The problem will remain access via public transport		
41	You can have more than one centre of excellent in the county,e.g if you need urgent heart treatment in which hospital is the equipment. The same applies for all arms of surgery and medicine.		
42	Specialist services can be shared between the two sites. Not good to have A&E at only one site for reasons previously stated.		
43	Properly directed investment. Stop wasting money on multiple tiers of management (= unnecessary bureaucracy) and direct funds towards the provision of clinicians, and give those clinicians the premises and tools to deliver the services that the public expect. 1. Understand what services are required and at what demand 2. Invest in the provision of those services 3. Focus upon the provision of clinicians, tools and premises 4. Streamline management portfolios		
44	You don't need to improve it , its fine , you JUST NEED TO KEEP IT .		
45	Cheltenham General Hospital is as it says it is a general hospital and no reconfigurations that might undermine that status should be considered. Pursuing specialisms should not be pursued if if means we lose our A/E		
46	Keeping the facilities in Cheltenham		
47	Specialisms should not be pursued to the extent that GCH loses it A&E. Cheltenham General Hospital is exactly that a general hospital - and no reconfiguration that might undermine that status should be considered.		
48	I HAVE NOT HAD THE OPORTUNITY to read 'Fit for the Future' Closing Cheltenham is not Fit for the Future		
49	The most important thing is that people have access to their NEAREST A&E which in this case is Cheltenham. You people are continually trying to move all services over to Gloucester but you are stupid enough to not see that Gloucester does not cope with the extra numbers. Will you all wait until people die because they have to travel so far to get emergency treatment? But then you don't care as it won't be your loved one who dies.		
50	If Gloucester General Surgery and IGIS can be extended to meet the overload maybe Cheltenham could concentrate on the accident and emergency assessments and then pass them on for treatment. It should be borne in mind though that a lot of elderly people living in Cheltenham need their friends and relatives near them when they are suffering from traumas.		
51	Specialisms should not be pursued to the extent that CGH loses it's A&E. Cheltenham General Hospital is exactly that - a general hospital - and no reconfiguration that might undermine that status should be		

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		Response Percent	Response Total
	considered.		
52	Cheltenham General Hospital is as it says a "General Hospital". If it needs to specialise then this should not be at the detriment of the A&E		
53	Good staff. Enough staff. Timeliness of care		
54	There is no reason why specialism cannot be retained in Cheltenham and this should not mean it loses it's A&E		
55	Improved communication between departments and to patients and their GPs. Some services could be centralised - all Oncology at CGH and all bowel surgery at GRH etc.		
56	A&E should be spread across. Planned Ops ie cancer should be in specific units		
57	That existing services and facilities are not compromised as a result. People need to be able to get to these places, not admire some spanking-new building totally remote from where they live.		
58	The Glos NHS approach of concentrating different specialisms in both hospitals is flawed in my opinion, because it results in many patients and their families having to travel too far.		
59	As I said earlier LINK to the book - this feels as if it has been deliberately difficult - I have found many documents on the web that fit the term 'fit for the future and gloucestershire' This feels like an excercise that needs to be ticked off a list before proceeding as you were going to		
60	Acute care in the immediate community.		
61	Specialisms should not be pursued to the extent that CGH loses its A&E. Cheltenham General Hospital is exactly that- a general hospital- and no reconfiguration that might undermine that status should be considered.		
62	I can see the sense of consolidating specialist services between the two hospitals. I understand that it is not financially practical to maintain a dual service but again, this needs to be made much more clear and simply cannot be rushed.		
63	Keep CGH accident and emergency dept. Extend it to 24 hours not reduce or close it		
64	Keep,services local		
65	I do not agree with the Centres of Excellence concept, my experience of such has been disappointing in the main.		
66	More doctors & treating them with the respect they deserve. More funding for local hospitals.		
67	When you have a stroke or a heart attack speed is critical in getting to A&E. Other specialisms might be less urgent than getting to A&E. Just yesterday an old lady I know had a stroke in the middle of Cheltenham shopping centre just a third of a mile from Cheltenham General but she was shipped to Gloucester and is not expected to recover. You advertise about the importance of rapid treatments for a stroke but then drive 30 times further to get to an A&E.		
68	Two centres of excellence Both adequately funded and staffed - NHS funding is already in place Ensure minimal distances are travelled for urgent cases		
69	Centres of excellence, ha, this has been tried In many areas since the 80's it is a misnomer for centralisation and cutting of services, education being a point of reference. No such thing other than there being nowhere left as a comparison so the one place left let's call that a centre of excellence by default. How about cutti g out all the managers roles as clearly they can't manage.. Ooh maybe not true as they manage as do you to keep their salaries.		
70	Concentrate on clinical need and listen to medical professionals.		
71	First you need better triage to keep people who dont need hospital treatment out of hospital. Centres of excellence are a waste of money, time and effort. Time limited staff cannot be diverted by vanity projects like coes - learn from the private sector, this will do nothing to improve anything but private consultants own lists.		

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		Response Percent	Response Total
72	Having enough staff to ensure that patents are seen assessed and looked after at the time they need it. Not having to travel miles to be seen not everyone has a car and this should be top priority, treatment in your local area		
73	Convenient locations with good transport links and parking		
74	That they are available within the town people live, not potentially a life threatening drive away!		
75	Accident and emergency services should continue on both sides as today. No comment on other services.		
76	Specialsims are good but remember that Cheltenham General Hospital is a General hospital (the name is a clue) and shouldn't specialise at the expense of things such as A&E		
77	Happy for General Surgery & Image guided surgery to go to a centre of excellence model as it is an infrequent event for a patient. I feel I would like to keep A&E in Cheltenham as travel between Glos and Cheltenham isn't great so I want to have an A&E in Cheltenham		
78	Specialisms should not be pursued to the extent that Cheltenham General Hospital loses its A&E. Cheltenham General Hospital is exactly that - a general hospital - and no reconfiguration that might undermine that status should be considered.		
79	Forget centres of excellence, concentrate on a decent A&E department.		
80	Specialisms should not be pursued to the extent that CGH loses it's A&E. CGH is a GENERAL Hospital and no reconfiguration that might undermine that status should even be considered.		
81	Please see previous comments		
82	Special interest units and specialist expertise should not be set up at the expense of A&E provision.		
83	All hospitals should be as good as each other		
84	This is a growing town and needs a general hospital that is just that. It needs A&E and the various specialist services to assist. While understanding that referrals to Gloucester / Bristol might be necessary there is a real need for a town of this size to retain & improve our hospital		
85	Vital services must be kept at Cheltenham.		
86	The most important thing to consider is not to improve specialist services at the expense of general services. Please do not put people's lives at risk by closing Cheltenham A&E to develop specialist service.		
87	I think that you should stop writing about "fit for the future" and concentrate on "fit for the present". The system used to work well but now it is not user friendly in any way! As an example, I walked into the reception of the GP's surgery and asked for an appointment as I have done in the past. I was told that it was not possible to make an appointment in that way now and that I had to go home and ring the surgery. That was strange, but I went home and rang and rang and rang and the phone line was constantly engaged. If you no longer wish to see patients then be honest and say so!		
88	I think both Cheltenham and Gloucester should both have improved hospital services to cater for the needs of an ever growing town.		
89	all of the above.		
90	Not everyone can get to Gloucester if you don't drive. Make access easy for people to get there.		
91	Retention of both emergency and general provision in both Cheltenham and Gloucester. There must be other ways to build centres of excellence that would enable more even provision across the two towns.		
92	Keeping CGH Open		
93	In my experience the specialisms in place at both Cheltenham and GRH work brilliantly as they stand. No changes here should affect the fact that Cheltenham is a "General" hospital and should not lose its A&E.		
94	As before keep it local to those who live on the borders of two counties.		
95	It is clearly impractical to operate two hospitals with the same services at each. There are numerous ways		

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	to change this and benefit from economies of scale. You could divide by hot and cold surgery and split medicine by speciality around body part (ie link Cardiology with Cardiac Surgery. Or one could look as splits by day patient and in patient to ensure (particularly in day surgery)efficiencies around scheduling can be fully enhanced. (For example about 80% of urological procedures should under best practice now be undertaken on a day surgery basis. Why are you limiting changes to the 4 noted in the question? Why are you reluctant to change the work patterns of your doctors by telling them where they will work? Do you believe that one of the two nominated hospitals has sufficient physical capacity to manage what is your preferred plan? If so why not publish your plans HONESTLY so that they can be considered? Why shouldn't Bristol and Swindon acute units be considered as part of the answer?		
96	Specialisms should not be pursued to the extent that CGH loses its A&E and lives are put at unnecessary risk. Cheltenham General Hospital is exactly that, a general hospital, and no reconfiguration that might undermine that status should ever be considered.		
97	Best quality staff responding to local needs. Easily accessible at all times of day. Minimal and s latte disruptive travel to access services.		
98	That patients are taken by ambulance to the correct hospital for their treatment		
99	see above		
100	Easy and timely access for all.		
101	General Surgery - Acceptable A & E - See previous observations		
102	Don't put operational efficiency / costs first.		
103	Speed of access. Keep Cheltenham A & E open 24/7 so that a large part of the population are not subjected to delays in receiving treatment due to increased journey times.		
104	Having moved services from Cheltenham to Gloucester already saying that you would move other services from Gloucester over to Cheltenham (which didn't really happen) I tend to disbelieve anything that is purposed as the truth, I genuinely believe this is a downgrading of Cheltenham and nothing else.		
105	By keeping our hospital open for patients in our area not making them travel miles to get help and if it was a heart attack or something like that a patient could be dead before they got to the hospitalqAsking the		
106	I understand the value of centres of excellence but I also appreciate the importance of ready access and local services.		
107	I love the idea of centres of excellence but at what price. If I am sick I want to be in Cheltenham near my loved ones.		
108	Keep Cheltenham A&E open		
109	CGH is a general hospital. Whilst there is a case for specialisms in some instances, CGH should be able to provide general services of which A&E is one.		
110	Ease of access and LOCAL centres of excellence		
111	Centres of excellence are fine but if key skills are removed from Cheltenham hospital it is bound to have an adverse affect on A&E as those skills would no longer be quickly and locally available		
112	Retain A&E in Cheltenham.		
113	Quicker to get the services, it's no good driving 30 - ,40 minutes to Gloucester Having everything in one place does not work Curre waiting times are long but would be much worse if all together in Gloucester		
114	Get people to take some responsibility for their own actions: If people choose to get drunk and tie up		

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		Response Percent	Response Total
	emergency services because they're comatose on the pavement, they should perhaps pay... alcoholics are in a different category and have genuine addiction problems. They do need help and support. But if people choose to behave idiotically, why should the rest of us see services denuded by such selfish behaviour. And, have a go at the folks who should be supported to understand, for example, that being "anti-vax" is dangerous and will cost the NHS a fortune to sort out outbreaks of measles, for instance. I'm not an economist or finance person, but truly - how much is treating "social media" nonsense already costing? Sorry, I'm ranting now. What you're threatening to do to services in Cheltenham has rather fired me up.		
115	Waiting times		
116	Do it in Cheltenham		
117	The suggestion above would improve the operation of the services concerned.		
118	keeping cheltenham a and e open		
119	It seems the suggestion is to move A&E plus other critical care depts to GRH from CGH. THIS MUST NOT BE ALLOWED TO HAPPEN CHELTENHAM NEEDS AND DESERVES TO HAVE THE OPTIMAL SERVICES INCLUDING AN A&E DEPT THAT REMAINS OPEN AT THE VERY LEAST 8-8.		
120	Cheltenham is a general hospital - Cheltenham General Hospital - specialisms shouldn't be sought after to the point where it reduces the services currently offered.		
121	Can you get enough excellent staff to implement your plans ?		
122	Probably, like most people, I think there should be a proper A&E in Cheltenham as well as Gloucester. I don't think it needs to be as big because if you can reduce self-referral of minor injuries, you would only have a relatively small number of cases, perhaps requiring 2 doctors and a handful of other staff. Splitting planned care I think is more palatable since the travel etc. can be planned in. None of the mothers that I know objected to going to Gloucester for Consultant-led childbirth. The one thing I have found that was weird was having to see a specialist in GRH to be referred for a procedure in CGH and then get a follow-up to GRH only to be told by the GI clinic that they would take over the follow-up at Cheltenham! I think it would make more sense to centralise these. Also, doctors should certainly not have to travel between sites, that is inefficiency. Even if doctors have to work at both, they should be able to be scheduled for a full day at each site. You also seem to be talking about lacking the staff to run things as they are but most people would say that this is your problem, why can't you fix recruitment? Why make things harder for us because you cannot recruit doctors? Is there even an HR system to know the answer to this? Could you make other changes to simplfying things and reduce red-tape?		
123	Accessibility no		
124	Staff on the ground and investment in technology to streamline processing and removal of time wasters. In addition specialisms should not be centralised to the point where cheltenham general loses its A&E department. Specialisms can be improved without the need to centralise everything at the expense of emergency care.		
125	Fair pay and treatment of staff and zero tolerance to abusive patients		
126	24 hour a&e at Cheltenham		
127	Ease of access, eg not having to travel many miles across the County, battling with transport issues, inorder to be assessed.		
128	It is important when planning to design in a level of 'redundancy' within any systems and capital infrastructure. Having just one unit would leave the county vulnerable to problems with equipment / buildings / terrorism etc. Similarly access times to A&E if moved to Gloucester would increase for Cheltenham residents and those living to the East of Cheltenham. That will cost lives. In order to improved the specialist services you should consider rotating staff around locations to allow skill migration and		

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		Response Percent	Response Total
	improvements to be obtained in both sites.		
129	There is the idea of centralised provision as always being better, but the public need to feel they are the main focus, not just the the specialist services. It comes back to the are all specialist services to be in one amorphous Centre, where patients(and that is the word I use, not customers or clients) feel they will be treated as people. Is the ultimate aim to divide up all specialist provision between Cheltenham and Gloucester and which services would be based on each site. Is the aim to have very few specialist services in Cheltenham.if so can your proposals be made clear. Not this incremental dilution of provision in Cheltenham. What are Image Guided Interventional Surgery. It is using terms such as this that confuse people. Causing further mistrust.		
130	Specialisms should not be pursued to the extent that CGH loses its A&E. Cheltenham General Hospital is exactly that, a general hospital, and no reconfiguration that might undermine that status should be considered.		
131	BOTH CHELTENHAM GENERAL AND GLOUCSTER ROYAL HAVE HUGE AREAS AND THOUSAND UPON THOUSANDS OF POSSIBLE PATIENTS TO CATER FOR. WHY NOT MAKE THEM BOTH UP TO A DECENT STANDARD, CHELTENHAM HOSPITAL IS ALREADY A GOOD CENTRE FOR CANCER TREATMENT, BOTH ONGOING TREATMENTAS WELL AS ACUTE SITUATIONS .I HAVE NO IDEA OF IN WHAT GLOUCESTER ROYAL IS MOST SUCCESSFUL --I FOUND IT USELESS WHEN I WAS IN DESPERATE NEED,AND SLOW FOR A LESS PROBLEMATICAL MATTER .BUT I AM SURE IT WOULD BE A BAD MOVE TO MAKE ANY ONE CONDITION ONLY TREATABLE BY ONE HOSPITAL WHICH IS HARD TO GET TO--FOR IF I FIND THE ROYAL HARD TO ACCESS,THEN,CLEARLY,SOMEONE FROM GLOUCESTER MAY WELL FIND CHELTENHAM GENERAL HARD TO GET TO. WE NEED BOTH HOSPITALS WORKING AT EVERY LEVEL FOR BOTH COMMUNITIES. OBVIOUSLY, THE MOST IMPORTANT THING FOR PATIENTS IS ACTUALLY BEING ABLE TO GO TO THE NEAREST PLACE WHEN TREATMENT IS NEEDED. MOST NEW HOMES IN CHELTENHAM SEEM TO BE FOR THE ELDERLY--THE VERY PEOPLE MOST LIKELY TO HAVE ACCIDENTS--IF YOU CANNOT GET TO GLOUCESTER FOR YOUR BROKEN WRIST - CALL AN AMBULANCE. SO WHILE THE AMBULANCE IS TAKING YOUR BROKEN WRIST TO GLOUCESTER THAT AMBULANCE IS NOT AVAILABLE FOR SOMEONE WITH HEART ATTACK OR A STROKE. PLEASE JUST TRY TO THINK LIKE ORDINARY PEOPLE,WHO HAVE EVERY DAY PROBLEMS!		
132	That you are honest about what you are proposing. If you are not honest and candid how can we believe what you say?		
133	The patient. I don't agree with specialised a&e in one location. Resources should be put in both.		
134	A & E at Cheltenham Hospital. needs to remain open 24 hours. Gloucester A & E cannot cope with the demand from 111,000 additional patients in Cheltenham (and more in the surrounding area). Traffic to Gloucester will cause many delays and therefore you are playing Russian roulette with peoples lives if you close Cheltenham A & E.		
135	I don't agree with reducing emergency care in Cheltenham. In an emergency, I want to have to travel the shortest distance possible for immediate treatment and that doesn't mean Gloucester		
136	Make A&E in Cheltenham a pucker 24/7 service		
137	Refer above		
138	Accident and Emergency by definition means rapid response and treatment. Increasing the distance to travel and putting greater loads on fewer hospitals is not the way to go.		
139	All these services should be provided on a local basis - has they have been historically. You seem to be wanting to contract the services in specialisms when they should be provided on a general basis. Cheltenham GENERAL hospital providing full medical services is important.		
140	Instant Access is not possible if the speciality is in Cheltenham and A&E is located in Gloucester. Are you saying that Cheltenham Doctors are in support of closing A&E ? your document would lead one to believe that.		

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		Response Percent	Response Total
141	Cheltenham is a general hospital and shoud remain so, have you seen the state of the Tower block in Gloucester! Keep A&E in Cheltenham, a centre of excellence should not be a consideration if lossing a vital local service is the cost.		
142	Efficiency is important - bot h my parents have been in Gloucester and Cheltenham recently after heart attacks, the stay both had at Cheltenham recuperating was different class to Gloucester Royal and the ward was run far more efficiently.		
143	Specialisms should not be pursued to the extent that CGH loses its A&E. CGH is exactly that a General Hospital and no reconfiguration that might undermine that status should be considered.		
144	Waiting times		
145	Location, location, location.. travelling an extra 40 minutes to get specialist provision of a service is fine if the condition hasnt arisen without notice and needs urgent attention. A&E is a specialist service but its ridiculous to consider that in its case location and accessibility are not as important as the staff and equipment available. Whats the good to have a wonderful department if you are dead of permanently damaged before you access those services		
146	Specialism MIGHT dictate a centre of excellence but this must not be allowed to destroy or even diminish CGH's status as a GENERAL hospital.		
147	Funding and a really effective purchasing operation with highly skilled and experienced personnel to get the best capital investment and recruitment of highly trained specialist and hospital staff. This does NOT mean putting all specialist equipment and staff all in one building. (i.e Cheltenham vs Gloucester hospitals)		
148	It seems to me that the same thing is being said and asked in a number of different ways. Transport is the most important thing and the "community feel" that is so necessary for a quick return to health.		
149	Existing service - whether considered specialist or not - should be retained. All services should be attaining the highest standards possible. There is little to be gained from attempting to pursue so-called "centres of excellence". This is usually no more than an exercise in self aggrandisement and self publicity. It is far better to have a good general range of services required by the local population. No one really cares if their life is saved by a "centre of excellence" or a regular department.		
150	Transport to from and between centres of excellence is essential at the moment this is none existent. This includes when treatment is completed you cannot just kick out patients to find there own way home that is not on. This will need a big reorganisation of your transportation contractor who is totally useless.		
151	Avoiding unnecessary procedures and ensuring the right patients get seen by the services.		
152	This is corporate talk. Centres of excellence do not mask the essential requirements of hospital care.		
153	The Cheltenham A and E must remain to cope with the proposed residential growth of the town and the surrounding area. The closure of this facility on financial grounds and against the wishes of the majority of the populace shows that there is little care for the local community.		
154	Whilst specialist departments are good ideas they should not be introduced to the point that Cheltenham A and E is affected, Cheltenham need a general hospital and reconfiguration needs to sympathetic to the areas real needs		
155	Whilst specialist departments are good ideas they should not be introduced to the point that Cheltenham A and E is affected, Cheltenham need a general hospital and reconfiguration needs to sympathetic to the areas real needs		
156	The most important thing for me is to have 24 hour A & E services in Cheltenham and Gloucester. It is not progress for a town of nearly 117,000 people to be without LOCAL 24 hour emergency care.		
157	I support the idea of centres of excellence for specialist treatment services but not for A&E - that needs to be accessible locally. Likewise minor general surgery needs to be local.		
158	Cheltenham is an expanding Town. There are numerous rural communities who also rely on the provision of NHS care, & so it is vital the Cheltenham Hospital has A&E facilities 24 hours a day, 7 days a week. Traveling to Gloucester is not a sensible option for A&E provision.		
159	Cheltenham is an expanding town which has a diverse demographic, and so it remains essential that Cheltenham General Hospital operates with a fully functioning A&E Department that is available to the		

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		Response Percent	Response Total
	Community 24 hours a day & 7 days a week.		
160	Better to run one centre giving excellent care and more efficiently than struggling to maintain two sites. A fair split of specialist services between Gloucester and Cheltenham seems rational.		
161	Specialisms should not be pursued such that CGH loses it's A&E. Cheltenham General is a general hospital and no configurations should undermine that		
162	Reading the subtext of what you are hoping people will say.....closing A&E in Cheltenham is not a way of focusing specialisms. Specialisms are orthopaedics, paediatrics, oncology....A&E is vital to both centres delivering what a GENERAL hospital requires (in name and in function). Changing that, or trying to dress it up as a narrow specialism undermines the whole function of a large town hospital. As someone who has found themselves needing A&E services with very young children I know better than most what the difference is. A&E is vital to supporting a community.		
163	as members of the public we can't be expected to have enough knowledge but centres of excellence must be away to increase positive outcomes		
164	Appropriately trained and skilled staff, available appointments and short waiting times.		
165	Cheltenham Hospital is a great General hospital and with a town the size of cheltenham 115,000 many elderly, it needs an A and E facility.		
166	Concentration of specialist services-especially tertiary or highly interventional services at regional level where the use ofstaff and resources can be maximised in the most efficient way plus assoiciated district general and community hospitals ,walk in centres to deal with more eroutine medical issues. This is really and updated model of the 'hub and spoke' system previouslu advocated but stymied by broken spokes and missing hubs.and lack of proper long term strategic planning		
167	Raise money by appeals. Then spend it on real doctors. Sack pen pushers. You MUST get the message that residents of Cheltenham (remember you work for THEM) want a fully functioning A&E dept. Yes, we are getting old; but remember YOU will get old and then you will want the reassurance of a LOCAL A&E		
168	- be clear between highly specialist services, 'slower moving' and less frequent where centres of excellence bring benefit versus less specialist but more frequent and faster moving that need more ubiquitous support. - Generally A&E is a less specialised, ubiquitous service although there could be highly specialised requirements, which could be directed to a centre of excellence "on the road" into hospital. But keep Cheltenham A&E . - Need to also consider proximity/accessibility by supporting family in the evaluation of centres of excellence		
169	Centres of excellence for be they at Gloucester or Cheltenham are a good idea but not at the expense of immediate expert care locally in an emergency.		
170	I support the centres of excellence proposals, particularly regarding emergency & elective surgery and the image guided interventional surgery proposals. Being able to have multiple scans using different technologies within minutes will greatly reduce the time to diagnosis of the more complex emergency cases.		
171	How to filter out those who mis use A & E! More triage nurses to direct people to the correct place. All hospitals should be centres of excellence....locally. We live in Gloucester and have recently had wonderful nhs treatment for a brain tumour BUT had to go to Birmingham. As a non driving wheelchair user I could not be there to support my husband		
172	You're obfuscating again.. Image guidedinterventional surgery... What does that mean... Maybe a stent that can be, and has been done for me, at Cheltenham. Your survey is untrustworthy so I stop here!		
173	Local access - having facilities within easy reach of my home.		
174	I don't think you should be improving specialist services if it means the loss of A&E. Specialisms should not be pursued to the extent that CGH loses it's A&E. Cheltenham General is exactly that -A GENERAL HOSPITAL- and no reconfiguration that might undermine that status should EVER be considered		
175	I genuinely believe the Imaging Hub is wrong - why centralise cardiac interventional work on the hot site at GRH when over 60% is done at present on the CGH site. Again this is simply removing work from CGH and		

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		Response Percent	Response Total
	cannot be disguised as anything different. CGH is ideal site for doing much of the imaging work and should be utilised to support the GRH site which is overworked and failing few to overload on limited systems		
176	Patient confidence Distance to be travelled		
177	Do the staff know what the AIMS and RULES are		
178	A &E improvements. Not quick enough or big enough.		
179	A and E needs to stay local. I understand about centres of excellence but I would say that it is very easy to get so caught up on having everything organised in a way convenient to NHS Staff without thinking about the impact that has on individual's lives. People who need to come in to hospital regularly for specialist services will have their lives turned upside down without local, convenient care. It may be more "efficient" for you to have things in one place but I don't think it is best for the public. Yes NHS Staff may have to be paid to be travelling between sites and that has a cost but I think that is more bearable than the alternative and certainly with regard to emergencies, the alternative is dangerous and reckless. We don't want to have to rely on overstretched ambulance services having to drive up to an hour longer in life or death situations when we can often get there ourselves if the service is nearby. Fund our current level of service better or bring back 24 hour A & E for our growing town.		
180	Develop Centres of Excellence. Dont split resources.		
181	Ensure that Cheltenham has specialist services and not concentrate everything in Gloucester.		
182	Keep A&E Cheltenham open. No point in providing a wonderful service (at Gloucester) if patients can't get there. Accessibility Accessibility Accessibility Accessibility		
183	Keep Cheltenham A&E department open 24 hours and don't even consider closing it!		
184	24 hour A and E in Cheltenham		
185	Keep it local, use improved communication capabilities to make two geographical centres operate as one		
186	Bring back the Matron type figure in the wards.		
187	I broadly support the proposals and trust the NHS to get this right.		
188	Time to get there can be critical in severe cases. Capacity. It is no good having a centre of excellence if it can't handle the peak workload. You don't necessarily have to be restricted to a single centre of excellence in a particular field. In fact a level of redundancy can be useful if something goes seriously wrong in one centre another could be used. I specifically think A&E should remain at Cheltenham General.		
189	Keeping local hospitals open		
190	Local!		
191	Centres of excellence should be just that! Therefore smaller more accessible units should be used for more minor problems , CGH. Already serves a large area very well, more urgent cases get moved to Glos Royal or Oxford or Bristol		
192	Close proximity to 24 hour A&E so that patients can be quickly triaged.		
193	Emergency care should be a specialism in Cheltenham and Gloucester. Between them they serve a large population. I note there are no patient statistics provided as evidence to base an opinion on. Makes perfect sense to have surgery centres of excellence. Draw specialist doctors and equipment together		

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		Response Percent	Response Total
	Attract specialist nursing staff.		
194	wait time needs to be decreased and again communication between patients and staff if the wait is going to be longer than expected.		
195	Emergency care has to be available locally to allow for the golden hour and to ensure no loss of life. Planned general surgery and IGIS can be developed in a centre of excellence, but allowing for minimal travel between locations and ensuring access to specialists can be available in all locations for outpatients.		
196	Access to sufficient staff, beds and equipment		
197	Having all linked services on one site.		
198	I refuse to contribute to a spin question		
199	More funding to provide services at both CGH and GRH		
200	Keeping Cheltenham A&E open would be a start		
201	Keep services small and niche focused. Building large hospitals has proven exorbitantly expensive and almost the undoing of the NHS over the last 50 years, biggest is not best, small is better, remember the wasteful PFI finance initiatives for hospitals? Local provision is key. A&E should be dispersed across the region, use demography and statistics to predict future needs and build smaller centers suiting the needs of the population. Bigger hospitals are not the answer, niche, smaller hospitals are. Centers of Excellence are great, the notion is not new and has been around for ions. Locate CoE (Centers of Excellence) across the region, not just in the biggest most expensive hospitals. Biggest is not best, small, agile and focused is, perhaps using the notion of mobile services? We have the technology, creativity is key, biggest isn't.		
202	Keeping A& E at Cheltenham		
203	Whatever is considered to improve the specialist services, these should be done within CGH, not downgrading and farming off to suit the few.		
204	Specialisms should not be pursued to the extent that CGH loses its A&E. CGH is exactly that - a general hospital - and no configuration that might undermine that status should be considered		
205	Accident and emergency services		
206	Centralisation of emergency facilities.		
207	Ensuring expertise and specialist care is concentrated in one place		
208	To defend centres of excellence you have to be more upfront about inadequacies of two site working. That takes courage and is open to the repost just get more money and people. Major task to establish confidence in non A&E facility. Has to be open 24 hrs, very seldom transport anywhere else, if do help with return journey, good consistent info on what can be treated there. Maybe better time commitment eg treated within 2hrs not 4 hrs. Get clinicians totally onside for any change. You don’t want competing views from clinicians and management.		
209	The needs of the catchment area people		
210	Local access to A&E. All other services reviewed and developed into "Centres of Excellence" located where most appropriate. Keep all existing MIIU's and, if possible create more.		
211	Specialisms shouldn't be pursued to the extent of Cheltenham losing it's A&E. The hospital is a General hospital and shouldn't lose sight of that.		
212	Money from the government and maybe people?		
213	it all depends on what is meant by 'specialist' I've already given my views on A&E routine surgery - appendix removal, bone setting... and routine treatment of infectious diseases - measles, mumps - should be available at Cheltenham		

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		Response Percent	Response Total
	the excellent ophthalmic department at Cheltenham has had substantial be maintained - ditto cancer complex procedures needing advanced equipment and skills - brain surgery - should be concentrated at Gloucester		
214	Specialisms should not be pursued to the extent that Cheltenham General Hospital loses its A&E Dept... Cheltenham General Hospital is exactly that - a General Hospital - & no reconfiguration that might undermine that existing status should be considered or implemented.		
215	1 - A&E is a core & essential service for everybody. It should not be considered the same as other specialist services. 2 - Oncology, or specialist imaging etc are not emergency & time critical functions therefore their locations are less critical. 3 -I DO NOT AGREE with making Cheltenham a centre of excellence for planned care. This just allows you to close the A&E. I would have died in 2010 if this had been the case. I was admitted with Necrotising Fascititis & was in theatre within 45 minutes! Both Gloucester & Cheltenham need to have both service provisions. Recruiting staff to cover 2 units shouldn't be an issue - cut back & streamline on admin functions if necessary but not on trained clinicians. 4 - Link in with education services nationally as a medium to long term plan & ensure that sufficient new staff are being developed & trained to meet Trust needs - secession planning. 5 - Pages 18 & 19 basically say in flowery language that you will close Cheltenham E&E & make it a Planned Care COE - NO NO NO NO. This should not ever happen & I would never support it. Both hospitals should offer both provisions. 6 - I though much of what the rest of the pages 19-22 refers to happens already & seems obvious to me - of course patients need to see the correct surgeons for their ailment. 7 - If you want to develop a specialist Image Guided Hub then that's fine - but not at the expense of our A&E provision.		
216	How it will effect patients, and relatives, ease of availability, not cancelling appointments at short notice.		
217	Developing centres of excellence works if they are accessible. At present urgent children have to be taken to Bristol so having a Paediatric COE would be a priority. Recruitment for A, E & AS, GS & IGIS would be preferable on BOTH sites not condensing into one inaccessible site..... the nurses have no where to park now so pushing more onto either CGH or GRH needs serious attention.		
218	Provide services for most frequently needed procedure. One example - the Opthalmology unit at Newmedica in Gloucester is excellent but hard to reach by public transport for many people in the forest Provide Day surgery locally for procedures which can carried out in this manner, rather than having to leave home at the crack of dawn to get to Gloucester.		
219	Keep Cheltenham hospital well staffed and well maintained		
220	A & E and minor injuries units at both local hospitals would be more beneficial than centres of excellence		
221	Local services which have the capacity to support CHELTENHAM.		
222	Distance to travel & accessibility		
223	The demands on hospitals increased as GP surgeries refused to work in the evenings/weekends. At that point it seems to me many GP/Patient relationships slipped away - and rather than be thrown between other local surgeries, often unfriendly/hostile receptionists - people understandably opt for hospital A&E.		
224	The idea to make Gloucester a Centre of Excellence at the expense of Cheltenham is so wrong. To take away General Surgery from Cheltenham and make that only available at Gloucester would relegate Cheltenham to a Cottage hospital not being to provide an A&E at all. Not only would Gloucester struggle to find enough beds it would cause considerable problems for patients and families having to travel such long distances.		
225	Keep Cheltenham Have specialist local		
226	I am not convinced your 2 centres of excellence vision is sustainable. Why have you ruled out creating a new one centre of excellence midway between Gloucester and Cheltenham? such as a new hospital near staverton / Churchdown would have good transport links and much better serve the whole county		

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		Response Percent	Response Total
227	Specialisms should not be pursued to the extent that CGH loses it A&E. Cheltenham General Hospital is exactly that, a general hospital - and no reconfiguration that might undermine that status should be considered.		
228	Developing 2 centres of excellence		
229	Waiting times		
230	I think it is a good idea to develop centres of excellence, it makes more sense to have certain conditions at one hospital with all the resources and expertise on hand		
231	Centres of Excellence do not have to be distant from a local community. Some such services can more easily accommodate a more distant resource - particularly where the patient is not in pain. Other services, such as emergency care, need to be easily accessible.		
232	Don't close Cheltenham A&E		
233	An effective A and E needs surgical support on site.		
234	A single hospital site with all the services on site		
235	I can understand why developing centres of excellence is a good idea, but Cheltenham should not be forced to lose its A&E dept in pursuit of this aim. It is a General Hospital after all, and should continue to be!		
236	Sounds good but we need to keep A&E at CGH and general surgery - people don't want to travel miles for this e.g. I live in Cheltenham and need to travel all the way to Gloucetser for a derm appt in November after being referred in May! this is far too long to wait and then I can't have an appt in Cheltenham when I live pretty much next door. This wastes my time; is bad for the environment and the delay for an appt is ridiculous.		
237	There should be a focus on basic care and getting that right first. One preventable death is too many in this day and age.		
238	All of these and a service for all, there are over 1000 houses and a secondary school being built in the mile radius of my house alone, how can services provide prompt and excellent services as you quote in an ever expanding population with one hospital already struggling to cope.		
239	That nursing, admin and support services are adequate and the staff in busy units are cared for appropriately i.e. resumption of housekeeping services in ED		
240	See previous answers		
241	Sensible prioritisation for use of care		
242	This is all good and will work well within the county - HOWEVER - it is VITAL that both hospitals continue to run A&E departments - both 24 hours 7 days per week.		
243	Funding for staff and resources and future proofing systems .		
244	To take the pressure off hospital patient services, why are not routine hospital procedures such as hip replacements, hernias, cataracts, not contracted out to private providers? This would free up beds for emergency cases There do not seem to have been any break-throughs in treatment for illness and disease in recent decades and possibly the treatments we now have are the limit to what is achievable. The only way to improve a persons health and life expectancy is by prevention. Life expectancy has not increased in recent years and in fact it is going down		
245	My Grandson was attacked, earlier this year, they broke his jaw. He went to A&E in Cheltenham who said he must go to Gloucester, no transport was given, he had to find his own way there, in shock with a broken jaw, is this good enough? He was operated on and spent 3 days in hospital		
246	Population of Gloucestershire - 628,139 Population of Gloucester - 129,083 Population of Cheltenham - 117,128 (also outlying districts including Swindon) How can one department deal with these numbers		
247	specialisms should not be pursued to the extent that CGH loses its A&E. CGH is exactly that - A General hospital and no reconfiguration that could undermine that status should be considered		

After reading pages 14-22 of the Fit for the Future booklet, please share your views below:In your view, what are the most important things to be considered in improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence?

		Response Percent	Response Total
248	Mental health available within at least 6 weeks		
249	Ensuring future services are going to be "fit for purpose" Projects are properly costed, managed, delivered Accessibility		
250	Manage finances wisely		
251	Ensuring that both Cheltenham and Gloucester are centres of excellence for accident and emergency, other specialisms can be divided, eg eye clinics in one hospital, cancer in another if there really isn't a budget to have them in both		
252	Again its the quality of skill level and experience of staff that's important		
253	Please do not close down Cheltenham A&E		
254	Gloucester - should not be a centre of excellence at detriment of Cheltenham A&E. General surgery must be maintained at both Gloucester and Cheltenham or Cheltenham will lose its A&E and become a cottage hospital		
255	As stated in previous pages		
256	Specialist units must not be pursued at the expensive of closing Cheltenham A&E or any other department. Provision locally is the only way to service the local population, not miles away in another town. Do not under estimate the travel issues sick patients face in getting to Gloucester, especially if you are elderly or low income, with transportation, cost and time		
257	All the facilities mentioned would be wonderful to have and very welcome.		
258	It shouldn't be at the expensive of patient accessibility - you are not thinking of the additional burden this will place on the ambulance service and on patient finances.		
259	Expertise. Seen and treated within a reasonable length of time. I do wonder where you are going to get all the interventional radiologists from. If routine surgery is performed on a different site to the emergencies what happens when an emergency happens in that hospital? Will there be enough staff and facilities to cope after hours?		
260	Adequate staffing. Ensuring that there is high quality of care wherever the patient presents. It is vital that each specialty has a clear policy in place to ensure that there is good care on both sites even if they are mainly working at one. Each specialty needs to be held to account to ensure this happens, it doesn't currently.		
261	It is important that patients have full access to the necessary treatment - it could mean life or death to someone. I speak as a person who suffered anaphalaxic shock and immediate treatment was essential.		
262	Quality and timeliness of the services.		
263	Distance from where these services are, if far away, fewer people will access them and more emergency care may be required. Having the right number of staff and the right specialisms. If you are going to treat Cheltenham and Gloucester as one entity on two locations and streamline which services each offers, consider the transport links between the two places.		
264	Accepting that these need to be sited near to where people live and not making them have to make lengthy journeys (which are sometimes nearly impossible on public transport)		
265	OFFEERING AN EFFICIENT SERVICE		
266	More staff along with new technology.		
267	Keep Cheltenham A&E Open. The rest is fine.		
268	A and e locally, stroke services and improved rehsbilitation for younger people of working age involve ARNI		

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		Response Percent	Response Total
269	More nursing assistants and nurses to help reduce staffing pressures and waiting times. More beds to help with back logs. Clearer options for pathways allowing for alternatives than admission to A&E. Better working relations and funding arrangements with social care. Continued access to A&E in Cheltenham and Gloucester. Treatment needs to be available as close to home as possible. There needs to be clear guidelines on which A&E specialises in what so that more major traumas could go to Gloucester.		
270	Safety of services and having appropriate levels of highly experienced/ qualified staff to provide those services To do this with the increasing shortages of professionals, nurses, doctors etc which is only going to get worse as they are all retiring early then services have to be on one site .Obviously , with oncology in Cheltenham there has to be urgent surgical services as it would be too dangerous to transfer someone critically ill .		
271	Concentrate on those things which improve quality of life of the majority.		
272	Not closing A&E departments. It is more important to have an A&E dept in Cheltenham General and an A&E department in Gloucester Royal - we need an A&E in both hospitals.		
273	Again, access to those from rural areas. If living towards Prestbury direction and needing to travel to GRH for ED, travelling around Cheltenham can be difficult. Likewise for the Forest of Dean to get to planned inpatient at CGH.		
274	Support centres of excellence model. Support for moving services to coalesce on one site		
275	to be available and to be seen quickly		
276	Good idea. I am a bit confused though how there will continue to be an A&E at Cheltenham, if emergency services are focussed at Glos. Would it not make more sense to have Glos as a 'full' A&E, and Cheltenham as a minor injuries/illness unit, and labelled as that?		
277	All of the things on p22		
278	see later		
279	Centres of Excellence can be built only if we concentrate fully on each of the two major types of services- emergency and elective. The best centres both nationally and internationally have dedicated emergency and elective services separated out and concentrated on.		
280	Keeping at least two A&E departments in the county, both should be open 24/7. All centres need to be accessible, Gloucester for example has bike bars, this is stupid as navigating them in a wheelchair is near impossible. All rooms need to be large enough for wheelchair users, they currently aren't. There should be easy navigation for those with visual imparaiments, no random chairs, medical or cleaning equipment blocking parts of corridors or waiting rooms. Some patients with rare and complicated conditions will need their own carer with them at all times.		
281	cheltenahm has the capacity both in beds and DCC beds to make this an elective centre of excellence with oncology, urology, gynae and vascular all here. we can become a pelvic centre of excellence and be on the map. there is very good evidence to suggest centres of excellence nationally and internationally have separated elective and emergency surgery. why would you ignore that. its such an exciting proposition		
282	The New Forest Of Dean Hospital is in my view, exactly providing for needs, in a more accessible location.		
283	I do believe it would help to have different areas of specialty in the hospitals although this couldn't this mean problems for some patients who have more than one problem? Where would you decide make these various centres of excellence ?		
284	When it's an emergency the help needs to be local and quick.		
285	Ensuring everyone has access to the best possible care in a well resourced setting regardless of		

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		Response Percent	Response Total
	geographical location		
286	As already stated in other sections, transport arrangements to ensure timely access for ALL, including those living alone or without transport or unable to drive due to illness or injury. You have set a time target of 30 minutes for people to "drive" to a treatment centre yet ambulance and patient transport systems currently take an average of many hours in the Forest of Dean, and public transport is extensively non existent and where it exists, patchy and infrequent.		
287	Concentrate on one site - have the expertise, equipment and space in either Cheltenham or Gloucester and not spread out between the two. The hospitals are close enough that distance is not an issue.		
288	That people know what services are where		
289	Traffic between Cheltenham and Gloucester Where Urgent minor injuries and accident centres would be in Cheltenham - how far to get to them Attracting surgeons and specialists to work in the county		
290	see above		
291	You appear to have put two very important questions under one "umbrella", question regarding the presnt arrangement of A&E services in Cheltenham and Gloucester. 1) Without doubt there is a argument for having dedicated specialist services on one sight. But placing that question along with the A&E, question is in my opinion again directing people how to think. 2) The idea of having one centre for emergency care and one for planned is a good one,however a planned proceedure can go wrong, or recovery not as planned so what cover for emergencies would you put in place for the planned facility, for certain these situations will arise.		
292	The most important is to retain A&E at Cheltenham. Our 94 year old relative has falls in the night but will not call for an ambulance because she knows it will take her to Gloucester, consequently she suffers		
293	Specialist services need to be linked to ease of transport both for patients and their supporters 99 Bus excellent - but not now from Prestbury Park or at weekends - if appointments are to be 7 days a week		
294	Concentrating expertise in one place		
295	Skilled expert staff - good idea but does mean many people have to travel further Latest equipment More funding is crucial for all of this		
296	times of easy access Free parking Tea / coffee facilities		
297	All these services		
298	Access easily		
299	Pateint outcomes. Don't parcel up services into Cs of E so they can be privatised and then brought by US private equity		
300	I think you will do as you want - Cheltenham General A&E will be downgraded and in spite of current diverts from GRH to CGH your plans won't improve the shuttling of patients around the county. Recruit good emergency doctors for both emergency departments and don't make CGH the elective only hospital		
301	Centres of excellence are a great idea but you also still have to take into account the logistics as well as the demographics and the basic geography		
302	To me a centre of excellence is providing holistic patient care. This means having a variety of within each hospital that can be accessed quickly for those with complex medical needs.		
303	Availability of specialist staff Modern buildings and equipment		
304	A & E must be local. Centres of excellence for ongoing treatment		

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		Response Percent	Response Total
	Stop changing appointments. My wife last appointment was charged 5 times.		
305	Attract some companies that do research to come and work on site		
306	Reducing number of cancellations of elective surgery. Right staff in right place with the right patients.		
307	Access to all both patient and family. The muted idea of general surgery being in Gloucester is in principle a good idea but patients and their families may be unable to attend if they live for example in the North Cotswolds where there are no bus or train services to Gloucester. These patients could I guess be referred to the JR in Oxford which is more accessible than Gloucester for them		
308	Please make careful quality measurements before planning a move and then publish before and after results.		
309	CGH is a General Hospital and needs to provide that service, including A&E. Specialisms not be pursued to the extent that a full A&E service is jeopardised.		
310	offering specialist services in both hospitals does not work - the current ethos is fundamentally different across the two sites and precious time is wasted in transferring staff and patients between hospitals for procedures, leading to increased length of stay and poorer treatment. Bite the bullet and centralise services, the hours not spent in transit between hospitals would provide hundreds of extra clinic appointments,		
311	I am in favour of developing centres of excellence at each of the two main sites, and elsewhere in the county, with one exception: I believe that both CGH and GRH should have A&E departments. I understand the division might be considered inefficient by some methods of measuring performance, but in this instance the time taken to receive potentially life critical attention should not be delayed by having ambulances driving passed one hospital to get to the other.		
312	Centres of Excellence HAVE to be important - BUT, BUT ... health (and illness) is, obviously, such a personal thing that we should be able to go for care where we feel safest. As a resident of a small village I feel a true allegiance to Cheltenham General and would not wish to be admitted to GRH if it were avoidable... I have had care at GRH in the past but I would wish to be admitted to CGH every time...		
313	Before considering whether you can be a centre of excellence improve the routine, mundane work. Improving things for the majority would be more beneficial than delivering state of the art to a very few.		
314	you appear to have put two very important questions under one "umbrella" question regarding the present arrangement of A&E services in Cheltenham and Gloucester 1) Without doubt there is a argument for having dedicated specialist services on one sight. but placing that question along with A&E question in my opinion again directing people how to think. 2) The idea of having one centre for emergency care and one for planned is a good one, however a planned procedure can go wrong or recovery not as planned so what cover for emergencies would you put in place for the planned facility for certain these situations will arise		
315	They should be more readily available and better publicised for one. It states about the hospitals but we recently visited a department in GRH and it looked shabby, run down, no magazines and one member of staff left a lot to be desired. Maybe she was stressed as no one seemed to know what or where they should be going...& asking other patients for help!! Your booklet mentions A&E in Cheltenham but does not mention that there is talk of it now closing putting more stress & workload on GRH. We need to have an A&E or minor injuries unit locally and not have to trail into Gloucester. Where waiting times can be literally HOURS!! My son in law was taken to GRH a few months ago with a broken leg and he had to wait 7 hours or thereabouts to be seen and this was mid week not the weekend. Not got a lot of faith in your idea "developing centres of excellence" but maybe you will prove me wrong. After working for Gloucester County Council and the NHS I am not impressed by those who lead!		
316	Having the best staff and specialist care all in one place to ensure expertise is available when needed. Making sure enough staff are available and patents can be seen quickly and efficiently.		
317	Specialism should not be pursued to the extent that CGH loses its A&E, Cheltenham General Hospital is exactly that - a general hospital - and no reconfiguration that might undermine that status should be considered.		

After reading pages 14-22 of the Fit for the Future booklet, please share your views below:In your view, what are the most important things to be considered in improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence?

		Response Percent	Response Total
318	Putting the patient first rather than making staff advancement/hospital status (e.g. University) the most important.		
319	Don't downgrade A&E....how will GRH cope??		
320	Encouraging healthier lifestyles (through GPs, schools etc.) Charging for accident /emergency treatment when self - inflicted eg if treatment is due to obesity, alcohol / drug abuse, sports injuries. Not concentrating services into the two main towns.		
321	We have lost so many services at Cheltenham General. It makes It harder for visitors if patients transferred to Glos. Which delays recovery for patients. Especially the elderly and dementia patients..		
322	Stop running down Cheltenham hospital no proper maternity care my daughter was blue lighted to glos in the middle of the night and maybe if a doctor was available my new born grandson may not have had a seizure if antibiotics were available		
323	Remember to consider the vulnerable first.		
324	Its a shame that Urology is not mentioned		
325	By concentrating specialist services in fewer centres of excellence the theory is care will improve by having greater resources in one place but there must come a point where these gains are offset by the inconvenience, expense waste of time for patients. Better care at a "centre of excellence" is NOT BETTER if it is too difficult, time consuming or expensive to access. Saving money or making services "more efficient" is often at huge cost to patients in time and money		
326	My main concerns have already been expressed. For example image guided surgery is of great benefit but equally in emergency situations and for planned procedures. How does a demarcation of Cheltenham as the centre for planned procedures and Gloucester for emergencies fit in with this? Equally coronary angioplasty may be the best option for treating some heart attacks in emergency situations so having 24/7 service available in Gloucestershire would be excellent but equally many investigative / interventional procedures are undertaken in a planned fashion so would Cheltenham retain the capability for a wide range of cardiology related planned procedures / investigations?		
327	Developing centres of excellence is jargon speak. Accident and Emergency services on both sites should continue to be offered.		
328	Have experts availability		
329	Specialist Care is the best care, it’s evidence based so why would anyone want less?		
330	One A&E sounds sensible. Is there going to be acute and elective general surgery on separate sites or all on one site? What impact does this have on staff travel. Where should I R be? Makes sense for pci to be on acute site. But what is then going to be on elective site? Is there enough flex for example to allow surgeons to help out cross specialty eg urology and gi surgeons involved in gynae cases		
331	I think its important to look at the demographic in Gloucestershire, and the spread of people in Gloucestershire. Provide services where they are needed. For preplanned surgery I think building good relationships with Bristol and Oxford and sending patients there for critical surgery may be appropriate.		
332	The suggestion to have day surgery and longer planned surgery at different locations will lead to a more efficient service and better after care for those who need it.		
333	Is there not some theory/research about the best way to plan services, particularly a cold / hot split ? Why do you not use this to be you spur and plan services in the light of "current best recommendation?" . At the moment Fit for the Future reads a lot like "we've got a problem with 2 sites, this is what we're going to do about it" , much better would be - " this is best practice, this is how we can implement it in Gloucestershire."		
334	I am utterly amazed that you are considering using the two major hospitals as centres of excellence providing some services at one and different ones at another. The population across the county is growing, you should be investing in the staff and facilities at both sites. Unfortunately I've experienced what it's like to have a member of your family in one place while living in another, having to care for a young family and work to support that family was made far more stressful because of where the treatment was given. It began in one hospital and was transferred to the other even though the treatment was still being provided to others at the original hospital.		

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		Response Percent	Response Total
335	Access - not everyone can drive or access public transport, if lucky enough to have a bus service		
336	Great not taking long with treatment and being called in		
337	same answers as earlier questions		
338	AE should be in one place ie if a new hospital is built but should continue as is in the meantime.		
339	The bed base in GRH has to increase dramatically. The influx to one hospital site and inability to curtail it by cancelling planned admissions means that a far greater redundancy must be built into the system. Although creating beds which may be empty seems inefficient, maintaining flow preserves efficiencies elsewhere in the organisation and I suspect improves staff moral and retention. Patients queueing in corridors is not acceptable. The footprint of the A&E needs to change and increase, especially in the minors area. The surge already experienced at some points of the day will intensify with greater patient numbers. Specialities need 24/7 receiving areas for ambulant patients outside of ED. Separation of ED streams into minor injuries and minor illness. 24/7 PCI is important. With this GRH should also be the primary Out of Hospital Cardiac Arrest Centre. This may impact on ITU (as will the other service changes). Consider staff and visitor parking at any 'emergency' site. Shift workers beginning in the afternoon already struggle and public transport not an option with a midnight finish. Transport of less unwell patients between sites and back home is already inefficient. Consider use of Uber etc. Extending Saturday & Sunday pharmacy opening needs to be considered on any Emergency site Image guided interventional surgery is both elective (elective AAA repair) and important in the most poorly emergency cases (embolisation pelvic vessels). As these emergency patients often can't be transferred I assume is there a cross site plan for this service? The change to an emergency site and elective site is likely to have an impact on trainees education and this needs to be considered inside rotations. 24/7 senior doctor cover, which is what the paper suggests, is likely to be provided by ED team and this needs much planning and will be tricky with 2 site extended hours ED consultant cover. Especially with a new CDU. Emergency patients generate a lot of paperwork and require a lot of admin input. The need for efficient joined up admin backup can not be under stressed.		
340	Well trained staff treated with the respect they deserve Security to protect them (Violence)		
341	Less consultant power / more GP power. (but only if AI approved / guided) Remove all X ray imaging and replace with chap and also better MRI imaging used properly to full potential		
342	A&E should be available locally 24 hours		
343	Triage promptly at A&E - send away to GPs those who don't need urgent care. Collect money from health tourists to bring more money back into NHS		
344	More staff Quicker test results IE MRI scan 2 weeks at least before you hear anything		
345	The waiting time between seeing a specialist or for an operation.		
346	Confidence in Doctor / Nurse Compassion and empathy		
347	The whole concept of centres of excellence in relation to A&E begs the question of what A&E needs to be. What redundancy must be included in disaster recovery. What services are needed for different centres of		

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		Response Percent	Response Total
	population		
348	That we maintain full A&E at Cheltenham		
349	Every general hospital that serves a large community should have an A&E department and this should never be compromised to persue any specialism.		
350	All of the above you cannot cherry pick things to keep in or take out		
351	Having people qualified to answer questions and be able to guide people through all stages of their treatment.		
352	Charge people who don't turn up for appointments. Chase non residents of UK who have treatment with no intention of paying. We are the only country in the world to allow this		
353	It is essential for peace of mind and wellbeing to be able to access medical help in an emergency and to know hoe to access it without delay. Long waiting times for specialist appointments are worrying and not acceptable.		
354	All are a "muddle" and the public does not know what you are talking about!		
355	specialisms should not be pursued to the extent that CGH loses its A&E Cheltenham General Hospital is exactly that - A general hospital - and no reconfiguration that might undermine that status should be considered		
356	In these days of modern medicine and incredible and expensive equipment I accept it is impossible to have both CGH and GRH both providing the same treatment surgery. Whoever prepared "fit for the future" used a PR approach instead of straightforward English which gives the facts and would be accepted		
357	speed, reduction of waiting lists		
358	you could have different emergencies in different sites so that specialist care will be one team e.g Cardiac problems have correct equipment - staff ready to sort out.		
359	Providing centres of excellence in various specialised departments makes sense as long as thee is no reduction of overall supply, if that is the case then better outcomes so seen to be able to be achieved		
360	Knowing what service is where		
361	more staff - particularly at GRH which cannot cope at present and certainly will not cope if CGH reduces further its A&E function.		
362	suitable site - Both CGH and GRH are situated in difficult to find access locations with parking issues. When you take increase in population into account, how sustainable is the split site scenario? Keep pressure on funders and planners to release land at Staverton / Elmbridge for a single site, modern hospital serving both towns		
363	That the treatment they will receive wiil be the most appropriate and best for their particular problem with a full explanation of what it will entail, where it will be given and the anticipated sort and long term result. Also, what follow appointments are needed.		
364	There are two major conflicts - centering excellence and providing a service convenient for all . Unfortunately the two centres in Gloucestershire are relatively close together which means you are understandably going to focus on the bulk of the population in the Gloucester / Cheltenham region. It would not be possible for someone in Winchcombe for example to get to Gloucetser in 30 minutes drive time and it would take considerably longer by public transport.		
365	Elective care being protected from the pressures of unscheduled care. Specialist care on site to back up Emergency services i.e. PPCI, endoscopy, interventional radiology, easily contactable specialist teams etc. Accessible alternatives to emergency department care i.e. OOH GP etc.		
366	Centre of excellence in theory sound a good idea. In practice they mean that patients have to travel across county to either Cheltenham or Gloucester to access health care. Both towns are growing in size with increasing new houses. Either offer treatment at both sites or build one new hospital in centre of county with excellent public transport from all parts of county and free parking.		
367	Having one ED in GRH makes clinical sense provided there are the necessary acute services to support		

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	the ED (e.g. PCI, stroke, trauma, surgery, radiology, etc). Secondary transfers for acute pathology (e.g. heart attacks) makes no sense. The ED needs to be large enough to accommodate the through put and the bed base behind it needs to be able to accommodate the admissions. The advantage of having one site more focused on elective work is that hopefully it will reduce the number of patients who have procedures cancelled at short notice.		
368	The most important considerations for me in terms of health care provision are: * The quality of care * Outcomes * Safety * Patient experience		
369	communication with and between all the services involved to ensure that everyone understands and is on board with plans and feel that their ideas, thoughts and concerns are being listened to.		
370	Major elective surgery needs to be as far away from the medical acute take and surgical if you want to access normal hospital beds, if you want to access critical care beds I would suggest only employing surgeons during the summer months unless a major expansion is delivered.		
371	Maintaining staff with clinical expertise. Having high quality services and outcomes, utilising technology where available to assist with this		
372	See previous comments.		
373	Stop trying to be a centre of excellence and just be county hospitals. We live in a prime area where we have access to Birmigham and Bristol who both have various centres of excellence. By trying to be come a centre of excellence you are removing money/resources from another part. We don't have a university attached to it so there is no specialist teaching needed. Just trynto be the best general hospital there is.		
374	Much better triage services, but all the services being close together. also, ambulance services taking patients to the minor units/urgent care units instead of having to take people to A&E. Again, I went to A&E a few months ago when I had a suspected broken bone in my foot. I work in a charity and I have lots of knowledge of the local area, but I had no idea there was such a thing as a minor injury unit in Tewkesbury, otherwise I would happily have gone there.		
375	More Clarity between services offered at Glos and Chelt - muddled at present. Neither of these centres is within 30 mins of Tetbury so there needs to be better transport offered to those who can't drive		
376	Not centralised in big DGH		
377	A lot of minor Surgery could be handled by GP's. Pre screen Attendants for A&E, 90% do not belong at A&E. Out of personal experience I know that a lot of Appointments do not reach the Person on Time or do not get there at all. The Patient does not know of the Appointment and gets blamed for not attending. This causes a lot of lost Time.		
378	Access to A&E without the need to travel acorss the whole county.		
379	Make sure they are actually centres of excellence and not just a money cutting solution. Make the new centres appeal to and attract the best practitioners. It is very easily seen as a ploy to further reduce bed numbers by closing a service in one centre and not providing quite as many in total in the new centre of excellence.		
380	having the right people based in one place to give a better service rather than spread over a vast area		
381	Limit access to A&E by denying or delaying (To the back of the queue) selfish people who are drunk, drugged, aggressive etc.		
382	Having appropriate and adequately trained staffing levels. Putting specialist areas into one centre, improving waiting time for specialist consultation		

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		Response Percent	Response Total
383	Good idea but need care in deciding where to put each centre. People are afraid of change - need as much information as possible - face to face in some cases		
384	Specialisms clearly have their place. But CGH should not lose its A&E because of specialism. If CGH is to care properly for half of the county's population, then it must have its own A&E: How could GRH cope with the increase in A&E patients if CGH were to lose this service, let alone issues of proximity to the need for A&E		
385	Centres of excellence marginalise communities and cause delays in treatment and access. However the notion of centres of excellence is good if infrastructure, technology interlinked to ensure success		
386	Avoiding the referral of patients who don't need to access these services so that waiting times for urgent cases can be reduced. This should include the current practice of referring people whose age or infirmity is unlikely to improve their quality of life and pain relief or palliative treatment is more appropriate		
387	I feel that Accident, Emergency and Assessment Services and day care surgeries should be as local as possible. When an Accident or emergency happens we need help and advice as quickly as possible. Travelling around 15 - 20 miles for the help is excessive and just leads to yet more ambulance call outs. Lydney Hospital being so easily accessed is a fantastic place for Emergency, Accident, and Assessment. I can understand the concept of centre of excellence and have noticed that on the helicopter TV series they take badly injured people to Major Trauma Centers which makes a great deal of sense as the theaters, x ray etc are all gathered in one large hospital so I can see that the same thing for Cancer and other major illnesses would work. However, I sincerely believe that the initial tests, examinations could be done in a more local setting and the reports then lead on to visits at the center of excellence for that illness if necessary. Having a general practitioner at A&E departments for the queue jumpers, (those who think going to A&E would get their scans etc done quicker) and the minor illness people would treat them as their own Doctor would and then refer them back to their Doctor. Going to the centers of excellence, It could perhaps come that these centers are in their own dedicated buildings and not using the general hospital space. Lydney has buildings ready for this use!!.		
388	1- Car parking - lots so easy to park and free 2 - Nearness to other places in Gloucestershire other than Gloucester Royal and Cheltenham. Have close to people at the far end of Gloucestershire. Longer opening hours at North Cotswold Hospital		
389	We have 2 large hospitals in Cheltenham and Gloucester, which should be capable of providing services quite independently of each other, with the exception of certain areas of specialist treatment and surgery, which would gain from being situated at just one of the 2 sites		
390	Changes should result in a true improvement in the quality of care delivered. Improving the quality of the service is more important than the location. I understand that patients having major planned abdominal surgery have potential for complication after operations and can become unwell. I would want to be looked after by a team of doctors with rapid access to emergency care in this setting.		
391	I imagine the key factors are getting good staff and the best available kit. I recognise the general case for developing centres of excellence in specific areas e.g stroke, orthopaedics but am not convinced about have just one A&E in Gloucester. It is not clear whether the driver is outcomes, shortage of staff or expense. It is not clear to me whether emergency medicine is a separate discipline or whether it involves people from a range of disciplines who might well be mainly in other centres of excellence on a different site. Serious comment requires more knowledge of the real situation.		
392	Keep A&Es in GRH and CGH		
393	Continuity with the GP could help folk navigate the specialist services - at scary times its often really overwhelming - and would be so good to have someone available to do a virtual hand hold. Like community midwives and the rest of the service.		
394	combine chelt.&gloucester in one new hosp.and share services		
395	Please see previous comments		

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		Response Percent	Response Total
396	A&E should be kept open regardless of other factors		
397	I feel that Accident, Emergency and Assessment Services and day care surgeries should be as local as possible. When an Accident or emergency happens we need help and advice as quickly as possible. Travelling around 15 - 20 miles for the help is excessive and just leads to yet more ambulance call outs. Lydney Hospital being so easily accessed is a fantastic place for Emergency, Accident, and Assessment. I can understand the concept of centre of excellence and have noticed that on the helicopter TV series they take badly injured people to Major Trauma Centers which makes a great deal of sense as the theaters, x ray etc are all gathered in one large hospital so I can see that the same thing for Cancer and other major illnesses would work. However, I sincerely believe that the initial tests, examinations could be done in a more local setting and the reports then lead on to visits at the center of excellence for that illness if necessary. Having a general practitioner at A&E departments for the queue jumpers, (those who think going to A&E would get their scans etc done quicker) and the minor illness people would treat them as their own Doctor would and then refer them back to their Doctor. Going to the centers of excellence, It could perhaps come that these centers are in their own dedicated buildings and not using the general hospital space. Lydney has buildings ready for this use!!.		
398	Ensuring access for patients at CGH to urgent care and elective care - take work out of GRH since it is too busy and quality of care is compromised		
399	A & E Proximity: I live in the North Cotswold, at least a 45 minute drive from Gloucester Royal. This is unacceptable Capacity-Gloucester Royal does not have the capacity to deal with all emergencies if Cheltenham no longer offers the service 300 patients, not 100 patients a day need emergency care in Gloucestershire (on page 9 of your Fit for the Future publication you state that one third of patients attending A&E could be treated by a different NHS service. Hence, two thirds of patients attending A&E have done so appropriately. Given the NHS England statistics, this would in fact mean that over 300 patients a day would need to access an A&E Department, rather than the 100 stated on page 11 of your publication) Referral process: how does a patient differentiate between needing urgent care and emergency care and how would you manage patients who turn up at A&E with an urgent (non emergency) condition that have simply walked in having made the wrong distinction? Emergency General Surgery (proposal to relocate to Gloucester Royal) Complications of elective surgery can progress to the need for emergency surgery. Medical inpatients may also require emergency general surgery. Some of the sickest patients in the county are located in the oncology ward at Cheltenham General. Urgent surgical problems can quickly progress to emergency surgical problems. BUT emergency cover for inpatients at Cheltenham would be located at Gloucestershire Royal delaying assessment by appropriately trained surgical staff. Possible relocation of Elective General Surgical Services to Gloucester Royal from Cheltenham General General surgery at Cheltenham is currently offered alongside other surgical and medical specialities and services. Integrated care is therefore possible when conditions treated by general surgeons also require the input of vascular (microvascular bowel surgery) or pelvic surgeons (for example rectal cancer). General surgeons often consult with gastroenterologists and vice versa. Multidisciplinary meetings between different specialists would mean travelling between sites. Would ancillary health care providers also move to		

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		Response Percent	Response Total
	Gloucester Royal (stoma nurses, biofeedback assessment and training)? Oncology general surgical patients in particular would be disadvantaged. Cancer patients require the care of general surgeons and oncology services. Cheltenham General provides oncology services for Gloucestershire, Herefordshire, parts of Powys and South Worcestershire and is one of the busiest centres in the country for the treatment of bowel cancer. Separating oncology services and planned colorectal surgery doesn't make sense when there is potential to develop Cheltenham into a centre of excellence for the treatment and prevention of colorectal cancer. Flexisigmoidoscopy services are currently located in Cheltenham upstairs from the oncology department and are not available at Gloucester Royal. Much expertise has already been developed with close existing relationships between members of the multidisciplinary team in treating colorectal cancer. On a personal note I was treated for rectal cancer at Cheltenham in 2017/2018 and was acutely aware of the benefits of having all services located in the same facility, not the least of which was being able to access all treatments and appointments in one familiar environment at an exhausting and stressful time in my life. Consultants spoke to each other regularly and the results of investigations were available in a very timely manner. There is no substitute for that kind of comprehensive on site service. Image Guided Interventional Surgery Considerable resources have already been invested at Cheltenham in this field, why not keep the service in operation. Once again (see above comments), it makes sense to maintain this service at Cheltenham because it is frequently used for the treatment of oncology patients		
400	Local A&E available 24 hours in Cheltenham. Full use of NHS facilities Other centres of excellence seem a good idea		
401	Patient safety - do not develop a service that signposts patients to a department which is not adequately supported Need to have all acute care (and therefore ambulance arrivals) on one site Need 24./7 PCI for the county		
402	A&E at Gloucester Royal only: Gloucester Royal is TOO far away for North Cotswold residents Gloucester Royal can not cope with more A&E arrivals Patients can not reliably determine whether they require urgent or emergency care Relocation of Emergency General Surgery to Gloucester Royal only: Leaves Cheltenham Hospital without emergency cover for inpatients leading to unacceptable treatment delays. Gloucester lacks the capacity for more surgical inpatients Possible relocation of Planned General Surgery from Cheltenham to Gloucester Royal: Gloucester Royal lacks the capacity to handle additional elective general surgery, including provision of beds in the High Dependency unit Implies general surgeons can work independent of other surgical and medical specialities currently located at Cheltenham Royal. My wife had bowel cancer, which potentially required the input of gynaecological surgeons should the cancer have spread further than eventuated. She was also cared for post-op on a ward where the staff had experience with both pelvic and bowel surgery enhancing her post operative care. Stoma nurses and biofeedback training are also located at Cheltenham, would you propose moving all complimentary services as well? Of course she was also under the care of oncology. It meant a lot to us knowing her consultants worked so closely together and were in regular contact. It goes without saying that having all her treatment in one place meant a lot at a really difficult time in our life's		

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		Response Percent	Response Total
	It was our understanding that Cheltenham is a very busy centre for the treatment of colorectal cancer...why spoil a good thing? Instead develop the service in to a true national centre of excellence and build on the already outstanding work being done. Imagine guided interventional surgery Leave it at both sites, oncology patients are at Cheltenham and often require this service		
403	Cheltenham General Hospital is just that - a General Hospital. I am angry at the proposed removal of its A&E amid fanfare for 'centres of excellence'. People seem to forget that we need to provide General Hospital services first & foremost; 'centres of excellence' can develop if we have the money (worthy as they may be in their own right).		
404	Accident and emergency. General surgery.		
405	Specialism and Excellence are worthy aspirations. Having critical mass is important in this but should not be achieved at the cost of removing people from access due to the remoteness of the service. There is a balance to be reached - as much specialisation as can be achieved while retaining local access.		
406	Cheltenham General Hospital should be maintained as a hospital providing all services, including A & E. A town such as Cheltenham, especially given the planned expansion of housing, needs such a facility.		
407	Availability of skilled staff and best facilities rapid treatment		
408	Waiting times. Staffing these specialist services.		
409	distance to be travelled. staffing.		
410	To just get on and do it. I think it's a great idea		
411	As outlined above, I believe the "one team, two locations" approach for emergency and urgent care hospital care is key. For other specialisms I believe it is reasonable to develop single-site excellence for certain types of surgery PROVIDED that hospital-based after-care can be provided at either location (with appropriate liaison and handover) so that patients can be in the part of the county most readily accessible to their relatives.		
412	Specialisms should not be pursued to the extent that GCH loses its A&E. CGH is exactly that - a general hospital- and no reconfiguration that might undermine that status should be considered.		
413	Ensure that everyone understands that CGH is not closing, being dumped or side-lined. Any changes will probably cause a media frenzy, petitions and protests. Give Cheltenham the prominence it deserves.		
414	Ensuring the clinical expertise and supporting infrastructure. I thought the suggestions were really good and should be supported.		
415	Keep Cheltenham A&E fully operational 24 hours a day.		
416	Increasing the number of doctors nurses and so forth to reduce waiting times and be more efficient		
417	Keep A and E 24 hrs at both hospitals and have some specialist services at different sites eg oncology.		
418	A&E need to be accessible and local to all. Other centres of excellence can be further afield		
419	Sick people need easily accessible services not long journeys to different hospitals		
420	Centralising resources makes no sense, a lot of A&E admissions are for treatable aliments. This should continue locally in Cheltenham. Moving this to Gloucester will incur time, cost and pain for people requiring treatment (and the treatment want necessarily be any better).		
421	Maintain A and E in CGH		
422	Cheltenham General Hospital should be kept as it is for the increasing cachement area of residential housing.		

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		Response Percent	Response Total
423	We don't need a specialist hospital, or centre of excellent, we need to concentrate on the hospitals we have, with better access to them		
424	Retention of all such services and improve them		
425	Reduce the managers and put more money into actual medicine.		
426	See above		
427	accessibility timeliness availability if specialist staff		
428	Specialisms should not be pursued to the extent that CGH loses its A&E. Cheltenham General Hospital is exactly that – General Hospital – and no reconfiguration that might undermine that status should be considered.		
429	Developing centres of excellence sounds good until the amount of time it takes to reach this so called centre works against the time used to get there. It all sounds wonderful, but in practice, it is not.		
430	Specialism is key however this should not be to the detriment of A&E services. Isolating specialism to one location becomes a postcode lottery! Those loving further out will have to travel so far to reach the services they need- every minute is critical and should not be spent travelling 20mins down the dual carriageway because the local A&E has been shut down!		
431	Huge question! Don’t close facilities which perform well until you have come up with something proven to be better		
432	As I said previously, government policy must be to recruit and train the medical and nursing staff to meet the needs of the population. Local people need local services. Cheltenham General hospital provides first class care and should be supported at all costs. A&E departments should not be tampered with just to satisfy the egos of those in admin.		
433	Recruiting more doctors and nursing staff would be a good start, also keeping General Surgery and A&E at both sites means availability for patients to have excellent care at all times.		
434	See previous answer		
435	Specialisms should not be pursued to the extent that Cheltenham General Hospital loses its A & E department. Cheltenham General Hospital is exactly that a general hospital and no Reconfiguration that might undermine that status should be considered.		
436	Firstly, lumping A&E with any non-emergency service is wrong. A&E is about non-planned events which need to be responded to asap. General surgery is not, neither is imaging or lab tests. Any attempt to treat A&E the same as other specialities shows a misunderstanding as to the purpose of A&E. There is nothing wrong with developing speciality centres for specialities where the patients are scheduled into the service. It remains that access to the service means as much as the quality of the service even in these cases since the service can only provide "quality" to those who gain access. If the best orthopaedic service is 200 miles away but an okay one is 10, I submit I'd be more likely to attend the local one.		
437	If you are looking to minimise travelling between campuses for clinicians and nursing staff then outpatients may be better based with their centre of excellence? I see my neurologist in Gloucester because that is the easier travel option for me, but I know that my consultant and specialist-nurse have to travel to other outpatients clinics. This is probably not ideal, so maybe it would be possible to minimise the availability of outpatients clinics in other locations so that where possible people attend a primary clinic by default and perhaps have to ‘opt’ for a local one to ensure patients are excluded from treatment but the ones who really do need more local access are still able to get access to it.		
438	Retain 2 A&E hospitals		
439	Centres of excellence is a catch phrase and has nothing to do with medical care and assistance. Fund it correctly and place it where it is needed.		
440	Don't close Cheltenham A&E		
441	Ditto		
442	Accident and Emergency must be available in or around each main town. If A&E has to be reorganised then you need 4sites as A&E units, 2 along the M5 Tewkesbury, Staverton Stroud Water		

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		Response Percent	Response Total
	Then one of the forest possibilities Lydney		
443	Get the basic services functioning properly with a well motivated staff and the excellence will necessarily follow.		
444	Specialisms should not be pursued to the extent that Cheltenham General Hospital loses its A & E. Cheltenham GENERAL Hospital is exactly that - a GENERAL Hospital and no reconfiguration that might undermine that status should be considered.		
445	People are the most important thing		
446	Speed of treatment of emergency care is clearly a critical consideration. Therefore, an A&E department close to a large populated area is essential. By closing Cheltenham General Hospital A&E facilities would dramatically increase the delay to receive hospital treatment. A quick journey from Cheltenham to Gloucester along the Golden Valley is dangerously reliant upon a clear route, which is rarely the case at busy times.		
447	Speed of diagnosis. Which is already being achieved through Cheltenham triage service.		
448	How can Chelt be a general hosp, without an A&E? Quaility service will be lost.		
449	Maintain and improve the A&E service in Cheltenham		
450	Immediate/rapid referral to other department such as radiology, theatre, laboratory.		
451	Ensuring the public do not lose access to general local services. which are also extremely valuable to the community.		
452	Yes, stop asking the same question over and over again in a different way in an attempt to get people not to comment.		
453	Centres of excellence should not be at the expense of core services such as Cheltenham A&E		
454	The most important thing is waiting times. No one wants to wait hours to be seen		
455	There is a gross assumption that developing centres of excellence will improve specialist hospital services. From the point of view of the patient, where there is some cross-over between various specialisms, where will they be treated or are some aspects of their problems just not dealt with adequately? The implication is that centres of excellence will remove some "excellence" from other centres. This reveals that the focus of any potential changes is on the staff rather than on the patients. Cheltenham General Hospital A&E, for example, needs to continue to be sited where it is most needed and any move to close it cannot be seen as an improvement.		
456	Fully re-open A&E in Cheltenham		
457	Keep Cheltenham A&E.		
458	If you maintain clinical schedules of conditions and procedures as well as lists of consultant success and aftercare on wards., you will know yourselves where you exceed. If other hospitals are properly maintaining these schedule you should know where the centres for excellence are. The only way you can improve is to have a rolling programme of training doctors and clinicians on the wards to be provided with schedules of processes in the procedures and witnessing the procedures in those centres of excellence to 'roll it out. Cheltenham and Bishops Cleeve are a retirement area and I know as I was previously a Gloucestershire area manager in the DWP that there is a huge retirement population in these areas. There is a golden hour for diagnosis and treatment for stroke and that is the first hour. If you deprive this area of that treatment now that you are aware that it is an area of HIGH elderly population that you shall be putting that population at risk of early death.		
459	Try asking the people who use it even before thinking about any decisions about closure. What assumptions are you basing your hair brained scheme on? I hear on the news that extra funding is being provided for essential care. Where is this being spent, I hope its not being diverted to top up pension plans and pay rises for the highest eaners. The hospitals where set up for the use of everyone not for a get rich scheme for the few. Think very hard about making decisions on behalf of other people before you have asked their opinion. What authority do you have to make these devastating decisions for our area?		

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		Response Percent	Response Total
	I would love to have the opportunity to go through all your books and see exactly what is going on in the running of the hospital to see if the sums add up, or what the philosophy is behind the decision you propose. Could you forward me the complete list of employees of the Cheltenham General Hospital from top to bottom and I will make it my job to work it out for you. Oh and can you send me the exact amount you have to spend for same.		
460	My wife and I have been very happy with the treatment we have received in several General Surgery departments at Cheltenham. We do not want to have to go to Gloucester for surgery or ongoing monitoring of medical conditions.		
461	It is essential that the hospital is not regarded or designated as a part time day time institution . General surgery should be available on a 24 hour basis and should cover trauma. Developing centres of excellence is secondary to high quality patient accessability annd care The league tables has seriously undermined the quality of care in ghd NHS.		
462	By keeping services accessible		
463	A&E must remain available 24x7 at Cheltenham General Hospital		
464	Specilisation should not be pursued to the degree that CGH loses its A&E. Cheltenham is a general hospital and no changes that might reduce its status should be considered. Centralising A&E at Gloucester Royal puts a lot of eggs in one basket!		
465	Specialisms should not be perused to the point that cheltenham loses its A&E. cheltenham should remain a general hospital.		
466	I think it's a terrible idea. So you can have two campuses, but only provide emergency care at one site? This would result in a rise in fatalities. The infrastructure, as you point out, is poor between Cheltenham and Gloucester. Instead of staff being inconvenienced, you would lose lives. You need to spend the £7milliin extra set aside for Cheltenham Gen Hospital on recruiting more staff. I oppose any stream lining that risks lives.		
467	More staff		
468	I really would like Cheltenham General Hospital return to having a full 24 x 7 A&E service. For non-urgent surgery, centres of excellence at either Gloucester or Cheltenham could be a good thing, but less priority than an adequate A&E. I have to comment that almost every journey I make on the A40 Golden Valley road I see at least one ambulance on an emergency call. It wasn't like this a few years ago. Are these already transferring patients between hospitals? I wouldn't want my emergency treatment to be subject to the traffic on the roads between the two hospitals. Also, what happens if the county has a single A&E and an event/situation occurs that closes it to new patients? How far do those patients then have to be taken?		
469	Accessibility		
470	Your plan is not fit for the future.		
471	The need, the geography and the planned expansion of population North and West of, and in, Cheltenham		
472	Cheltenham general is a general hospital and no reconfigurations that might undermine that status should be considered		
473	Improve funding and facilities in Chelteham lessening the burden on Gloucester		
474	That I don't have to work out what these words mean and make the right choices despite being in severe pain		
475	I am all for developing centres of excellence and concentrating specialist services in one place. When my daughter was 5 she broke her arm badly. We went first to Cheltenham and were triaged but waited 4 hours at which point the shock wore off and she was in a bad way. We were X-rayed and then sent to Gloucester. It would have been better if the paramedics assessed her and sent her straight to Gloucester. I had breast cancer and received my radiation treatment at Cheltenham - it could not have been better. It is right to put all the specialist equipment and the specialist medical staff in one place.		
476	Specialisms should not be pursued to the extent that CGH loses its A&E. Cheltenham General Hospital is exactly that - a general hospital - and no reconfiguration that might undermine that status should be considered.		

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		Response Percent	Response Total
477	To improve services, NOT to down grade them!		
478	Overcoming the challenges of central management of data to benefit of clinician and patient. Effective understanding and nationally coordinated use of cloud based services Investment in effective exploitation of AI		
479	As stated in the previous section, centres of excellence are appropriate for complex specialisms but general surgery areas, such as A&E should be close to the point of need.		
480	Local people need access to local services, while centres of excellence are convenient for managing services they present serious issues of access for those without readily available access to their own transport and likewise to their families who wish to visit.		
481	Not reducing A&Es, not allowing the main hospital to have to cater for the entire county. And local A&E will reduce ambulance miles and get people seen quicker.		
482	Enough staff and equipment at both general hospitals		
483	Consider A+E for what is should be, ie Life saving. Consider what you have said, 'there are two emergency departments in Cheltenham and Gloucester. The doctors and nurses there provide care for you if you have a life threatening illness or serious injury' How is it going to improve this life saving care by shutting A+E at Cheltenham? What are the statistics for treatment outcomes for genuine emergencies since A+E has been closed at nights at Cheltenham? Where I live the response times for an ambulance is 27% of calls responded in 8 minutes with a median of 12 minutes. In Gloucester it is 91% in 8 minutes, median 4 minutes. The journey time to Cheltenham is 18 minutes, to GRH it is 27 minutes. All in all time to respond, for example to a heart attack is extended by 9 minutes plus 8 minutes for a person where I live cf a person in Gloucester.		
484	More specialist in the centres		
485	When people come to hospital they are often scared and unsure of what is happening, to then make them go a completely different area to where they live puts more pressure on them, not broke, don't fix		
486	Spped and quality of treatment within a single hospital with access to the best doctors, surgeons and equipment.		
487	Funding. Accessibility.		
488	keeping it local		
489	I believe it is vital to to keep FULL medical, emergency, urgent, maternity, operations and life support in Cheltenham. Cheltenham General Hospital cover a wide area (into the Cotswolds) and getting to Gloucester is too hard, takes too long, the route may not be known and the critical one hour window could be lost. Plus visiting - which is vital to recovery of a patient cold be reduced for the same reasons.		
490	I'm fed up with the term 'centre of excellence'. Usually this just means a 'cost-cutting' exercise and the reduction of services with people having to travel far further for care. Everywhere should be a centre of excellence at what it does anyway, not some sub-standard service run into the ground by spiralling costs caused to a large extent by people not looking after/taking responsibility for their own health-well-being. For example, fertility treatment is not a basic right, but emergency care to stay alive after a heart-attack etc is! Some services are absolutely essential, some are 'nice-to-haves'.		
491	the most important thing to be considered is the PEOPLE who affected. Their families having to travel to the other site , the costs of parking. Yes there is a bus between sites but you have to be able to access that bus.		
492	Finance and proper and competent management.		
493	I appreciate the need for specialist care, but it is well known that a quick response is what saves life in an emergency		
494	The most important is Cheltenham has its own fully open A-E 27-7 service		
495	Sort out the management and administration side of the hospital. Too many inefficiencies, and staff that are		

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	not trained in managing customer experiences. Change the way you think - each patient is a customer. Drive the hospital like a business, create positive customer experiences and if staff are inefficient (trust me, from what I have seen, some are), manage them out of the organisation.		
496	Centres of excellence are a good idea provided consideration is given to location		
497	Educated people on making the right choice when accessing services, once you have done this then you maybe able to amend the services on offer based on the demand from people who are educated to follow the right choice.		
498	CHELTENHAM NEEDS 24 HOURS PER DAY ACCESS TO A FULL A&E SERVICE. ANYTHING LESS IS NOT ACCEPTABLE.		
499	The opinions of those at the sharp end are vitally important		
500	The clue is in the name! Cheltenham GENERAL hospital. To me that means, they syphon off all the patients that need hospitalisation, and people who need specialist advice go to specialists in the bigger hospitals. Gloucester provides a good level of general specialisms and one or two excellent ones. But even the Gloucester hospitals cannot help everyone, so they refer to a better hospital who have real 'centres of excellence' like the John Radcliffe or Bristol.		
501	Specialisms should not be pursued to the extent that Cheltenham General Hospital is exactly that - a general hospital - and no reconfiguration that might undermine that status should be considered.		
502	Keep Cheltenham open		
503	I agree with the configuration of centres of excellence, but not when that jeopardises the A&E services. I believe they can stand together- it should not be a case of one or the other.		
504	Again keep Cheltenham A&E open 24 hours		
505	Accident and Emergency has to be accessible for patients i.e. able to get there quickly in an emergency. A&E means that other services are available to support it. Some facilities can be specific to a specialist hospital e.g. cancer care		
506	There is little to no value in improving specialist centres of excellence if you remove the support for the local community. Gloucester is already over stretched and closing / modifying (further) services at Cheltenham will cost lives.		
507	A & E and assessment services and general surgery		
508	Easy access to those services. Patient transport. Many people live alone and do not have others to rely on to get them across the county for appointments / treatment.		
509	Local availability is essential.		
510	I don't think we should be prioritising centers of excellence we should prioritise care compassion and dignity.		
511	All for "improvements" as long as not at the costs of existing services		
512	Specialisms need to take place and be available at both Cheltenham and Gloucester		
513	Keep A&E open, serving local people locally.		
514	A&E should always be located within large settlements 24 hours a day not 8 til 8 like Cheltenham. Emergency ambulances between Cheltenham & Gloucester after 8pm takes at least 10 minutes longer. In addition if you are discharged later in the evening a taxi costs £35 to get back to Cheltenham.		
515	They should not be developed at the expense of Cheltenham General Hospital.		
516	Putting specialist centres for the different medical areas together in either Cheltenham or Gloucester for planned surgery is a great option. A&E assessment needs to be localised and once life stabilised move the		

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		Response Percent	Response Total
	patient to the area of specialism required. But this will not solve the under capacity of the NHS against the over demand of the public. We have an over demand for treatment that will only be serviced by more capacity in the hospitals. Specialised centres should be more efficient so it's a step forward but it won't solve the over demand we have.		
517	Apart from issues highlighted in local and national media I can only emphasize personal experiences . Local medical knowledge by surgeons saved my life . Recruitment of experienced personnel must not be allowed to put local responses to emergencies at risk .		
518	Accessibility and good quality care		
519	Quality and expertise of the staff delivering assessment and care Travel time less than 30 minutes Realistic strategy for the elderly and elderly spouse or carer to get to and from the service in winter time and summer		
520	Centres of excellence are important but the planning has to be first class. Services have moved backwards and forwards from Cheltenham to Gloucester but the infrastructure has not been able to support these moves. It comes down to bed occupancy, unless you can sort out you discharges especially for those with complex needs your plan will come to nothing. You already treat patients on a daycare basis as much as you can, but then you fill up the day units with inpatients so operations are cancelled. This is a classic example of the inadequacy of your infrastructure		
521	If I had a serious car accident or stroke or whatever, and high-quality emergency treatment was centred at Gloucester, then (although I would personally prefer it otherwise) I would have to accept that that was the optimal approach from the point of view of the professionals concerned.		
522	More senior staff		
523	I'm not sure whether creating a centre of excellence that is world class is a good next step. In my view, you need to get basic care needs met first. I think that's what matters most. I also think that emergency care is not going to get better until access to GP appointments is improved and the consistency of quality of GP care is improved. At the moment if feels like a lottery as to whether you get help, it all depends on the doctor and if they really listen to you or not.		
524	Makes sense - just get it done ASAP. Ensure extensive publication on continuance of CGH to offer urgent assessment in A&E out of hours by advanced practitioners. Publish what can be seen at MIU's around the county.		
525	Being honest and communicating with people properly - just get on with it.		
526	That the services provided are kept within Gloucestershire, so that we don't lose expertise to neighbouring counties. That the services provided are equitable for patients and staff That the services are safe and sustainable That co-dependent services are co-located on one site.		
527	CLOSE TO HOME QUICK ACCESS INTEGRATED FAST ACCESS TO SERVICES BETWEEN THOSE DEEMED AS URGENT ENOUGH SPACE TO ACCOMMODATE ALL RATHER THAN LESS AND LESS ISSUES BEING CLASSES AS URGENT TO AVOID OVERLOAD BEDS BEING AVAILABLE STAFF SHOWING THEY CARE ABOUT THE PATIENTS EVEN IF THEY DONT LIKE THEIR JOBS		
528	Better use of paramedic/AHP services where indicated. More money for NHS!!		
529	Urgent and acute services need to be close by and shared across both sites of county. Treat and transfer not practical as not enough emergency vehicles let alone normal transport vehicles to transfer in a timely manner. For the volume of patients this is not workable. Centre of excellence is misleading. All areas should be giving excellent care.		

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		Response Percent	Response Total
530	More of the right staff in the right place		
531	Specialisms should not be pursued to the extent that CGH loses its A&E. Cheltenham General Hospital is exactly that- a general hospital - and no reconfigurations that might undermine that status should be considered.		
532	The provision of the service now with Cheltenham shut when it is quick and easy to travel to Gloucester I think best fits what A&E needs speed of access can be critical, no point in having all the experts in one mega centre only to not be able to get there in time		
533	Funding - sufficient funding should be provided to enable this to be undertaken. this has to come from central government. Our NHS is being watered down generally and this is a real concern. Whilst centres of excellence may be good in some cases, I do not see how that can help for A&E. Where an individual requires urgent care, surely the best thing is that it is on their doorstep and they don't die in an ambulance on the way to a centre of excellence. My understanding is that where there are specific requirements needed, once assessed, the individual can be transferred for more specialist care e.g. BRI, Birmingham etc. I can't see how closing Cheltenham A&E will allow for Gloucester to become a centre for excellence. I think this is marketing jargon in a bid to fool people into thinking it is a positive, when in fact, it is no such thing.		
534	Have everything in the same place from tests and preop clinics to surgery. Need urgent pathology tests done on site, since routine surgery can turn into emergency surgery quickly.		
535	Many of the services needed to support surgery start long before elective or planned surgery. Hospital pre-admission checks for instance, information gathering with monitoring and so on. This could be brought into the community and done in local hospitals and GP surgeries. Same with post surgical follow up. Pressures on the main hospitals for space could be eased with more of these types of appointments actually being in the community. In principle developing centres of excellence is a good idea, but one of the reasons for doing it, the idea that general surgery provided across hospital sites is not meeting national standards, was not expanded upon clearly enough. It is hard to know if the proposed ideas are actually going to do the job if we don't understand why the current situation is failing. It is interesting that at the same time that there is a proposal to bring together interventional radiology, cardiology and vascular surgery, there is also the suggestion of separating out upper and lower GI. In fact I had to go and re-read that section to make sure that was what was being suggested. In some cases, that might be a good idea. For instance in Ontario there is a hospital that only does a specific hernia repair and has very good outcomes, better than the local general hospitals, but one of the compounding factors is that of patient selection; their patients are generally healthier than those in general hospitals, and are of lower risk. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734914/ However, there is evidence that up-skilling surgeons to high levels of skill as well as enriching the skill mix of staff can have beneficial outcomes for patients. Working more closely as teams around the patient, rather than fitting the patient into the team, can have better outcomes. With this in mind, it makes sense to have a hub where the defining criteria is the use of image guided interventional surgery, for use of all those specialities that require guided intervention surgery, rather than have have separate hubs for each sub speciality. The equipment and the operators are the items that can't be easily moved, so all the different groups using that equipment should be at the same place, regardless as to their speciality. From a patient point of view, silos in secondary and tertiary care result in conflicts, repeated and unnecessary appointments, uncoordinated appointments (several appointments spread out over weeks which could have been arranged to occur at the same time) So while life and limb emergencies are probably best dealt with in a dedicated specialist centre, other urgent care shouldn't be very far away. Rather than have separate services it would be good to explore the possibilities of separate teams, working together on the whole patient rather than just specialising in a single area. But the bottom line again is transport for the rural and mini urban areas such as the out lying towns and		

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	villages. it might be possible for someone living in Cheltenham or Gloucester to make their own way between the two cities and thus between the two hospitals, but for those whose closest hospital is a general local hospital, and for whom there is no transport, it doesn't matter whether the hub is in one centre or the other, the difficulty in getting there will be the same. Even if they are a car driver, they may not be able to drive themselves. Their loved ones may not be able to visit them, they may not be able to make their way there for after care, pre-op care, or other followup appointments. This is why in an idea world, these services should be mobile and come to the patient populations. If they can have mobile surgical units in developing nations, if Cobalt Heath can have mobile MRIs, then it could be possible to have teams of clinicians moving around the hospitals where equipment allows for general surgery, assessment and some urgent care. One of the most important goals should be that patients go to their closest hospital. For some patients that might actually be out of county, in which case a smooth sharing of electronic records needs to be developed. for example, the closest hospital to me is Royal United Bath. I would like to have the option of having emergency or urgent care there, which is a 33 minute drive from my house, rather than Gloucester Royal which is 41 or Cheltenham General which is 47 minutes.		
536	Availability		
537	Excellent staffing levels to deliver high quality care face to face. Strong & effective admin procedures to co-ordinate all care appointments and records Nursing/medical staff able to spend more time with patients to carry out consultations and treatment		
538	Specialisms are fine within reason. Cheltenham is a GENERAL HOSPITAL and therefore should not specialise. It should support the need of the community it serves and that means having an A&E dept!! I'm not sure there will be a single day where this facility is not used. I would feel less safe or supported if this facility was taken away.		
539	ACCIDENT AND EMERGENCY SERVICES SAVE LIVES.		
540	Keeping an A&E department in Cheltenham open 24/7		
541	Developing centres of excellence should not be at the expense of losing the A&E department. Cheltenham should remain a general hospital and not a specialist hospital.		
542	Beds Beds beds - good food & nurses & doctors that understand English,		
543	Centres of excellence must NOT be at the expense of LOCAL services. Do you think we are all stupid? If you really need a centre of excellence it is your job to provide it in addition to the local service.		
544	Speed of being seen and receiving the right treatment.		
545	A and E waiting times long often because some people who are not urgent cannot/ do not go to GP. Some GPs refer to major unit for x ray as not available in locality/ shut at weekend etc. General planned appt system is flawed. Mistakes made with letters going out with insuffficient time for post to arrive before date relevant.appointment system for hospital needs to be more responsive. Recently someone drove from near Coleford to Gloucester for a regular appointment only to find it had been cancelled. This was later in the day. If that person had been telephoned it would have saved a 50 miles round trip and a new appointment could have been made there and then. These occurrences do happen, but it's how it is dealt with... You ask us to call re missing appts. Training on the job is vital, but check with patient or inform patient if some people do not wish their case to be used for training to say.		
546	.time. no one likes waiting. they say they don't mind but from all the whinging I have to listen to daily it's the waiting times.		
547	No comment. I am registered with a first class GP practice.		
548	Cheltenham's population is increasing and existing medical facilities within Cheltenham need to be maintained or improved.		

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		Response Percent	Response Total
549	Access to all services in both Cheltenham and Gloucester and as many as possible at other County hospitals		
550	quality and timeliness of treatment are not effected		
551	This is where your thinking is quite muddled. Neither and both Cheltenham and Gloucester can have things they are good at. A & E is the start of a process to determine which services need to be accessed and where. There seems to be better joined up thinking when it comes to our pets than humans. A vet provides a General Service with bits added on as appropriate for the area. Specialist services are available at Veterinary hospitals etc. So it should be with Cheltenham and Gloucester - both to have A& E to start theprocess - THEN build services at either hospitals to deal with specialisations. Does not ALL have to be in one place.		
552	A and E needs to be local		
553	Geographical access IS access for everyone.		
554	Distance and associated time lag to treatment can make a big difference to outcome.		
555	Distance Staffing levels Competence		
556	It is important to have the doctors and nurses with the right skills on the correct hospital site.		
557	rapidity of treatment. If you are in ED you should not have to travel 7 miles down the road to receive the emergency treatment you need.		
558	Keeping them local is important		
559	A&E services need to be retained at CGH. They should not be sacrificed on the altar of developing centres of excellence. The two should be separate issues.		
560	KEEP CHELTENHAM A & E OPEN - the distance between Cheltenham and Gloucester could compromise lives.		
561	Cheltenham is a general hospital and therefore no specialist services needed		
562	dont overburden them by closing down services		
563	The answer is the same - consider the needs of diverse groups of people- people who may not be able to drive themselves or too ill to plan how to access facilities far from home. It is no good having centres of excellence too far for family or friends to visit. We also now have to aware of the environment and try to make journeys as accessible as possible.		
564	Specialist services should not be pursued at the cost of losing A&E services at Cheltenham General Hospital. Attend to general / mainstream series first and then the more specialist services / centres of excellence next.		
565	I'm not convinced that developing such a centre of excellence should exclude a centre of excellence A&E in Cheltenham.		
566	I don't feel competent to add to comments on previous pages.		
567	The Drs and Nurses etc are fantastic give them the chance to be listened to		
568	Already covered BUILD A NEW HOSPITAL ON 94 bus route Longlevens		
569	I totally support improving and expanding the services of hospitals, you don't start that by shutting down an A&E service.		
570	A and e should be close to residents not a 30 minute drive. an up to an hour during rush hour. Need a better quality of consultants locally. I go to oxford for any operations wherever possible as the consulants are usually better. Endoscopy in cheltenham is good.		
571	Serving residents wuickly		

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		Response Percent	Response Total
572	Provide good basic services before developing a centre of excellence. Better communication with the public to help them understand why you want these centres of excellance		
573	Having an on call interventional radiologist available Having an acute general surgery rota Trainee available on both sides		
574	More qualified staff. Proximity.		
575	Timely and GIRFT		
576	Close to communities.		
577	I told you in my first answer		
578	I do not agree that A&E should be considered as a "specialist hospital service". It is an essential service for local communities and should not be centralised in just a reduced number of facilities. Already, many A&E departments have closed or had their operating hours reduced. Further centralisation of local A&E services would be very bad news for our communities and should not be considered.		
579	For A and E getting there quickly may be just as important as the people you see.For the others it is about the right specialist and equipment		
580	Not read		
581	- Reduce Waiting Times - Ensure that there are 'enough' specialst people in the required place.		
582	Have a filtering system in a&e to direct non-emergency cases to the correct area		
583	27/7 access to highly skilled senior staff. Seeing the right person for your illness/ injury everytime. More important to me than travelling a few extra miles.		
584	Professionalism and care.		
585	Providing well resourced and effective units which provide excellent patient care and are good places to work.		
586	Keeping 24-hour A&E.		
587	As before		
588	Easy quick access. I have a problem. First appointment with my doctor is 3 weeks hence. So you try to muck through and that is sometimes just not a good idea.		
589	Keeping high standards of student intake. Good communication with patients. Non - remuneration based services which leads to recommendations of unnecessary procedures.		
590	It is vital that Cheltenham general has a full 24 hour a&e.		
591	The three Es. Economy, efficiency and effectiveness, the latter being the most important for hospitals. A & E costs more but I perceive would be less effective if there I 1 large site only, so keep Cheltenham A&E open. I understand that it appears more efficient to have general surgery at only one site, would this be effective? I am not against that for planned or urgent surgery, but it is important that there is good emergency transport available between hospitals.		
592	When I was taught First Aid, the important thing ws to stabilise the patient until proper medical treatment could be provided, mwhich should be done as soon as possible. It is counter-productive if there is there is a delay in treating patients because they deteriorate during a long journey to A&E, even if they get better treatmentafterwards .		
593	Again, learning from other trusts. I was in Bournemouth and they had a physio nurse there which was a great way to learn about what had happened without taking up nurses and doctors time - especially if it’s a minor injury like a sprain or small fracture		
594	For them to be available		

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		Response Percent	Response Total
595	Not to shut the A&E in Cheltenham. In my view access to emergency care in the local area is paramount. I would like to see the service reopen to 24 hour.		
596	Make them avialable to everyone in the county not just in the major towns. Travel is difficult enoughlet alone when you are ill or suffering.		
597	Caring doctors who have time for their patients rather than fobbing them off. Had a terrible experience at Gloucester hospital in the last few days. Ward and nursing staff great but the ones who get paid the most (doctors and surgeons) were the ones that caused all the problem and had zero bedside manner or patient care.		
598	Organisation Funding Staffing Professionalism Efficiency Leadership		
599	Having a 24 hour A&E department at Cheltenham Hospital is vital to the safety and sustainable health of people in the town. Keep it open for all. It needs to be located in the town, not in Gloucester.		
600	Agee with centres of excellence as it is hard to argue with the logic. Need to hear everyone's views and get best ideas in the plan		
601	centre of excellence consolidation of skills in 1 area would support		
602	Specialist dept should not be pursued to extent Cheltenham loses its Accident and Emergency dept. Cheltenham General Hospital should be kept as a general hospital.		
603	Divide them up by all means but keep an A&E service in both hospitals.		
604	Nothing to add.		
605	I agree in centres of excellence, I supported the Cancer fund in Cheltenham with sponsorship monies and have use the local health care service as little as possible, yet now you have people using the hospital because they cannot get speedy appointments with their GP's???????? Start at the GP surgery then if serious ambulance, paramedic then hospital.		
606	Specialisms should not be pursues to the extent that Cheltenham General Hospital loses its A&E		
607	The core of a General hospital is to provide specialist treatment not to move these to one centre. This could cause issues if the patient has to be transferred via specialist ambulances that aren't available it all takes time! No reorganisation will allow Cheltenham General to stay as a centre of excellance and A&E services.		
608	Better and more trained staff With support from NHS and government to enjoy and feel valued in their work		
609	Specialisms do matter, but most of the time, specialisms are services which can be accessed in slower time over several days. The need to handle emergencies very fast, before the patient dies, and to handle general medical conditions which do not need specialist care, are exactly the things that general hospitals do really well. We should be supporting and growing Cheltenham General to serve this need.		
610	Getting to see the right doctor, having access to the best equipment etc. I support the centre of excellence for emergency care idea and it made a lot of sense for me. I see most people would continue to get most urgent care near where they live, so it it was just critical life saving care at a single unit, I think it should happen. Also I has two operations cancelled two years ago and I think that could have been avoided if planned and emergency was better separated.		
611	see earlier comments it is important to understand that an emergency dept can only function effectively with back up services from the hospital		
612	Specialisaton should not be pursued to the extent that CGH loses its A&E . CGH is a general hospital and no reconfiguration that might undermine this status should be considered		

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	The concentration risk triggered by concentrating on one A and E service centre to serve the whole community at a singe address is an unacceptable concentration of risk and resources for the community.		
613	The most important thing to consider is which ones we can do without. Do we really need all the specialties in all our DGH's? We have large tertiary hospitals less than an hour away three directions (although the Oxford transport links are poor). Birmingham and Bristol provide ample scope to send patients and cross charge in a way that will enable them to expand services and cost less than duplication.		
614	Forget centers of excellence. Just provide good medial treatment as has always been offered in the past.		
615	Outcomes for patients. When considering what to do, call them Centre A and Centre B and work out how to split the work between them before deciding which is Gloucester and which is Cheltenham. Having read how everything overlaps, I could not understand how the work can be split. Have you planned how the service would react to a Major Incident? If there is one near or in one of the hospitals, which services would be needed at the other to cope best with casualties? ie is having A&E in one place only, wise in this context?		
616	Specialism should not be persued to the level that is detrimental to a general A&E service. Again use some common sense a better service at Gloucester A&E does not help you if you die in traffic before you can use it.		
617	Timely access to services, reduced waiting times, quality of treatment.		
618	Making them equally available to both the connurbations		
619	Keep chelt A&E open		
620	Having up to-date staff and dedicated well trained operators.		
621	Better links with neighbouring Trusts so there is real excellence through volume of patients, rather than trying to do everything bit at lower quality		
622	Ensuring there are two a&e departments and centres of excellence, one for Cheltenham and east of county, one for Gloucester and west of county.		
623	If you put all on one site the centres will not cope therefore will not be excellent		
624	The most important thing is to think of the growing elderly demographic in Cheltenham and their specialist needs. Next you need to consider what is already in place. Excellent services that are doing their best. next you need to think of how well services link up. Look at the increases in patient numbers attending at General surgery and cross reference that with increases in GP staff. Cheltenham offers excellent urgent services but is overloaded. You already have centres of excellence every department is doing its best. You can not show that closing the a and e in Cheltenham will offer any form of improvement. Practice, District and Community nursing is where your gaping hole in care exists ie in prevention/staffing. What evidence do you have to show the waiting times and performance/response/outcomes will improve by closing Cheltenham a and e.		
625	This needs to be balanced. There is no point of having a eminent heart surgeon in Gloucester, if I have a heart attack on the outskirts of Cheltenham, but the CGH does not have the facilities to stabilise me before sending me over to Gloucester. Dead on Arrival in Gloucester does not enhance his or her career prospects and certainly won't help mine!		
626	The risks and outcomes for patients.		
627	You need a balance between specialism and generalism.		
628	MAKE THE LOCAL HOSPITAL THE INITIAL CONSULTATION SITE MOVE CONSULTANTS AROUND - LET THEM ACCESS NEED		
629	Specialisms should not be pursued to the extent that CGH loses its A&E. Cheltenham General Hospital is exactly that – a general hospital – and no reconfiguration that might undermine that status should be considered.		

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		Response Percent	Response Total
630	The case for making two specalist centres as outlined in the Fit For the Future document is very well made. However it will not be well recieved. An enhanced MIIU at Cheltenham may well counter the resistance. An enhanced and top class A+E service for all at Gloucester has got to be in everyone's interest ultimately, rather than the service being diminished by being located in two places. Eventually folks will accept it so long as the Cheltenham MIIU is top class.		
631	First keep that which works. Keeping A&E in Cheltenham is an improvement on the consolidation which you are clearly contemplating. Keeping general surgery in Cheltenham is also important. I had 4 stays in Cheltenham General in the last 3 years, including 3 operations. The standard of care was excellent, I could attend clinics on the bus, my family could visit on the bus and in reasonable time and I felt that it was "within reach". When I had to attend a clinic in Gloucester it was hard to get to, parking was tricky, the hospital was unfamiliar and it took me a great deal longer to get there. It was a relief to have to go the Cheltenham after that.		
632	Ensuring that people are referred appropriately to the right place, first time. Locally, particularly in rural areas, use and develop existing services and facilites and GP surgeries working alongside the urgent treatment centres,		
633	- Continuing to talk to front line staff on how they feel these services can best be delivered		
634	I am not a NHS expert so have little idea why this question has been included		
635	Swift and equal access for people throughout the county. I'm not sure that pursuing the specialisms agenda should be done if it's at the expense of downgrading Cheltenham's A and E.		
636	Most important - quality of care. I agree with the development of Centres of Excellence for certain areas of care (cancer, stroke and heart etc) however both sites should be capable of providing general planned care at a consistent high quality level. Residents of Cheltenham should not have to make their way to GRH for routine treatment (and vice-a-versa). I believe that Image Guided Interventional Surgery may have to be located at one site due to cost constraints.		
637	Specialisms do matter, but most of the time, specialisms are services which can be accessed in slower time over several days. The need to handle emergencies very fast, before the patient dies, and to handle general medical conditions which do not need specialist care, are exactly the things that general hospitals do really well. We should be supporting and growing Cheltenham General to serve this need.		
638	Let the specialists decide (not the managers)		
639	Improving specialist services is vital but not at the expense of removing the A&E provision in the Cheltenham General Hospital. It is a general hospital and changes should not undermine this provision. I walk past the hospital most days and see that the car park is full and people are continually entering and leaving on foot, by bus, taxi etc. Visiting services in Gloucester when you live in Cheltenham should be the last resort. I have done this to visit an elderly relative but it would be very difficult if I needed urgent treatment.		
640	A and E depts need to be in Cheltenham as it is a growing town. And it needs to keep its status as a general hospital..		
641	Ease of access for the entire county.		
642	Keep A&E in Cheltenham. Improve its standards. Stop sending us to Gloucester. Clean up Gloucester Royal.		
643	Keeping A& E in Cheltenham Access to 24hr mental health support for under 18s		
644	Centre of excellence are fine. But, in an emergency people want to go a short distance to a local hospital to be assessed. Maybe then , and only then, they can be transferred to a specialist hospital if required.		
645	Well trained staff. Waiting times not too long. How people get to them.		
646	get administration right make sure everyone knows their role in healthcare (including the populace) improve bottom up knowledge		

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		Response Percent	Response Total
	Only then will centres of excellence not be swamped by day to day issues		
647	Staff.... Nothing will work when their aren't enough and therefore those that there are are demoralised and exhausted. Glos emergency isn't over stretched or even over whelmed. It's broken, it can't vdo the job it needs to. Chelt is the same. The minor injuries are great as the staff are happy and there's no wait as there are no patients but this is stupid Patients don't go there as don't know if miu can sort problem. Eg no xray eg no doctor		
648	Try to remove the chaos that exists in A and E. A nurse who would be responsible for guiding a patient through and not leaving patients for long periods not knowing what is happening or if they have been forgotten. There just aren't enough nurses and doctors available.		
649	For emergency cases, I think my person preference would be to get to a hospital quickly, compared with travelling to a centre of excellence. Cheltenham is a large and growing community. Many of the outlying villages and small towns are also growing, and may grow more quickly if solutions to the housing crisis are introduced. Some of the communities to the North and East of Cheltenham will face a long journey to GRH which would be bad for A&E patients.		
650	See other responses		
651	Specialism are vital in any hospital and certainly are welcome in a General Hospital environment, not just as an alternative to it. A reconfiguration of service could risk the progress and status of CGH, as well as depriving CGH residents of their local A&E		
652	N/A		
653	Centres of excellence are all very well but proximity of essential services is critical		
654	keep things local and easily accessible to all areas of the county.		
655	Can the GRH site deal with the increased emergency admissions? The current facilities are outdated and too small to accommodate increased emergency staff and admissions.		
656	Specialism should not be pursued to the extent that Cheltenham would lose its A&E.		
657	Both hospitals and each department with each hospital should be centres of excellence - anything less and the management have failed		
658	Well staffed buildings that are fit for purpose Patient views are listened to		
659	Reduced waiting times Safe care		
660	involve public and staff in discussions and decision making.		
661	Having the right skills in the right places. Happy staff - tried, overworked, underfunded departments are not centres of excellence		
662	Patient needs Right number of staff		
663	Best use of professional expertise Clarity for the public on where their treatment is going to be, if they need it. Equity for the public - access not based on what you do/don't know about where specialist services are located.		
664	I totally agree with planned specialist services but A&E is another matter entirely and could cost lives rather than saving them.		
665	That they are local, small and friendly		
666	Appropriate levels of staff and access to acute services at both CGH and GRH. This still allows for development of centres of excellence.		
667	The ideas around Centres of Excellence make sense and I support them		

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		Response Percent	Response Total
	My concern is that lots of people don't realise that children and those who have suffered a stroke now need to go to Gloucester and that Cheltenham is open overnight! Communication is key! Perhaps with these ideas it will be much clearer that if you have a serious injury Gloucester should be where you will be taken. But if you are walking wounded Cheltenham or a MIU can look after you. This will be clearer message to communicate, another positive to the idea.		
668	Ensuring there is equal accessibility for the right services for all parts of the county. Cost effectiveness for NHS Maximising staff expertise, equipment imaging and diagnostic tools. Updating premises a major issue		
669	Quality of care, expertise of staff, availability of equipment and support staff		
670	Services need to be designed to be sustainable and ensuring that pathways of care are appropriate. Services need to be designed around the most appropriate clinical pathways. Both CGH and GRH are easily accessible and there should not be a requirement to inefficiently duplicate services on both sites simply because of location.		
671	1. Correct number of specialists available 2. Capacity to be able to house predicted number of patients on wards, but also theatre capacity and critical care capacity.		
672	Please could you see the first box.		
673	Ease of access - good signage and parking Reduce waiting times / triage Excellent nursing and medical staff readily accessible at all times. Clear protocols on discharging to ensure the vulnerable are safe		
674	Patients from the North Cots ar often elderly with transport issues.They recurrently say to staff that they find getting to GRH very difficult especially navigating their way through the city centre. The current model or acute emergencies going via A&E at CGH will have to be remodelled		
675	Local facilities, more staff. Less waiting times. Those attending A&E should be monitored on reception and if possible advice given for home treatment and sent home.		
676	A&E - easy access expert doctors available 24 hours a day. Assessment centre at CGH and ? Cirencester / Moreton in Marsh General Surgery - essential to continue at CGH 24 hours a day, particularly oncology unit Radiology / intervention - Best centralised. Essential cardiology intervention is 7 days per week		
677	Staffing Training Equipping Easy access		
678	Investment in the services to ensure quality of care in suitable premises.		
679	In Tetbury we already have a centre of excellence it is imperative it is utilised as much as possible by NHS		
680	Public understanding of why centres of excellence need to be in one place and not scattered about		
681	A&E is not specialist until judged so by triage or maybe others qualified to do so, symptoms will not be judged as needing this unless assessed. If access is restricted in Cheltenham 24/7 serious developments in condition may occur. This has been the experience in my family several times - viz infant meningitis, head impacts, unrecognised bone fractures, infection spreading as blood poisoning turning to sepsis, heart fibrillation able to be treated urgently without ambulance. Don't confuse centres or locations of referred services with A&E in this context, where specialist centres already occur.		
682	Page 14 - I understand that there is a move to close Cheltenham A&E department and force people to go to Gloucester Hospital. Services are being reduced and thus it becomes ever more difficult to obtain any help, specialist or otherwise. page 15 - You say that there are two large hospitals which could be brought to life through the vision of excellence. In my experience the Cheltenham Hospital was good. I would say that years ago it was in fact		

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	Response Percent	Response Total

excellent. It has over the years been degraded in my opinion.
Page 16 -It would be good to restore the hospital it its former state of excellence.
Page 17 - 18 - you ask about "back up" assistance. Certainly it is necessary for there to be some medical facility where simple basic medical advice and help is available. As things stand there is no possibility of obtaining medical help or advice in Cheltenham quickly and most medical problems do require speedy attention to stop them from becoming a disaster which will need more urgent intervention.
What is needed in my opinion is access to just simple medical assessment and help. I will cite a personal problem that I encountered a few years ago. I was referred to a specialist for a skin problem. A biopsy took a lump of skin / flesh from the middle of my back. The wound bled a lot and the doctor had quite a problem in staunching the blood flow. He dressed the wound and told me to change the dressing after 3 days.
I live alone. it was not possible for me to change a dressing in the small of my back. I went to the GP surgery and asked if a nurse there could change the dressing. I was told that I had to make an appointment and the earliest appointment was 3 weeks time. I complained but got nowhere.
The receptionist obviously mentioned this to the practice manager who then sent me a snotty letter in which he said that they did not run a triage service there and that I could not just walk in off the street and expect help.
Where then do I go to have such a dressing changed? Where do I go for just some simple advice? I think it is at that level where some effort should be placed.
Oh yes, your aim for your centre of excellence in ten years for me is a nonsense. What about the intervening years? In ten year time I will probably be dead.
Page 19 - Again I ask what is an Emergency? How does a lay person know. Yes serious accidents, broken bones, lacerations etc are obvious but there are lots of other medical contributions which are vague to most people.
Page 20 - 21 - Once again you assume that serious medical conditions are obvious. That is not the case.
As I mentioned, pharmacists in my experience simply say that you should see the GP. It is very difficult to get an appointment with GP. I have problems with the telephone. I walked into the GP reception and asked for an appointment. I was told appointments were only given over the phone and I was told to go home and phone in. I went home and phoned, and phoned and phoned! much of the time the line was engaged. When I got the ringing tone it rang and rang was not answered.
On a previous occasion I did phone the surgery and managed to speak to the receptionist. My knee was badly swollen so that I could hardly walk. I explained the problem when asked to to the receptionist. She told me to hang up and that a doctor would phone back within an hour. About an hour later a doctor did call back. I had to explain to her the symptoms of the knee problem. She advised me to do some exercises. I asked what sort of exercises I should do. She referred me to a website and hung up.
When I put the address that she had given me into the browser the computer informed me that the page could not be found. I phoned the surgery again and managed to speak to the receptionist. I explained the problem of the web site. She again told me that the doctor would phone back. I never did get a call back.
The system no longer means one of excellence. In fact in my opinion it is not fit for purpose.
I will offer another problem that I experienced. I had a skin problem on my nose. I asked the pharmacy about it and was told to make an appointment with the GP. I was fearful of the telephone appointment system and so delayed things hoping that the skin problem would go away. I tried all sorts of medications that were suggested on the computer. None of them worked. After well over a year I did manage to get an appointment with the GP who referred me to a specialist. The specialist stated the problem to be some sort of skin cancer and I was alter given a date for an operation.
Once one is past the GP the service seems to be good. I had the operation. The skin problem was on my nose. A dressing was sewn over the area where the flesh has been excavated. I was given another appointment for the removal of the stitches.
The day after the operation I was acutely aware of a smell of putrescent flesh. I actually turned the kitchen upside down seeking the cause of the smell.
Then I realised that the smell emanated from the dressing. Also a pink fluid was seeping from under the dressing. I was worried.
I decided to phone NHS 111 service for advice. I just wanted advice. I had to answer a lot of irrelevant questions though. Again I must add that I have problems with the telephone. Not everybody can use the phone. Health care professionals seem to think that everybody can use a phone. That is not so. The person who I spoke to on the 111 service suggested that I see a GP. Again that was a pointless suggestion. The GP makes it difficult to get an appointment. After a few days when the smell was really bad and some of the stitches had broken I decided to walk to the appropriate department at Cheltenham General Hospital. I explained the problem as was delighted when a nurse looked at the wound within a short space of time. Again once one is past the GP the service is good.
The stitches were removed and the wound cleaned. I was given assurance that all was well. That is all I needed. I did not need a centre of excellence. All that I needed was basic medical information and help. For all I knew the wound could have been going septic and it could have escalated into an emergency condition
Having stated that the GP system is useless, I have to confess that a few weeks ago my ankle swelled up and was so painful that I could hardly walk. I went to the GP surgery and showed a new receptionist the

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		Response Percent	Response Total
	problem and to my astonishment I was seen by a doctor within an hour or so. Are things changing? it was an infection that was causing the swelling Page 22 - You ask "what matters to me - I have suffered from ME for many years. I also suffer bouts of severe depression. I was given early retirement because of depression. I am asthmatic, I have arthritis in my knees and I am type 1 diabetic. I try to exercise as far as possible. I walk everyday and do other physical tasks. I am 84 years of age and live alone. What matters to me is that I try to keep healthy so that I can continue to look after myself. I value my independence. My diabetes is monitored well by the nurse and I attend retinopathy service. I am acutely aware that the NHS is short of money. I am also aware because the media constantly reminds me so, that the elderly population are a burden on society and on the NHS. It is so obvious to me that they are at the bottom of the queue foe medical attention, the theory being I presume that they are encouraged to pop their clogs and thus cease to be such a financial burden. I hear extra stories that a lot of extra money is being spent on private operations and services, so effectively al of it does not go towards health care. I am suspicious that the NHS is being effectively reduced that of a back up health system for the less well off. People who can afford private care don't need the NHS that is until they get a serious long term health issue which the private health provider will not cover. to summarise, I do think that the NHS offers great service once one is past the filter of the GP who so obviously is there to ration resources, probably based on age considerations. What is needed in my opinion is a swift access to a medically qualified person for assessment of just simple medical problems which are outside of the competence of the average citizen. That is definitely what is lacking at present		
683	more Emergency staff especially consultants		
684	we need to have A&E full services 24/7 in both Cheltenham and Gloucester - this isn't an option		
685	For planned admissions and routine ongoing care, developing centres of excellence is a good idea and will improve efficiency of resource within the Trust. However, emergency care cannot be included in this, as for emergency care, a centre of excellence is no good if it is too far away.		
686	Having a physiotherapy specialist on the MSK triage system. Improve the advice to public ie. The A&E pathway, they can choose		
687	Having specialist teams to deal with muscolosketal injuries as well as medical services Better education to patients to tell them when not appropriate to attend A&E with MSK problems to cut load on service		
688	Skilled staff with the appropriate experience		
689	Ensuring they are specialist and have proper x ray / ultrasound on site and radiographers. Too many patients get recalled and we seen patients who need reassessing as not clear with correctly on initial assessment e.g missed fractures		
690	Sufficient capacity to allow timely access to the services required by patients Stop the nonsense of 18 week waits		
691	The thing that never gets mentioned is how people using the services feel. Wellbeing is known to help people heal & this does not get a mention anywhere. all the top consultants and best equipment will not do as good a job if there is no feeling of well being because it such a difficult journey to get somewhere for treatment or because relatives & friends find it so hard to visit. One of the recent comments I have heard from 2 different people who have been in hospital recently is that they were not treated as people. There was no eye contact or conversation at all, just looking at notes & equipment. This is a very important aspect of treatment seems to have been lost and needs adding back in.		
692	Keeping them open		
693	Availability of these services to NHs patients in NHS hospitals. Private hospitals and clinics to provide their clients with health care outside NHS facilities. Increasing population requires increased services not diminished access to fewer A&E's etc.		
694	Taking into account the best available evidence on delivering health services but also recognising the limitations and practicalities of the geographical area and what actually matters to patients. It is impossible to predict every eventuality when changing the way a service is delivered but care should be taken to try and consider potential pitfalls and problems from previous experience of putting in health services or by		

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		Response Percent	Response Total
	getting advice from other counties who have already done something similar.		
695	Turn people away from ED who don't need it. Have an MIU terrapin outside		
696	Centre of expertise/ excellence, define what is and can be provided locally.		
697	Speedy response Skilled specialist staff and high tech equipment Value for money patient-led care at all times		
698	Developing centres of excellence for planned assessments, surgery or treatments in either Cheltenham or Gloucester is logical and good use of staff and resources. For unplanned, urgent or emergency assessments and treatments distance of travel could be crucial especially at times when traffic conditions are busy. The idea that the population of Cheltenham and the wider catchment of Cheltenham A & E being channelled to Gloucester Royal with it's poor road access and already stretched facilities and services is truly frightening.		
699	-		
700	Keep staffing levels and morale high.		
701	that the service is safe that you seen at the most appropriate place by the most appropriate person, the service or intervention received should not be dependent on which site you visit		
702	realistically we cant keep 2 emergency sites fully staffed and operational 24h within 12 miles of each other so we need to split the services provided at each and also expand what is available locally through GPs providing out of hours, walk in centres, community hospitals		
703	I think the most important is the speed at which specialists can be accessed. The speed at which specialist tests can be carried out and the results feedback to the patient. Waiting and not knowing what is going on can be a very anxious time for people.		
704	GETTING TO SEE THE RIGHT STAFF AND REDUCED WAITING TIMES. THIS IS SET OUT IN THE BOOKLET CLEARLY AND THE EMERGENCY/PLANNED SPLIT (CENTRE OF EXCELLENCE WAY OF DOING THINGS) IS HAPPENING IN OTHER AREAS LIKE IN TYNESIDE WHERE I USED TO LIVE. HARD FOR PEOPLE TO ACCEPT WHEN CHANGE IS AFOOT, BUT CARE GETS BETTER.		
705	Will the GRH site be large enough to have these new centres of excellence? Will CGH become centres of excellence for other specialities and if so which ones?		
706	Signposting people who do not require urgent or emergency care to the most appropriate service - be it GP, pharmacy, MIIU etc.		
707	Delivering an efficient and effective service. Do not duplicate services across Gloucester and Cheltenham hospitals. The public need to hear the value for money story.		
708	Better diagnostic facilities. Lots of examples of patients getting referred urgently for suspected cancer but then waiting weeks to start treatment as need biopsies and scans.		
709	All well and good, but I think CGH still needs an Emergency Department even if it's only open for 12 hours. I also think that you need to take into consideration the relatives of the patients, not everyone has the means to travel between sites.		
710	Centres of excellence are good, but could the planned surgery centre also have regular clinics in the districts where they meet and brief future patients, to save those patients having to visit the centre? And the A&E centre: how do patients move from there back to their locality? More centralised resources are good for the NHS but more difficult for patients families.		
711	We need an a and e		

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		Response Percent	Response Total
712	Eliminating inappropriate use of A&E by making proper provision in non-emergency services . Ensuring that the right resources, both staff and equipment, are available in both CGH and GRI, including image guided surgery; please see my comment in the second box in this survey on how an emergency procedure to insert a pancreatic drain was vital in saving my husband from potentially fatal sepsis. Maintaining emergency care at CGH; GRI is too distant from a large tract of the county, and is it practical to provide adequate resources there?		
713	As well as considering what would be gained (and the idea of pulling together full teams that are usually spread at different sites sounds promising), it's important to consider what might be lost, the impact of this, and whether the the treatment available in the new centres would truly be available and accessible to all, especially in an emergency.		
714	Separate emergency care from planned care. Too often important operations are delayed repeatedly because of the need to use theatre for emergencies.		
715	We have recently had to visit Cheltenham's A and E department 3 times and have found it very good. Friendly, informative and helpful staff. We have no complaints.		
716	Providing a local service accessible to local residents and people in Tewksbury & North Cots needed. Not expecting lives to be put at risk by having to make longer journeys often in heavy traffic. Many local people rely on CGH and are still alive due to a local A&E You have to listen to all the Consultants who disagree with any plans to downgrade and know this cannot work and will impact on people's lives. If this decision is carried through regardless you WILL have blood on your hands		
717	Access in rural areas, less waiting, more "Quick Clinics" more people who are willing to make decisions and think outside the box		
718	Specialisms should not mean Cheltenham loses its A & E. It is designated a "general" hospital.		
719	Do not close the A&E at Cheltenham Hospital		
720	Drop in clinics for faster turnaround and diagnosis Better communication between specialists Get rid of the 111 Service it is just stopping people getting quick advice and has proved very negative Longer opening hours (shifts) in surgeries and pharmacies - we do not have Open All Hours policies in this country		
721	More staff, more efficiency of time and more monitoring by a senior person who is "on the floor".		
722	think it will compartmentalise sites away from acute which makes it easier to sell off services to private companies.		
723	right patients, right place, right treatment in an emergency its not about being fluffy - its about providing high quality care		
724	Investment in better equipment, more up to date training, and more staff.		
725	Keeping Cheltenham A&E open!		
726	All of the above		
727	CGH is, as it's name clearly says, a general hospital and should remain as such. It should offer across the board services as it does now.		
728	I don't disagree with forming specialist centres of excellence within the two hospitals in Cheltenham and Gloucester, but I do believe that a town the size of Cheltenham and surrounding catchment area deserves its own A&E and specialist services required for A&E should be maintained at both sites.		
729	Need the experts consolidated to provide reliable and robust care to avoid fragmentation and delays		
730	24/7 7 days per week services. Always seeing the specialist when you need / is right for your condition.		
731	don't concentrate everything in Gloucester - miles away from rural areas and Gloucestershire. Its a big county and roads are often small and public transport is bad. Centres of excellence and NHS trusts trying to be one means that local services will be rundown and peoples needs in rural areas will be neglected		

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		Response Percent	Response Total
732	The idea of centres of excellence are good but I still have concerns about not having full time A&E at Cheltenham		
733	Please see previous page		
734	Reducing waiting times. Improved communications between departments (eg X Ray) to reduce delays caused by staff		
735	Response times		
736	Make sure more of the minor injuries know about mental health Make it so they are not so short staffed they are shut a majority of the time		
737	A & E to remain in Cheltenham		
738	There is a difference between a centre of excellence where the treatment is planned (such as attending a specialist heart unit for a planned operation) and genuine emergency care. For the latter, this draws heavily on dependents, partners etc and is usually a very highly stressed scenario. Having an A&E in the immediate location is better than having to travel further afield. The importance of that known, local location cannot be underestimated. Transfer after that point where everyone is coming to terms with the situation is far less of an issue. However, from experience, where we have needed to use A&E in Gloucester for parents, this has caused them significant additional stress given they are close to Cheltenham, and has had a detrimental impact on the situation from a health perspective.		
739	Location, easily accessed		
740	See previous note. Single hospital to replace CGH/GRH - the only thing that actually is sensible as a long -term plan. What needs to be innovative is the way it is funded. There are plenty of wealthy Gloucestershire residents who would like a new hospital at the Cheltenham end of the golden valley		
741	Developing centres of excellence for some services, particularly those which involve predominantly pre-arranged in/out patient treatment or require bulky and/or expensive hardware makes sense. For Accident, Emergency and Assessment services the provision should be available in both hospitals, via an A & E.		
742	All of the above		
743	Reduction of waiting time. Accessible locations to all including those without transport. Skilled staff who communicate well to the patients and to each other over a specific patient		
744	Need to manage excessive demand, many patients don't need ED / GP / Paramedic services especially urgently		
745	Availability must be local		
746	Create another centre for MINOR A&E cases Walk in centre, diverting patients from main A&E department		
747	Access to the right specialists at the right time. Good communication between them all Clear Communication, signage etc for public Easy assess, visiting, car parking		
748	Centres of excellence should not be persued if Cheltenham GH loses its A&E and General Surgery, particularly when critical care and colorectal departments have "outstanding" CQC ratings. Again, where is the criteria for massive units which hold such rating and acclaim from patients		
749	you only get excellence by having well trained staff, state of the art equipment and maintain developing training. you must also ensure that all equipment is repaired and maintained regularly and everywhere is kept to the cleanliness levels that are required. patients also need to be fed nourishing palatable food in order to recover and thus releasing the bed more quickly		
750	It is I think, inescapable that Gloucester and Cheltenham will each become more specialised. In the short to medium term, there will be strong opposition and distrust from the Cheltenham orientated communities about A&E. Making it work for them and gaining their trust will be crucial		
751	Specialisms should not be pursued to the extent that CGH loses its A&E. Cheltenham General Hospital is exactly that - a general hospital - and no reconfiguration that might undermine that status should be considered.		

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	Response Percent	**Response Total**
	answered	751
	skipped	275

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?			
		Response Percent	Response Total
1	Open-Ended Question	100.00%	608
	1	downgrading CGH ED to an UTC would work providing GRH ED is not overloaded with capacity that UTCs, pharmacy, PCNs could of supported with. again, the right skill mix 24 hours a day needs to be in place. breaking down red tape and too many barriers across health and social care, and primary and secondary care.	
	2	It is really confusing talking about specialist services and other services all in one go. The services are meeting very different needs and people use them differently. It would be better to talk about very specialist services entirely separately and really focus on patient stories to help people to understand better.	
	3	Better interface between the acute and urgent care and the follow up services - reduce gaps waits and availability inequalities between hospital care and community care improved capacity of Community hospitals and social care to support the main centres with throughput.	
	4	it is essential that 24h A&E services are provided at Cheltenham General Hospital.	
	5	Employ more staff. Instead of saying they are scarce put the effort in to finding them. They are out there and your efforts should would be better placed finding them	
	6	I support the Centres of Excellence model	
	7	More medical staff and less upper admin staff	
	8	MDT teams working out in the community can be useful as a way to prevent the need for using some of the above. These can be in schools and other such locations so that issues are picked up early so that the above services are used effectively with expertise located on one site.	
	9	More consultants to lessen wait times on non urgent appointments and surgery, I have a 1 year waiting period for surgery to repair a parastomal hernia which could cause a blockage at any point. Keep open and improve the A&E department for Cheltenham General Hospital, it is a closer department than Gloucester Royal Infirmary for Bishops Cleeve AND I've seen the A&E queues at GRI which is at capacity now and has no charge if CGH A&E is closed	
	10	Get more staff so that waiting times for surgery are reduced.	
	11	None- you experts should know best	
	12	Listen to the Consultants	
	13	CGH could become an outstanding pelvic resection centre with oncology services on site too. Let this become a centre of excellence is this not supposed to be the Trusts vision for the future	
	14	Base them where the work is most needed, it is understood that one site may have the bulk of activity and this needs to be determined before any suggestions are made.	
	15	Give proper funding and staff to Cheltenham General	
	16	People are sceptical of change but aslong as the correct reassurance and the level of care has a positive outcome then it should be a good thing.	
	17	As long as they are sufficiently staffed with competent & qualified medical professionals, then they should work as designed.	
	18	Having specialist services developed on each site makes sense. However I am keen to know how we will provide services for older people, if they have their surgery but are not ready/ able to return home how will they be managed will there still be older people's wards on each site? The focus for these people has to be getting a discharge home as soon as possible. Adult social care has to support planned admissions as well as emergencies. They must be involved in preadmssion assessments if needed, not after the event which causes delays and increases hospital stays and older people loose their independence.	
	19	MAke the out of hours service operate correctly. How often do you have the whole county saffed by one out of hours GP? Why does htat EVER happen? Simple answer is hta tyou have outsourced it to a company that makes a profit by NOT staffing correctly [lower wage bills] and the medical staff hwo ARE on duty go	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	beyond their contractual terms because they care. Which you don't. Neither does the company you have outsurced the service to.		
20	Capacity to cope with demand, and local availability throughout Gloucestershire.		
21	More funding Putting all specialist under one roof Getting rid of out sourcing everything and putting back to local people to own there services as they do with many places abroad. volunteers with skill to help with admin and giving time emotionally to support people in A and E		
22	As before		
23	Provide transport....		
24	Not at this time		
25	In general I think that the system works reasonably well at present and does not need fixing. I have experience of the sleep clinic which works well but is underfunded especially compared with a bigger city such as Bristol. Most of the problems both in Gloucester and Cheltenham could be sorted with mokre funding for the basics.		
26	See earlier comments		
27	Better joined up working More telephone assistance regarding medical advice and where to go to More training for people to undertake a holistic asssesment rather than just condsidering it from there own specialist perspective.		
28	I'm not sure about this. I think that some departments struggle more than others. For example, I have regular appointments at the eye clinic, but always have to phone to remind them that my appointment is due. Whereas my husband gets an excellent service from the oncology department.		
29	as said improve the money given to Cheltenham to bring the best to our hospital		
30	Happy with ophthalmology in Cheltenham except ability for family to pick me up after treatment		
31	As previous.		
32	Keep elective surgery at CGH make this a centre of excellence it make sense with other specialities on same site with oncology. The capacity is there along with an outstanding ITU		
33	One stop shop type service, pre operative assessment xray imaging etc available in local communities rather than at the specialist unit itself. Patients would only need to travel to the specialist unit for their surgery or treatment.		
34	Where are the specialists based and do they have 24 hour consultant cover		
35	Urgent care centres can take some weight off A&E services. In Canada these walk in centres are used for non life threatening emergencies such as cuts, fractures minor accidents and illnesses where's family practitioner is not available.		
36	See above.		
37	See above . The most importnant thing is simply to run the service		
38	Retain Cheltenham’s A/E, restore 24/7 cover and invest in next generation ED clinicians		
39	In order to keep our services get rid of a few layers of management		
40	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future, and in doing so attract the next generation of ED clinicians.		
41	Yes. Improve the facility at GRH and make it more suitable for patients in it's catchment area. Do the same for Cheltenham ant CGH for it's catchment area. Moving all to Gloucester does not achieve either of these objectives		
42	Yes get more staff and instead to moving them to Glucester get them for Cheltenham too and keep CHELTENHAM A&E open.		
43	As above.		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	44	Retain Cheltenham's A&E, restore 24/7 cover, commit to it's future and in doing so, attract the next generation of ED clinicians.	
	45	Retain A&E, restore 24/7 care, commit the its future and use that to attract the next generation of clinicians.	
	46	See previous comments	
	47	Centralise A&E equidistant between both venues ie build new location in Churchdown. Or just retain Cheltenham A&E and restore 24/7 service	
	48	A specialised service in A&E for the care of the elderly, including speciliast trained in dementia communication, do not be so quick to write if those with dementia many people still have a good quality of life, what you see in A&E is them at their worst not on a good day.	
	49	All these q's are too similar. A&E should be quick access so close to population. Longer term planned Ops/treatment should be consolidated.	
	50	More qualified doctors and nurses across the board.	
	51	Just run the hospitals more professionally. The demarcation between different sections and 'businesses' caused by the Tory proposals to tender functions to private as well as state controlled providers has resulted in excessive demarcation between departments. It has resulted in duplication and huge numbers of clerical operators. There are far too many Chiefs and not enough Indians. Worse still it has taken skilled doctors and nurses and put them into clerical/management roles for which they do not have the appropriate aptitude or skill. It has resulted in a rambling inefficient ,mess where different departments wash their hands of responsibilities they once had passing it to another department. This has resulted in a terrible reduction in morale in the hospital. There is a blame culture and people are afraid to express there selves, particularly the management. It needs a radical overhaul which is unlikely to be undertaken under a Tory Government.	
	52	Please maintain Cheltenham as a centre of excellence and keep the A&E The area is growing, the population aging - please explain to me how reducing services is a sensible way forward in light of the above	
	53	Stop this one solution fits all approach of time management consultation. Make Cheltenham and Gloucester a true example of how things could be done instead of time management, cost centred constraints already being proposed.	
	54	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future, and in doing so attract the next generation of ED clinicians.	
	55	I have covered this in my answer above.	
	56	Reopen Cheltenham's A&E 24/7	
	57	See above.	
	58	No	
	59	Keep the A&E in Cheltenham	
	60	Gloucestershire Chester cannot cope on its own - reinstate 24hr services in Cheltenham	
	61	Yes I do but I am not going to do your work for you.	
	62	Stop turning them off and make them work. Get som LEAN consultants in to deliver actual improvements.	
	63	Cheltenham and Gloucester A&E departments must be available 24/7. General Surgery in both locations but with each having it's specialisms	
	64	Cheltenham A&E could be used for less serious cases, particularly where ambulance staff, for example, can triage en route. This could help address delays and ambulance waiting times at GRH.	
	65	Stop A&E being sometimes available - the extra journeys to Gloucester at night cause paramedics to rush to be able to get to Cheltenham before the doors close. It should return to being 24/7 A&E	
	66	As above	
	67	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future, and in doing so attract the next generation of ED clinicians.	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
68	As above.		
69	Retain Cheltenham A&E, restore 24/7 cover, commit to it's future and in doing so attract the next generation of ED clinicians.		
70	Please see previous comments		
71	Restore Cheltenham A&E 24 hour cover to provide more capacity, less distance to travel, less traffic, less environmental damage and a better service for the people.		
72	Don’t need ideas spread the money over all hospitals		
73	Restore 24hr A&E - various friends & family have been recipients of urgent care there and we cannot imagine that doing otherwise would be sensible.		
74	See above.		
75	Commit to the future of Cheltenham General's A&E.		
76	There are no "centers of excellence" as you try to describe them. Just bring back the system that used to work and stop privatising procedures.		
77	Add to what we have, not take things away.		
78	Both hospitals to house outpatient portals offering A, E & Assessment Services. General Surgery and IGIS could then be offered within more specialised inpatient and outpatient facilities, with areas of expertise specific to one hospital or the other. Transport would need to be available for outpatients needing to access the more distant hospital.		
79	I recently needed to use CGH Emergency Dept , it was busy , the staff were wonderful , but if we had all been sent to GRH it would have been difficult I was bleeding profusely but would not have been reluctant to call an ambulance .		
80	Retain Cheltenhams A&E and restore 24/7 operation.		
81	Make Tewkesbury a centre of excellence while you upgrade the building and improve services at Cheltenham.		
82	Greater use of hub and spoke delivery using the facilities in community hospitals, tele consultations, virtual clinics. More specialist nurse management, greater integration with community support services (including Social CXare and yes you might need to move some of your funding to social care!)		
83	Yes, Retain Cheltenham’s A&E, restore 24/7/365 cover, commit to its future and in doing so attract the next generation of Emergency Doctors that this community rightly deserves.		
84	More doctors, more staff and a fairer distribution of the available funds.		
85	Cut the number of bureaucrats and administrators and use the money saved to recruit more doctors and nurses.		
86	You seem to spend the majority of your finances on upgrading Gloucester but very little money for anywhere else.		
87	Asking the people who actually work in the environment they have the knowledge		
88	Get rid of the Trust CEO, who has lost the trust of local politicians.		
89	Specialist services should be patient-centered and timely i.e. no long waiting times. Removing A&E from CGH will result in an unnecessary step in a patient’s care that could potentially delay treatment. This may mean that certain specific specialist services (notably those dealing with life-threatening situations) are available in both CGH and GRH.		
90	None		
91	Restore Cheltenham A&E to 24 hour service and you may then stand a chance of recruiting more Emergency Consultants and Doctors		
92	Retain A&E in Cheltenham.		
93	Local assessments, if they need more intensive help or surgery then specialists are needed. A&E is so varied the specialism is spread... not one discipline		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?

		Response Percent	Response Total
94	Reduce ticky-boxy processes and let doctors and nurses do doctoring and nursing - not administrating. Where you do have administrators, more of them should come directly from medical backgrounds (oops, you administrators aren't likely to relish this, sorry again).		
95	Maintain correct staffing levels , including DOCTORS in Cheltenham- do not send patients to Gloucester all the time in the evenings!!		
96	CONSIDER COST CUTTING IN OTHER AREAS TO ENSURE THAT THE A&E DEPT IN CHELTENHAM REMAINS OPEN		
97	Continue Cheltenham's A&E service, consider re-opening it to 24/7 access.		
98	No		
99	I don't know how much value there is in using video technology. Of course, you cannot always depend on it 100% but if someone needs a consult, could they not use "skype" to talk to a doctor at another hospital (not even necessarily just at the two main hospitals). I think there is probably also scope for cost-saving with the bookings system. When I was trying to sort out some post-op bookings, it was all very postal-heavy (expensive) and also complicated, although the staff did manage to sort it out. It is another national-level issue but HMRC, for example, learned that by sharing a single "notification" system between all their departments, they not only saved lots of money but reduced the number of letters to each person (more than one letter in an envelope) but also, in many case, I would much rather get the docs on email so I can switch that on globally for all comms from the hospital. I also think that despite asking the public, you would get more valuable insights from NHS staff. If you told e.g. the A&Es what the problems are, they would probably tell you the underlying issues, whether it is people not wanting to work in Gloucs (you could solve that) or too many low-level injuries wasting their time (you could solve that) or needing a Consultant available 24/7 (you could solve that too). Maybe you already did that and this is what the consultation is about! Otherwise, a word to the wise, in many cases, you can implement the non-contraversial changes without much fanfare and cost so get those done and out of the way. this will allow a much more agile approach to the more complex areas and if, worse case, you have to back-down, you only feel like you lost one part and not the whole proposal. Cheltenham Council found this when consulting on traffic changes.		
100	Retain cheltenham A&E , restore 24/7 coverage. Centralise knowledge sharing in specialisms via IT systems. Ensure specialisms can be 'open sourced' within the community without the need to physically move the departments at the cost of emergency care.		
101	refurbish Cheltenham a&e department		
102	There needs to be an improvement in the local services, for more minor conditions, in order to free up the specialist services, and free up hospital beds, by discharging patients into the coummunity, and not bed blocking		
103	Encourage loan transfers of skills between Trusts so that Gloucester & Cheltenham benefit from the working practices of consultants from other Geo-locations.		
104	I think the mangement need to make clear their intentions that cover at least a five year period, which shows positive developments, rather than what appears to be gradually cutting the services in Cheltenham. A real concern is the future increases in population within the county, will any off the planned proposals be able to meet this. One aspect of population change will be the increasing number of elderly people and the way families live now, relatives may live a long way away so there needs to be more after care provision. Yes, areas of specialism are needed, but will there be some in Cheltenham as well as Gloucester. There is also a need for easier access to GPS. Many people going to A and E have simple but immediate needs, so is there a need for such provision within one of the surgeries in Cheltenham to meet this type of low level emergency, which may well not be life threatening, but more of a matter of knowledgeable first aid		
105	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future, and in doing so attract the next generation of ED clinicians.		
106			

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	ENSURE THAT BOTH HOSPITALS HAVE GOOD A7E SERVICES.INCLUDE GP DICTORS, WHO ARE WELL PAID ALREADY, IN THE ONGOING CARE OF THEIR PATIENTS, EQUIP BOTH HOSPITALS AND STAFF THEM PROPERLY, AND LET EACH HAVE A SPECIALISATION IN ONE OR OTHER LONG TERM CONDITIONS--ENSURING THAT THE ELDERLY OT VERY SICK,DO NOT HAVE TO TRAVEL MILES FOR THEIR TREATMENT.THIS WAS ALWAYS POSSIBLE IN THE PAST--I SEE NO REASON AT ALL TO MAKE CHANGES NOW. OUR PRESENT GOVERNMENT HAS MADE MONEY AVAILABLE FOR THE CARE OF PATIENTS. USE IT WISELY FOR THAT REASON,NOT FOR ENRICHING SOME PARTICULAR PERSONS,OR MAKING UNCALLED FOR CHANGES. ENSURE MONEY IS WISELY SPENT .I REMEMBER WHEN WORKING WITH WRVS,I SAW CARPET BEING LAID IN A WARD FOR THE VERY ELDERLY AND SENILE.;AS I WATCHED TO CARPET LAYER FINISHING OFF, A GENTLEMAN GOT OUT OF BED AND URINATED ON THE NEWLY LAID CARPET .WHAT A WASTE OF PUBLIC MONEY! ALL FLOORS NEED TO BE WASHABLE.THAT WAS YEARS AGO--BUT THINGS AS SILLY AS THAT STILL HAPPEN. GOOD MANAGEMENT IS MORE IMPORTANT THAN MAKING CHANGES OR EVEN ASKING FOR MORE MONEY. LOOK AT THE COBALT UNIT IN CHELTENHAM RUN ON MONEY RAISED BY LOCAL PEOPLE--WHY NOT ASK US TO DONATE TO OUR HOSPITALS? PEOPLE GAVE IN THE PAST--AND SEE HOW MUCH IS RAISED FOR 'CHILDREN IN NEED' EACH YEAR! PERHAPS IF THE NHS IS TOO POOR TO EQUIP CHELTENHAM WITH AN A&E, YOU MIGHT MAKE AN APPEAL!		
	107	The patient. I don't agree with specialised a&e in one location. Resources should be put in both.	
	108	see previous answers.	
	109	Principles of Centres of Excellence is understood and in principle a good idea	
	110	You are the professionals and we rely on your judgements but you don't want to hear the need of a fully robust A&E 24/7 in Cheltenham - why?	
	111	Refer above	
	112	Do not close A&E departments in local Hospitals such as Cheltenham General. Instead retain the service of CGH A&E restore a 24/7 service and commit to its future.	
	113	Invest in Cheltenham GENERAL hospital for the good of the community. We are already having to travel to Bristol or Birmingham or Oxford for specialist services - will that change with your plan?	
	114	Centres of Excellence and Accident / Emergency are the same issue. Of course centres of excellence are always going to be important going forward. However. The population, I would argue, look to be seen in a local A&E. If that then means transfer to a specialist or the specialist coming to them. Then so be it. It is the initial interaction and intervention that is critically in most cases.	
	115	Cater for Gloucester and local area in Gloucester - Cater for Cheltenham and local Area in Cheltenham. The amount of peoples lives you a messing with is scandelous	
	116	no not an expert	
	117	Retain Cheltenham ‘s A&E , restore 24/7 cover,commit to its future and in doing so attract the next generation of ED Clinicians.	
	118	Not my area of specialisation.	
	119	Restore and maintain a fully-functioning, 7/24 A&E service at CGH and commit to this with more than lip service so that the right people will be motivated to join it.	
	120	Put the money and specialist resources into where it is actually needed and not into 'administration'.	
	121	The first important thing is communication - staff to patient etc. etc. It is all very well relying on computer systems but that only works if they are fit for purpose and the staff are trained and comfortable with the computer programmes.	
	122	Simply retain and enhance existing services - whether they are considered specialist or not. As noted earlier , the pursuit of so-called "centres of excellence" is an irrelevance and can lead to services which are not within those centres to effectively be downgraded.	
	123	As above /	
	124	No just leave our emergency department open.	
	125	Retain Cheltenham A and E as a 24/7 facility, by improving it	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	126	Retain Cheltenham A and E as a 24/7 facility, by improving it	
	127	I would like to see the local cottage hospital model for minor surgery and emergency and assessment services.	
	128	Ensure Cheltenham has 24 hr 7 day per week A&E department.	
	129	Cheltenham is an expanding town which has a diverse demographic, and so it remains essential that Cheltenham General Hospital operates with a fully functioning A&E Department that is available to the Community 24 hours a day & 7 days a week.	
	130	Retain Cheltenham's A&E, restore 24 hour cover, and attract new ED clinicians	
	131	A&E in Cheltenham must be kept, indeed restored to a 24/7 service and must have the long term commitment of the Trust to support it. In return the Trust will encourage the next generation of doctors, specifically Emergency Care doctors, to come here.	
	132	no... other than more staff needed	
	133	Restore 24 hour And E to Cheltenham Hospital. Maintain the staff there.	
	134	See above.	
	135	Look, things like MRI scans and non-emergency X-rays can go to Gloucester Royal - although I object to paying to park there, but A&E MUST stay in Cheltenham and be improved. I used to work at CGH and I know for sure that the Estates Dept are massive cash wasters. Do a bit of 'secret boss' work - you could save a fortune!	
	136	see all above	
	137	As indicated above health issues that are serious should be treated in centres of excellence but accident and emergency care should be kept at local hospitals.	
	138	Improve triage at A&E and discourage users with minor issues from attending in the first -place by improving the access to minor injury units and GPs	
	139	This is what we are paying you for!	
	140	Retain Cheltenham A&E, restore 24/7 cover, commit to it's future and in doing so attract the next generation of ED clinicians	
	141	Maximise work at CGH to offload GRH. That means for example: - doing as much imaging as possible in CGH in an elective pathway - general surgery elective and cancer work in CGH as elective - less likely to be cancelled for emergency work	
	142	------	
	143	Not familiar enough to make any new comments	
	144	I am not an expert but I would repeat what I say. Great to develop excellence but you can have teams that work from different sites.	
	145	Carry out NHS plan	
	146	No	
	147	Make them local Make them Accessible. Keep A&E Cheltenham open	
	148	As above	
	149	Nurse in A and E waiting room. They could probably deal with half of it.	
	150	I repeat use improved audio/visual communications to make both centres operate as one. Highly technical operations are being trialed by experts based hundreds of miles away. Just giving all doctors smartphones and using readily available video chat would make one "super expert" available across The whole county, even into Cirencester, Tewksbury etc..	
	151	see above	
	152	None . apart from keeping local services open to local people and not having to travel 10 miles or more in traffic jams between Cheltenham and Gloucester most days it takes one hour in rush hour traffic	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
153	Keep A&E local!		
154	As above comments		
155	Ensure population has quick and easy access to close A&E facilities..		
156	A&E should be exempt from this discussion. Specialist surgeries should be grouped for what surgeon skills and equipment they can share. Fairly obvious not to dilute expertise. Scanners and diagnostic equipment should be efficiently and effectively used - not made redundant at weekends. I presume you have evidence of how the Oncology Centre improves the care and welfare of cancer patients in Cheltenham. Can this be used as a model?		
157			
158	A&E should be local. However, there are often non emergency patients clogging up the department. People who should be diverted to gp clinics. Run these alongside A&E departments or minor injury units. Charge a fee for people in A&E who are not suffering an emergency. Include in this students or adults who are intoxicated through overindulgence which is self inflicted. Use these fees to subsidise the gp clinics.		
159	I refer to above		
160	This should be at one site grh		
161	Develop more mobile clinics and surgeries to truly meet the need of a changing and ageing society. Not all equipment need to be maintained in specially designed, air-conditioned theaters, triage services can rotate across the community in modern, customer built transport, even by rail.		
162	Keep A&E at Cheltenham		
163	The service I have had at CGH has always been very good and I do not wish to change this. If we have to pay more to achieve this, then so be it.		
164	Retain A&E, restore 24/7 cover, commit to its future, and in doing so attract the next generation of ED clinicians		
165	I believe you should be able to see consultants as a multi disciplinary approach. Sometimes when ruling out conditions you have to see various consultants and wait months between each appointment. I believe you should be allowed to see all the consultants and have all the tests done at the same time so save waiting times on treatment		
166	All patients OOH appear to be sent to A&E - why? They simply block the unit. Why not get the GP or whoever to send direct to the appropriate speciality?		
167	Yes, but you have to pay for this		
168	My experiences of using CGH have always been very positive and, apart from reducing the outrageous parking charges, I cannot think how it might be improved.		
169	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future and help attract the next generation of ED clinicians.		
170	No		
171	Retain Cheltenham General Hospital's A&E Dept., restore its 24/7 cover, commit to its future & in doing so attract the next generation of ED Clinicians.		
172	I refer you to my previous answer:Really! You are running the trust! Look at Trusts that CQC have graded excellent & see how they do things. Identify best practice throughout the UK & abroad & apply those ideas that fit our county. Look at technology & how it is used today & make it work for you - go paper free. Apply Activity Analysis to back of house functions & streamline them. Ask why things happen & are they necessary. Don't reinvent the wheel!		
173	More staff , specialist staff		
174	What is the difference between this question and the one above??? As I said a Load of Waffle Wording		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	designed to obtain the 'answers' this survey requires. We are not stupid, and can see through these cleverly constructed questions..... Leave well alone and recruit more staff.....stop wasting money on management, and other massive waste within the NHS some of us have worked there and can see how much money is wasted.....		
175	Training of staff and paying staff the correct amount to reflect their training		
176	Keep everything local and not overload Cheltenham and Gloucester hospitals		
177	Yes have centres of excellence but keep A&E's accessible		
178	Can I highlight a recent example of, what seems, an utter waste of hospital specialists time and a whole host of expensive tests. A friends strong, elderly mother was unwell with stomach pains. She saw a GP 3 times and then the GP sent her for a series of outpatient scans, and other fairly invasive tests over a period of weeks. The diagnosis? She was severely constipated. Could something as common as this have been diagnosed without endless visits to hospitals? Should a vigilant GP have picked it up/asked the right questions/spent a bit more time with the patient to understand what was going on? Saved the patient embarrassment and worry? Saved the hospital 3 costly, time consuming procedures?		
179	Cheltenham A&E should be retained and restored to 24/7 cover. Cheltenham Hospital A&E has been a wonderful service to both myself and partner both in our seventies plus		
180	No		
181	Create one new centre of excellence midway between Cheltenham and Gloucester. Also try to incorporate health training college and a new medical school (maybe similar to Oxford or Birmingham named schools)		
182	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future and in doing so attract the next generation of ED clinicians		
183	As above - We all know that the above is all about finance. Pressure must be made		
184	Charge people that get drunk for their care at least £200		
185	The ides I have involve spending more money. Amongst other things, this would enable more staff to be recruited so they are not working under the present constant stress.		
186	Stop closing the satellite emergency service centres, it's no help if it takes an hour to get there in a serious emergency		
187	as above		
188	Keeping the A&E Dept open for 24 hours a day would help. I'm sure by cutting down on unnecessary middle management you would be able to employ and train staff that are needed by the community. You must make a commitment to the people of Cheltenham!		
189	as above		
190	Yes, see above.		
191	Keep them on 2 sites until you can build a state of the art hospital halfway between the two existing hospitals		
192	Improved access to ACPs and comprehensive admin and housekeeping support so clinicians can concentrate on patient care		
193	See previous answers		
194	no		
195	N/A		
196	We need to make sure that every person in a hospital bed needs to be there and if possible to discharge patients quicker. There is always the risk of hospital acquired infections when staying in hospital, when		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	one's own home would be a better place to be See if more patients can be treated in their own homes to avoid hospital acquired bugs and make a hospital stay the very last resort Hospital wards are not nice places and home is always best There have been no new anti-biotics introduced for 20 or 30 years and we are fast approaching the point when there will be bacteria resistant to all known anti-biotics and this will have catastrophic results		
197	Having read your leaflet, it seems to me that you are looking through rose tinted glasses. I had to wait 3 weeks for an appointment with my G.P last time		
198	Keep services at BOTH Cheltenham and Gloucester A- Urgent life threatening Department B - Non emergency department at both sites		
199	Retain the Cheltenham General Hospital A&E, restore 24/7 A&E cover to Cheltenham General Hospital, COMMIT to its future and by doing that attract the next generation of emergency dept technicians / clinicians		
200	Clear documentation between A&E and urgent care joined up thinking with GP surgeries, hospitals, care in community and hospice care		
201	Moving accident and emergency from Cheltenham is NOT an improvement for Cheltenham residents - it is a convenience for the hospital trust		
202	Fundraise, use volunteers, cut administrators salaries to free up more money. Never consider Cheltenham General to be subsidiary to Gloucester. Invest in medical staff and cutting edge equipment		
203	Yes by not closing down Cheltenham A&E		
204	Keep Cheltenham A&E restore 24/7 cover and actively seek to recruit new ED clinicians		
205	As stated previously		
206	Centres of excellence are unique, highly specialised treatments only. They must not be used as an excuse to deny local provision for "run of the mill" treatments ie routine surgery, (e.g Angiograms, stents, cataracts, hip / knee replacement etc. Centres of excellence show no concern for patients and their supporting relatives difficulty in travelling to these located in another town places. Tried parking in Bristol or oxford hospitals?		
207	Look after your staff so that they are less stressed and want to work and stay.		
208	See above		
209	1. Concentrating specialist kit and expertise on one or other of the sites makes sense. 2. Two A&E sites within 10 miles of each other seems like a luxury when funds are stretched. But if the Cheltenham A&E is closed down, an effective walk-in centre should be provided somewhere in Cheltenham.		
210	Prioritise those services needed by the most vulnerable in society and keep those services locally and available at both locations. Streamline general planned surgery etc and concentrate resource at one or other hospital.		
211	I am not an expert in any of these fields but I can see that there is a lack of communication between departments.		
212	More new technology used by trained staff.		
213	Invest in A&E services.		
214	Involve ARNI With stroke rehab		
215	As above		
216	single sited services		
217	Reduce the number of visits required to see a diagnosis through. See a specialist, get the required tests or imaging, and then see the specialist at the end - all in one visit. That would save on everyone's time, and reduce the need for further appointments, at which everyone concerned has to reacquaint themselves with the problem.		
218			

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	I think you could learn a lot from Oxford Health NHSFT in terms of national centres of excellence. I would suggest you approach them.		
219	I think the centering of services is a brilliant idea in order to promote time and cost effectiveness for staff and to promote recruitement and retention of consultant staff.		
220	One hot and warm site to support staffing rotas / training / and senior decision making		
221	Have more centres through out the county		
222	No		
223	Having staff trained to treat the right patients.		
224	Abandon the existing hospital sites and build a new one outside the between Gloucester & Cheltenham. Apparently Boris has some money spare - we could ask him for some		
225	see later		
226	Make fully accessible and easy to find.		
227	elective and emergency surgical split. elective to stay in CGH for become a pelvic resection centre of excellence		
228	BELIEVE IN YOUR DEMONSTRATED EXISTING SOUND JUDGEMENT.		
229	Well resourced in terms of staff, equipment and funding		
230	I think your plans are good but in centralising services, you need to do a great deal more about patient transport arrangements, ambulance services, and public transport arrangements otherwise you exclude large swathes of the population in the Forest of Dean from a satisfactory service, requiring extremely lengthy or impossible journeys and travel times. This is probably why services were distributed locally in the first place, as the best compromise between clinical efficiency and user access.		
231	Listen to the staff who run these departments and what they feel would work as they are the experts.		
232	A&E should be available at both sites		
233	No		
234	all non ambulatory emergency care on one site, all supporting specialties on the same site extended out of hours working by specialties in support of patients coming into ED		
235	1) Freeing up of acute beds. As i have stated before however efficent the assessment service followed by the prompt surgery if reqired. The draw back always comes in finding a bed, even resulting in saod surgery not taking place because of lack of beds. More investment in "step down", rehabiliation nonacute facilities. 2) Recovery often requires Physio input. We need more in house Physio's in Hospitals whoose intervention I an sure will help free up much neede acute beds.		
236	Yes a 94 year old relative has a pacemaker. Originally she had it checked yearly at Cheltenham. Then you moved cardiology to Gloucester - she cannot get there - Why did you do this?		
237	24/7 transport available between sites		
238	Centralise		
239	See above		
240	No sorry - Don't really know enough about it		
241	No		
242	Improve car parking		
243	A&E (full) in Cheltenham, Many new houses to be built to the west, how will the NHS cope. Further to Gloucester will Gloucester get extra staff for better patient outcomes		
244	Stop trying to move specialities to one site		
245	What opportunities are there to share facilities with adjacent counties. For more remote areas of Gloucestershire, access to Bristol, Worcester, Oxford etc is easier than to Gloucester. I suspect that this is		

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	already an option for certain types of care but does not get a mention.		
246	A& E must be local. Centres of excellence.		
247	to send some of the staff abroad in similar centres to grasp the idea, a lot of training should be going on even on subjects not related to the medical field such as customer service		
248	What is outlined in the document is hard to better!		
249	Share services with other hospitals in other counties ensuring the patients are normally treated at the hospital nearest their home this may not be Gloucester or Cheltenham		
250	IF you make GRH a hot centre - you will always be behind the curve and there will be no hope of getting any elective surgery undertaken at that site.		
251	Retain Cheltenham's A&E service and restore the 24/7 cover. That will attract more ED clinicians and provide the services needed by the local and surrounding population.		
252	for each department being on one site makes sense, most of us do not mind which centre that would be, however staff parking and the buses may need to be adjusted to avoid staff leaving. The cost of parking is prohibitive to many staff and they will not tolerate driving further and having to park.		
253	I know that, for example, rheumatology services are 'shared' - I don't know how this impacts upon the staff but, I'd imagine, it makes their working life much more difficult...		
254	Get the basics right eg portering and have a better approach to the assessment of patients to reduce unnecessary admissions and fruitless investigations. So many 2 week wait referrals that are not justified and clog the system whilst delaying investigation/treatment of those with confirmed cancer diagnoses		
255	1) Freeing up of acute beds. As I stated before however efficient the assessment service followed by the prompt surgery if required. The draw back always comes in finding a bed, even resulting in day surgery not taking place because of lack of beds. more investment in "step down" rehabilitation non acute facilities 2) Recovery often requires physio input. We need more in house physios in hospitals whose intervention I am sure will help free up much more needed acute beds.		
256	Yes not making them so difficult to get to and not closing the A&E departments here there & everywhere! 10 miles should be the radius at the most for people to get to the services they require but cannot see that happening		
257	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future, and in doing so attract the next generation of ED clinicians.		
258	Do not automatically recruit from within - staff who have worked up the bands may be too ingrained in the culture of the organisation to add anything new/better.		
259	Retain two separate A&E departments		
260	Keep them local. Install minor injuries unit..		
261	Stop wasting money on upgrading things that do not to be done and money on extras for trust members the wages they get are more that anyone else		
262	Previously mentioned		
263	Reduce demand by improving GP services Keep Cheltenham A&E open Publicise and enforce where to go for particular conditions		
264	Provide additional beds and re-open beds that have been closed so that bed crises do not continue to be a feature of Hospital life.		
265	Have all emergency care in one place		
266	As far as I'm concerned Cheltenham is already a centre of excellence in cardiology. The Cardiac ward is full of very talented staff and the consultants are extremely knowledgeable. My surgery took place in Bristol but Cheltenham played a key role!		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	267	Definitely a single hub for IGIS and VS. Keeping expertise and high tech equipment together should prove more cost effective.	
	268	The ideas all seem reasonable, but your life would be so much easier if you could publish the research and experience that underlie them. Surely Amazon look at their processes and work out what's best to meet customer expectations, and surely (hopefully) the NHS has done the same. So what is that ? And whatever it is - of course then do it.	
	269	I don't know enough about how the services are provided to give any useful ideas. I do know the changes made so far haven't been very successful in my experience so better consultation, decision making, planning, etc could make a difference.	
	270	Ensure staff are appropriately dressed and their appearance fits their role Ensure NO staff wear uniform outside of any health practice/hospital/clinic	
	271	Get more nurses and more specialist doctors in hospitals Better transport More imaging guided surgery	
	272	As above	
	273	The surgeon running the take and the surgeon performing emergency operations should never be the same person. With fluid flow of patients from ED to other specialities there needs to be a hospital agreement about how radiology reports are acknowledged and actioned both in the trust and back into primary care. Flow coordinators working in the emergency department. Facilities for rapid electronic transfer of ECG's (without fax...) should be available from ambulances, MIUs and ED to any PCI centre. More Cardiology ANP's & seniors supporting the sharp end of the acute medical take over extended hours to minimise duplication. Similar to Respiratory and Renal model with direct ED access. A robust Emergency site escalation plan which is enacted whenever the pressures dictate.	
	274	Fast Transport between local and centres of Excellence More parking Better access roads	
	275	more specialist nurses with job titles that clearly explain their specialism and field of expertise (on website and badges)	
	276	The centres of excellence idea is basically good. I believe that an important part of recovery from accident or planned surgery is access for families and friends to visit the person receiving treatment, this helps that recovery and state of mind	
	277	More money must be given to the NHS to train more people and nurses instead of the government wasting money on useless things	
	278	I don't feel qualified to make suggestion on these specialist areas	
	279	See above for A&E. your long term plans to Cheltenham as a hospital (perhaps except oncology) are poorly disguised by this "consultation" exercise	
	280	Listen to the staff that actually work there rather than those sitting in their ivory towers! We need to keep Cheltenham’s A&E and return it to a fully functioning department with trained doctors there 24/7.	
	281	Keep Cheltenham A&E, how can getting rid of it improve the chances of people needing urgent attention if all we have is Gloucester?	
	282	not to lay in A&E for upto 4 hours is not acceptable. We are not a third world country. Or maybe we are! or even in corridors!	
	283	I am concerned about any loss of local services. I understand that concentrating treatment in one centre is cost effective and it makes sense to have all equipment in one place, but it can be extremely difficult especially for the elderly to have to travel	
	284	Try explaining to the public what they are and how and where are they delivered	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
285	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future and in doing so attract the next generation of ED clinicians		
286	A&E is something that is contentious because of the huge area which is relevant to CGH. you have already reduced it to a 12 hour service. If you go ahead with your proposal do we expect all non threatening cases in the Gloucester catchment to CGH and if so are they aware of that?		
287	Only more money - More staff who are better rewarded - better equipment - more training		
288	To do the above, a certain amount of investment will be needed in the short term to get it up and running and communicate to general public		
289	Could local hospital have more		
290	This is what we pay CEO hundreds of thousands of pounds a year to decide		
291	Managers rightly concentrate on the quality and expertise of staff, hence I accept the need to focus resources on individual sites. However patient experience is diminished by crowed facilities, difficultly in parking and a sense of being "one of far too many" Also long waits for / between treatments (oncology) ensue. Sick or anxious people are not best treated in crowded environments		
292	Again, where possible hospital sevices should be given as close as to their home address as is possible. Obviously, this will be dependent on the required treatment. Dependant on costs of scarce resources then centralising certain specialist skills and equipment facilities seems a logical way of providing them.		
293	No		
294	Make a hot and cold site to protect elective care from unscheduled care. Consolidate staff in 1 place to aid efficiency, improving time to be seen and senior decision making for emergency care. redeploy specialist staff to provide more consistent on call cover i.e. surgeons not having to be on call and in theatre at the same time to ensure more timely review of patients referred to them. Grow the OPAL service, they are excellent. More specialist paedicatric nursing skills at the front door. Investment in alternative qualified clinicians i.e. physicians associates, ANPs etc to ease the staffing pressures. Make the corridor queue a whole hospital agenda and spread the risk to wards to motivate their teams to consume their care responsibility and encourage early discharge planning.		
295	Remove 4 hour targets which get in way of treating patients. You will never convince patients to go to GRH when the wards,espically in the tower block, are so awful. Crowded, no privacy, noisy and generally looking tired and in need of complete overhaul. Parking expensive. Getting from multi story to main site impossible for some patients, they do not all have a disabled badge, how can you access porter to take you to site. Build new hospital with good public transport.		
296	The ED needs to ensure it has sufficient capacity to accommodate the ever increasing attendances. An urgent treatment centre alongside the ED where patients can be streamed would be beneficial. It is clinically much safer to divert an undifferentiated patient to a co-located UTC than send them away from the Trust site. A co-located ED and UTC allows greater fluidity between primary and secondary care and allows easier escalation of treatment if required.		
297	I am supportive of the high level vision set out: * Centralising specialist services on one site to improve clinical expertise, outcomes and patient experience		
298	Cardiology services (not all of which fall under the category of "Image Guided Interventional Surgery") should all be located on one site, ideally the same site as the emergency department.		
299	Co locating specialist teams is a good idea to pool resources and provide opportunities for sharing best practice. With the correct investment in staff development and training in these areas this could also lead to better recruitement and retention, which I woud limagine is an ongoing issue currently.		
300	As above		
301	Stop trying to be a centre of excellence in a particular area just be an excellent general hospital.		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	302	As above.	
	303	Tetbury needs ucc	
	304	Why should a Patient attend GRH if he would prefer CGH. Surely it should be a Patients choice where he wants to have the surgery done. Also would make visits for Relatives easier.	
	305	No	
	306	Improve communication make sure everyone understands why centres of excellence have better outcomes. Many people understandably, have felt safe in being referred out of county ie. Oxford or Bristol and feel they will get better care, much is historical in Gloucestershire.	
	307	provide the correct training for the staff to do the job effectively give them choices for further training and education	
	308	See above	
	309	Create centres where specialist care is available so - Cheltenham mainly Cancer at the moment, make this one centre. Gloucester, create a fully staffed improved A&E centre with access to other hospitals	
	310	General surgery etc needs to be available every day (including weekends) to make the best use of equipment	
	311	Retain A&E at CGH Resume 24/7 cover at CGH Train / recruit the necessary ED clinicians Keep A&E at CGH as long term solution	
	312	Some specialist services can be mobile and used as a mobile solution to ensure all communities have access	
	313	Increased incorporation of new technology and making it unnecessary to travel out of the area for specialist treatment. GRH should be upgraded to the level of John Radcliffe or Southmead for more specialist services	
	314	Accident, Emergency, and Assessment Services, I feel strongly that these should be as local as possible to the people. Transfers can then be made when necessary. I also feel strongly that transport needs to be looked at so that people do not need to use their cars so much for hospital visits, this would reduce some of the stress, if enough is offered it could even realize some ground for better use than car parking. It would take a lot of organizing so that vehicles are used to their most economical and viable way but this would help in so many ways, especially if used in connection with a ‘park and ride’ system so that if door to door can’t be done (would be great but very unlikely). People could park their cars somewhere between Cheltenham and Glos - or close to one or another and catch a bus to the chosen hospital, esp useful at visiting time as well as for patients already stressed at the thought of treatment etc. Does the bus which runs from Tutshill, Lydney and surrounding areas to Glos and Cheltenham stop at the Hospitals? If not than it should and it should be publicized that it does.	
	315	1 - Car parking made easier and more available 2 - Invest in Staff 3 - more use of Physios to treat and advise on keeping fit	
	316	Centre of excellence are a wonderful idea if they can be achieved. Certainly is a case for concentrating the treatment or serious conditions at one of the 2 sites of this results in access for highly specialist facilities	
	317	Concentrate emergency general surgery on one site with major abdominal surgery. From the document I understand that this will improve my chances of seeing the most appropriate specialist at an early stage and has potential to reduce waiting times. If I had to have major surgery I would feel reassured that there is a full complement of staff able to look after me out of hours. If I needed a smaller operation, having this done on a separate site away from the emergencies would help ensure that there is a bed available for my operation.	
	318	By having MIUs in Gloucester and Cheltenham, extending opening hrs at GPs would take the pressure off the emergency depts. People use A&E as they cant access a doctor	
	319	Make it quicker - and clearer.	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	320	access on line to patients surgery records-vital in a emergency	
	321	I am a layman not a healthcare professional specialising in this area of expertise.	
	322	Accident, Emergency, and Assessment Services, I feel strongly that these should be as local as possible to the people. Transfers can then be made when necessary. I also feel strongly that transport needs to be looked at so that people do not need to use their cars so much for hospital visits, this would reduce some of the stress, if enough is offered it could even realize some ground for better use than car parking. It would take a lot of organizing so that vehicles are used to their most economical and viable way but this would help in so many ways, especially if used in connection with a 'park and ride' system so that if door to door can't be done (would be great but very unlikely). People could park their cars somewhere between Cheltenham and Glos - or close to one or another and catch a bus to the chosen hospital, esp useful at visiting time as well as for patients already stressed at the thought of treatment etc. Does the bus which runs from Tutshill, Lydney and surrounding areas to Glos and Cheltenham stop at the Hospitals? If not than it should and it should be publicized that it does.	
	323	Move work especially elective work to CGH	
	324	Build a new hospital for Gloucestershire where all services can be accommodated on the one site. The current hospitals are overcrowded, shabby and depressing. The infrastructure is woeful, the chemotherapy room is far too small for the number of patients being treated, even the shower on the ward when I was an inpatient only supplied a trickle! Infection control would benefit from motion sensors on basins and toilets and A&E is constantly overwhelmed. If NOT then keep Oncology and elective General Surgery available at Cheltenham and develop a centre of excellence for the treatment and prevention of colorectal cancer at Cheltenham. Provide emergency surgical cover at both sites and keep both A&E departments open. Consider introducing a triage system by emergency nurse specialists so only those with genuine emergencies are directed to the treatment areas. Other patients could then be directed to other services within your network. Develop GP surgeries alongside the A&E departments so that nurses can direct patients at triage to their services. They would be run independently but attached/nearby to the hospital.	
	325	Use Cat scanners etc 7 days a week - it's a major waste not to schedule weekend appointments. Stop sending Cheltenham A&E patients to Gloucester	
	326	Increase the ambulatory care pathways for patients arriving at CGH if acute medicine moves to GRH	
	327	Build an entirely new hospital better suited to the challenges of 21st health care. Both your existing hospitals have a huge infrastructure backlog and are frankly overwhelmed. KEEP general surgery alongside other surgical services and oncology at Cheltenham. Build on the expertise already available and make Cheltenham a centre of excellence for the treatment of colorectal cancer. KEEP both A&E departments open but use triage more effectively to redirect patients to community care.	
	328	No, other than NOT closing Cheltenham A&E	
	329	Again. Make sure public are aware of what can and can't be done at that site.	
	330	As above	
	331	Retain Cheltenham's A & E, with 24 hour cover, with a commitment to maintaining this service for the indefinite future too.	
	332	rationalise the locations as you propose. Note: we received a flyer from our Tewkesbury MP to support a petition to keep Cheltenham A&E open. We did not support this, as it gave an poor one sided proposal. At least it made us look for further info leading us to the consultation document!	
	333	High quality staff. Well trained, experience. Seek advice from other centres of excellence elsewhere in the country.	
	334	Cardiology on one site	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	335	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future, and in doing so attract the next generation of ED clinicians.	
	336	Using the developing expertise to work more closely with tertiary centres in Bristol and Birmingham so that GHFT gets to the front of the queue as new technologies move out of the research centres and more into the everyday.	
	337	Not really my field	
	338	As above	
	339	See above	
	340	As above	
	341	Retain Cheltenham A&E.	
	342	Get a better share of the ££ available. Fight harder.	
	343	No I am not medically trained	
	344	See above.	
	345	as above	
	346	Retain CGH A&E, commit to its future, and in doing so seek to attract the next generation of ED clinicians.	
	347	Less pen pushers and more nurses and doctors on the ground. In this day and age of computers it should not be possible to loose patients notes but this does happen.	
	348	Keep Cheltenham A&E open. Invest in its facilities and train or recruit the specialist staff it needs	
	349	See previous answers! Bite the bullet, build new not cobbled together add-ons and poor renovations. The country is full of them and they don't work very well! It will be cheaper in the long run.	
	350	As above	
	351	Confirm and reassure the community that Cheltenham A&E and General Surgery will be retained, and invest in both, thereby making Gloucestershire NHS Foundation Trust somewhere that future clinicians and nursing staff will want to come and work.	
	352	retain Cheltenham General Hospital A & E department, commit to its future, and in doing so Seek to attract the next generation of E D Clinicians	
	353	No.	
	354	I think your plans make sense to a point but your intentions whilst good need to be backed up with adequate resourcing of any combined services or centres of excellence.	
	355	Not an expert - just concentrate on the main issue - retain Cheltenham's A&E	
	356	Cut appointment times by treating patients there and then including x rays in the a&E deptartment.	
	357	Dont close A&E in Cheltenham	
	358	Don't close Cheltenham A&E	
	359	Ditto	
	360	As above	
	361	Ensure that your processes are cost - effective before you spend any more on them. Never do anything twice.	
	362	Retain Cheltenham's A & E, commit to its future and in doing so seek to attract the next generation of ED clinicians.	
	363	Government to rethink their ideas and insist that if areas are to have their housing stock increased it should be compulsory by law for these areas to also have full facilities allocated to them allowing residents to have full access to all services locally.	
	364	More staff. more update on waiting times on a TV board. more access to the out of hours DR.	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	365	Look at the population distribution in the area, particularly of the elderly, many of whom can no longer drive. It is not easy to get from Cheltenham to Gloucester Royal. The 99 bus is too infrequent and takes too long. Cheltenham A&E should be open 24 hours a day. If you must have a centre of excellence then have doctors triage the most urgent cases in Cheltenham A&E and send them over to Gloucester by blue light ambulance. Broken limbs etc could still be dealt with in Cheltenham.	
	366	Retain Chelt A&E, without it there will be no centre of excellence, as you have lost a very importance dept.	
	367	Additional staff	
	368	Employ specialist professionals in these areas.	
	369	Make initial point of contact as accessible as possible, reserve specialist centres to treatments requiring the most expensive technology, and have these available only on referral from a general centre with excellent diagnostic facilities.	
	370	Refer to my answer above	
	371	Retain Cheltenham A&E.	
	372	Employ enough doctors and nurses to cope with the influx of people	
	373	Having centres of excellence is only viable where these are in addition to existing services. The NHS should remember that it is a service and not a business. Although this costs money, better management (not more management) of existing resources and better planning of future resources should be the priority rather than cutting services under the guise of "centres of excellence" which will merely create additional access problems for patients and their families.	
	374	Fully re-open A&E in Cheltenham	
	375	Surgery in emergency situations is carried out 'in the field by consultants in mobile units in war time. Perhaps you need to consider this. Cheltenham and Bishops Cleeve are a retirement area and I know as I was previously a Gloucestershire area manager in the DWP that there is a huge retirement population in these areas. There is a golden hour for diagnosis and treatment for stroke and that is the first hour. If you deprive this area of that treatment now that you are aware that it is an area of HIGH elderly population that you shall be putting that population at risk of early death.	
	376	Try asking the people who use it even before thinking about any decisions about closure. What assumptions are you basing your hair brained scheme on? I hear on the news that extra funding is being provided for essential care. Where is this being spent, I hope its not being diverted to top up pension plans and pay rises for the highest eaners. The hospitals where set up for the use of everyone not for a get rich scheme for the few. Think very hard about making decisions on behalf of other people before you have asked their opinion. What authority do you have to make these devastating decisions for our area? I would love to have the opportunity to go through all your books and see exactly what is going on in the running of the hospital to see if the sums add up, or what the philosophy is behind the decision you propose. Could you forward me the complete list of employees of the Cheltenham General Hospital from top to bottom and I will make it my job to work it out for you. Oh and can you send me the exact amount you have to spend for same.	
	377	Do not develop centres of excellence by concentrating specialist surgeons at one hospital.	
	378	As above	
	379	Yes - by keeping them open and accessible	
	380	See above	
	381	Retain Cheltenham's A&E, commit to its future, and in that way provide a secure environment for the next generation of A&E staff	
	382	Retain cheltenham A&E	
	383	More staff	
	384	More staff	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?

		Response Percent	Response Total
385	I believe that the reason for closing Cheltenham's A&E overnight to all but walk-in patients was due to lack of available trained staff. This needs to be remedied. I have worked in environments where staff kept leaving and made the workload greater on those who remained - this is corrosive. I ended up leaving a job as trying to keep going and provide a good service to customers eventually had a negative impact on my life and health. I can't blame doctors if they are overworked but can jump posts to another role with better morale and reward. If there are issues with retention in any department in either hospital then this needs addressing before too many leave to sustain all the existing services.		
386	Cheltenham emergency services are in my experience quick, efficient and kind. Why shut something that works so well?		
387	Keep A&E in Cheltenham		
388	reboot the A&E department in Chelt General with a genuine recruitment effort. Commit to full General Surgery and developing technology resources.		
389	Retain Cheltenham A and E commit to its future and in doing so seek to attract the next generation of ED clinicians		
390	Invest and fill the vacant posts and make iCheltenham a beacon		
391	As above		
392	Retain Cheltenham's A&E, commit to its future, and in doing so, seek to attract the next generation of ED clinicians.		
393	No		
394	More effective prioritisation of such services in funding		
395	Additional capabilities developed at GP surgeries		
396	Specilist units but only for conditions tht are relatively rare		
397	Separate the urgent from the important. Do the analysis,		
398	More staff so that waiting times can be reduced		
399	Funding. Accessibility. Parking. Make other urgent facilities available in GPpractices. (Away fromED.		
400	I believe it is vital to to keep FULL medical, emergency, urgent, maternity, operations and life support in Cheltenham. Cheltenham General Hospital cover a wide area (into the Cotswolds) and getting to Gloucester is too hard, takes too long, the route may not be known and the critical one hour window could be lost. Plus visiting - which is vital to recovery of a patient cold be reduced for the same reasons.		
401	As above.		
402	See above		
403	Developing centres of excellence is essential, however, the loss of local care will cause enormous hardship. Do not look at this issue as if it is a pure accounting issue		
404	We don’t need specialists hospital service. We need a Cheltenham full open service A-E 24-7		
405	More emphasis on needed performance rather than constraints caused by budgetary demands		
406	CHELTENHAM NEEDS 24 HOURS PER DAY ACCESS TO A FULL A&E SERVICE. ANYTHING LESS IS NOT ACCEPTABLE.		
407	See above		
408	Keep the A & E department in Cheltenham. You have just refurbished it - so follow that commitment through to the dedicated and professional staff and the patients who deserve this excellent provision. Closing the A & E is bureaucratic lunacy at its best. The future of this excellent department is recruiting top grade staff who will in turn save lives, patch up the injured and carry us forward.		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	409	retain Cheltenhams A & E commit to its future and in doing so seek to attract the next generation of ED clinicians	
	410	Keep Cheltenham open	
	411	You need to improve, invest in and commit to supporting the A&E service at CGH. It is a fabulous hospital and despite your efforts to down grade it and push everything and everyone to GRH, it maintains its standing as the most popular hospital in Gloucestershire. It is a place of choice for provision of healthcare for all of the friends and family I know. Just stop this whole push for GRH and start to appreciate what you have in CGH.	
	412	The on-going uncertainty about the future of the Cheltenham hospital must have an impact on recruitment. It is essential that A&E is retained in Cheltenham for reasons outlined above and that the Trust commits to it for the long term	
	413	That, my friends is your job. You are supposed to be the experts. Since when did you really take any notice of what the local community says.	
	414	Better aftercare and follow up services. It is no use at all to have centres of excellence with such little thought as to how people will manage when discharged. What has happened to the packages of aftercare?	
	415	No	
	416	Not qualified to express a view on how to improve services other than to repeat our plea for local availability of A&E.	
	417	See above	
	418	See previous comment regarding availability of GPs.	
	419	Commit to the future of Cheltenham General Hospital A & E	
	420	Don't be ridiculous. Why would I?	
	421	Shorter waiting times. Recruiting sufficient staff to be able to achieve your vision.	
	422	No. However, closing Cheltenham is not the answer.	
	423	All the established hospitals of high repute appear to be training hospitals. Seek to make Cheltenham the destination of such practicess.	
	424	See above. Also I have appearance a large number of alcohol and substance abuse cases coming in to GRH A&E. The deployment of a facility in the city to catch those who have over consumed would considerably improve the efficiency of GRH A& E at the weekend	
	425	Be like the aircraft industry be open about mistakes and areas where targets are not met in a problem solving not blame way and encourage whistle blowers. Cancer care at Cheltenham is excellent and simple things like car park being free for chemo patients Provide healthy catering examples at the cafes like the BRI in Bristol where the heart care medicine is reinforced by having healthy food as the norm Much better signange for Gloucester hospital and awareness of the impact of transport problems and parking costs	
	426	More beds, better efficient discharge, protected beds in places like the day units such as surgery and coronary care	
	427	No views. Medicine is fast-moving and expensive in specialists and money, so the ideas of 'centres of excellence' can't really be argued with.	
	428	Don't just employ more Band 2s because they are cheaper, employ senior staff.	
	429	see previous answer.	
	430	Previously stated	
	431	Centralise emergency general surgery to one site, so that a sub-specialist rota can be provided, resulting in equitable patient pathways and a sustainable workforce.	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	Centralising ED for life and limb threatening conditions to one site; ensuring that urgent care access is still available 24/7 at the other site. Ensuring access to PPCI is 24/7 within the county, to avoid heart attack patients having to go outside the county out of hours.		
432	I THINK STAFF WHO WORK IN THESE AREAS SHOULD ENSURE THEY ARE HAPPY TO. I FEEL THERE IS A REAL LACK OF EMPATHY AND CARE FOR INDIVIDUALS. THEY DO THEIR CLINICAL JOB BUT AT TIMES THE TLC PART OF BEING A CARING SERVICE IS MISSING. I THINK PATIENTS WHO NEED TLC SHOULD HAVE SEPARATE ACCESS WHEN THEY NEED URGNET CARE. IT IS NOT APPROPRIATE FOR THEM TO BE IN A&E.		
433	Huge question!! Make better use of highly trained, specialised and and motivated clinical staff. Provide more administration with more specialist training to take over more of the communications needs on the advice of clinical staff. Improve operating facilities and increase numbers of surgical trainees for future services. Invest in innovative imaging and robotic technologies in local hospitals as well in Centres of Excellence.		
434	Better recruitment and retention of Doctors so that there are enough to cover both EDs and assessment units.		
435	Just as above		
436	Retain Cheltenham ‘s A&E, commit to its future, and in doing so seek to attract the next generation of ED clinicians.		
437	Yor question pre-supposes that there are substantial problems with the current arrangements - that has still to be demonstrated sufficiently for me to see the need for change in A&E I have no issues with the plan to have areas of specialism in each hospital to avoid duplication that works and has the potential to be more efficient but not in urgent services where speed is of the essence		
438	It all comes down to funding. If there is sufficient funding, centres can be created which are the go to hospitals for the country, not just the immediate locality like the BRI for hearts and Birmingham children's hospital. You also have to attract the staff to provide this service. Centres for excellence should only be provided in addition to, not instead of other services.		
439	Have routine GP pathology tests done on the less Acute site, instead of trying to cram masses of work onto the busier of the 2 sites.		
440	One thing that I haven't mentioned in the discussion about transport is parking. Parking for patients is expensive, and at Gloucester Royal in particular, hard to access. Even with our Blue Badge we have to arrive long before the appointment to make sure we are able to find a parking space. i am sure that staff must be frustrated by this too, both because some patients may be late due to either not being able to find parking, or due to patient transport not getting them to the appointments on time. One possible solution would be a dedicated hospital park and ride system, operating both between the two main hospitals, but also between the outlying patients and the hospitals. Preferably with free or reduced parking charges and frequent services. There is nothing more frustrating having to devote half a day for getting to the hospital, finding parking, and getting home again, all for a two minute appointment to have a monitor attached, or to be told everything is fine.		
441	Commit to improving what is ALREADY at Cheltenham and Gloucester Hospitals instead of trying to strip them back as a cost saving exercise. This means retaining A&E at Cheltenham, training staff, ensuring patient needs are met. Once those standards are being hit then MAYBE look at development. We need MORE NOT LESS		
442	Bring back A& E at Cheltenham General Hospital 24hrs a day!!!!		
443	Keeping an A&E department in Cheltenham		
444	Keep Cheltenham's A&E department. Train more A&E specialists.		
445	More more taxes for the very rich.		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
446	This is your job. Get on with it.		
447	No		
448	Very impressed recently with cataract treatment via Tewkesbury hospital: smaller hospitals should all have at least one speciality like this to avoid long waits and overloading Glos and Cheltenham. For A and E, suggest contacting all people moving into area/around area through council tax/ mortgage brokers/ landlords to give address and contact numbers for surgeries in the vicinity with their hours. More should sign up before they need treatment and numbers known so extra GP capacity can be plumbed in. Cheltenham surgery must remain - do not put all eggs in one basket.		
449	Hire more staff, not management. it's alright asking for excellence but if you have no staff it's not excellence, it's a shambles.		
450	specialist teams available 24/7 in an emergency environment - people don't just sustain serious injuries between 8am-8pm		
451	None		
452	That advances in medical care be introduced in Cheltenham.		
453	Share expertise between Gloucester and Cheltenham and other hospitals		
454	See above.		
455	I think centres of excellence can be a good thing, however, the current notion that you can choose where you go for treatment appears to be an illusion		
456	Cheltenham is a general hospital. Make Gloucester a specialist hospital by all means, but leave Cheltenham ED as part of a general hospital serving a geographical area that Gloucester cannot hope to cover.		
457	No		
458	As above		
459	Bring the cath labs to GRH. Simple.		
460	No.		
461	KEEP CHELTENHAM A & E OPEN - the distance between Cheltenham and Gloucester could compromise lives		
462	Retain Cheltenham A&E		
463	cut out 20/30% of senior management they are not needed big is not always better .the nhs is over managed		
464	No - I don’t have the knowledge that is needed to make informed suggestions. I am certain there are people very well qualified to do this.		
465	Removing A&E services from Cheltenham General Hospital will of course make the provision of such services worse. That much should be self-evident.		
466	Please maintain the Cheltenham A&E.		
467	No I am not trained in these things		
468	Already covered as above		
469	Don't shut down an A&E department that people know and trust for starters.		
470	As above. Lots of ideas		
471	Provide emergency A&E level care and assessment		
472	Moving ortho to GRH to allow CGH to become the Christie of the SW		
473	A screening service to weed out people who could wait, but if they had better access to their GPs they probably wouldn't be there in the first place.		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
474	Agree with creating specialist hubs		
475	See previous suggestions		
476	See above		
477	Retain Cheltenham's A&E, commit to its future once and for all, and in so doing, seek to attract the next generation of emergency clinicians.		
478	People who dont really need A and E should rigorously be directed elsewhere by reception or triage nurse not seen		
479	Not read		
480	Centres of excellence approach sounds extremely sensible and clinically the right thing to do. Lots of politics and showboating when it comes to Cheltenham and Gloucester, but need to take a view about what is best for the patient.		
481	I think centralising services will help.		
482	See answer to question 1		
483	as before		
484	I suspect that 90% of accident and emergency treatments are fairly standard. The trick is to spot and divert the other 10% to the centres of excellence at first contact.		
485	Teaching patients how to deal with their long term conditions and supporting them in the community to relieve pressures on the specialist units. Allowing patients to be informed (if they choose, about their procedures fully, by watching videos etc.)		
486	It is vital that Cheltenham general has a full 24 hour a&e		
487	For planned treatment, centres of excellence great. Not for emergency treatment. If Cheltenham general hospital becomes specialist centres only, the name would have to change, it would no longer be a general hospital.		
488	I don't have enough knowledge of specialist services to comment on this.		
489	Communication		
490	No I am not a doctor		
491	Not to close the A&E in Cheltenham		
492	Keep the A and E in Cheltenham-services are already stretched and the hygiene of Gloucester is appalling. It will only get worse if more pressure is applied.		
493	To be honest I dont have any experience of working in the NHS or any other medical sector so I am not sure that anything I add will have any real impact. It seems an odd question to ask.However as you have asked it: I would seek out those Trusts that are grading excellent and look for transferable ideas.		
494	Please consider how complex patients with multiple specialty inputs will be managed. For example what if an inpatient in Cheltenham needs an orthopaedic opinion. Do they have to get transferred to GRH every time? Actually, it works for neurology as they have their ward in GRH but they also do OP clinics in Cheltenham. So if there are inpatients in CGH who need a neurology opinion then the neurologist have been very amenable to attending the ward after a clinic. This needs to be thought about with orthopaedics as it is very difficult to gain an inpatient opinion if an inpatient has an orthopaedic opinion. And thereon for all the other specialties, in particular if acute general surgery moves to GRH.		
495	Change often has unintended consequences.		
496	Retain Cheltenham's A and E , restore 24/7 cover commit to its future and attract next generation of doctors. It's a great town to live in and at the moment has no problem attracting Doctors.		
497	General surgery CGH. Interventional GRH.		
498	I've made a number of suggestions in answer to previous questions.		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	499	You are the Trust with responsibility for providing health care to the Cheltenham area, what are you designs on 'our' service. What exactly are you proposing? 40%?????	
	500	Retain a full A&E at Cheltenham	
	501	Work hard to retain Cheltenham's A&E and attract the up and coming new generation of Emergency doctors/nurses.	
	502	See above	
	503	Retain A&E and other services at Cheltenham, grow the service and train up new staff for the future.	
	504	Moving emergency general surgery to one site seems to be supported by all so people get to see the right doctor so good - go with it.	
	505	retain Cheltenham's A & E, restore 24/7 cover, commit to and in doing so to attract the next generation of ED clinicians.	
	506	As above - collaboration and planning are key. Prague 1 and Prague 2 trials many years ago demonstrated that primary PCI was effective in treatment and cost terms - evidence like this led to a development of local services that spread throughout populations like those in the UK and Europe. Any services that prove - in long term healthcare economic terms - to be more effective locally can de developed locally. Otherwise an hours travel for specialist care is not in any way unreasonable. If people think it it then point out the taxation arrangements of countries that provide this and the proportion of GDP spent in its provision.	
	507	Yes, leave them alone. Stop privatising them and cutting them.	
	508	Accept that rising population will use more resources. You don't need more ideas you need to consolidate what you have I.e. Cheltenham A&E and accept that this will require more money and not less.	
	509	Make sure A&E really is only for people who need it.	
	510	A&E must be kept in both centres. Each hospital should develop specialities to complement each other. The obvious solution is to build a new hospital equidistant from each conurbation in the golden valley	
	511	Keep chelt A&E open, restore 24/7 cover, commit to its future and make yourselves attractive to the best ED clinicians	
	512	Whilst i recognises the benefits of having specialist centres and our two main hospitals, they are only 8 miles apart; consequently a substantial proportion of the county population are increased distances away. Resulting in much longer time lags for accident and emergency treatment. With the growing threat of climate change/Extinction rebellion and a need to minimise pollution, Serous consideration need to be devoted to distribution of all but the excessively specialist and expensive equipment around the county local hospitals.	
	513	If someone has a traumatic head injury don't discharge them for hospital when they are still ill. Reduce wait to be seen, ensure specialist ophthalmology screening is available on both sites 24hrs a day.	
	514	There are many ideas to offer. Prevention of pre emergency conditions by community care before they develop into emergency conditions. More GPs/GP response access. Emergency and Assessment Services by definition are for emergency and critical situations so if by improvement you mean speed of response in an urgent situation you will not improve accident and emergency services to a growing population by removing that service in Cheltenham. In the case of emergency assessment and treatment by definition if you add in travel time in an enormous county and delay you will not see an improvement. You may reduce costs on some level in some place on your balance sheet in the very short term but care/services/speed of response and avoidance of death will not be 'improved'	
	515	Reintroduce 24 hours A & E care in Cheltenham.	
	516	AGAIN GET GOVERNMENT HANDOUTS - LET OUR LOCAL MPS SPEAK FOR YOU THEY ARE IN TOUCH WITH THE LOCAL PEOPLE AND HEAR THE COMMENTS IF POSSIBLE GET LAND IN A FAIR RADIUS OF THE TOWN AND BUILD A NEW CENTRE OF EXCELLENCE BUT MAKE IT ACCESSIBLE TO ALL WHETHER BY BUS OR CAR SO ALL CAN GET TREATED OR VISIT EASILY NOTE THE NEW HOSPITAL AT MORETON IN THE MARSH	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	517	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future, and in doing so attract the next generation of ED clinicians.	
	518	Evidence based on what works in other centres of excellance. Clear focus as to what is to be achieved with a solid plan.	
	519	First keep that which works. You keep asking about improvement, but the beginning of improvement is a strong foundation of existing services rather than considering a retrograde step such as closing the Cheltenham A&E and removing General surgery. You are looking at incremental steps consolidating outdated hospital buildings in oneplace. If you do wish to improve, then radical investment in new facilities in a location which enhances rural coverage rather than reduces it should be on the cards. You should consider transport issues and costs, for staff, patients and ambulances in all your deliberations. A solution which does not improve the lives of your staff, patients and families, is not a good solution. Healthcare should be about quality of life in the round	
	520	Not duplicating services over 2 sites - i.e, if you have a stroke you are taken to 1 site where all the specialists to deal with this would be based	
	521	Keep CGH A & E OPEN around the clock ie 24/7.	
	522	Surely,if you can achieve all that you want to as outlined in pages 1 - 13, ie ensuring people get the right care in the right places and reduce the demand and pressure on A and E in our hospitals in the urgent care provision, you won't need to downgrade A and E in Cheltenham from the already reduced service it offers now? Can't you develop specialism AND still offer A and E for Cheltenham's share of the 100 people per day who really need it?	
	523	As above.	
	524	Retain A&E and other services at Cheltenham,commit to its future, grow the service and train up new staff for the future.	
	525	No	
	526	Put money into emergency care in chelte6and attract good doctors.	
	527	I think we need more not less. I understand the concept of one all encompassing centre which provides state of the art service, but in such a large county, I really think satellite options are needed.	
	528	Continue to market the concept that some minor injuries can be advised via pharmacies. Ensure that A&E is open all hours	
	529	Cheltenham hospital needs the commitment to stay open and attract good quality doctors and nurses.	
	530	improve availability of GP's allow pharmacists to do more Break the stranglehold that doctors have on the health service Create an environment where everyone understands and accepts that mistakes can be made More nurses	
	531	Staff need to be valued. Jobs need to be appealing. Place of work needs to be fit. Stop cutting staff pay by stealth eg parking, paying for own education etc. Reward front line staff who work out of hours and those with busy jobs eg 20 hours a week gets full time pay and stop the exit to more friendly jobs Stop middle management at acute Trust bullying (eg site, specialty directors, matrons, clinical directors)	
	532	I do not have the expertise.	
	533	No I also have to say that very, very few people have even known about this consultation and have been left totally unaware of this " engagement exercise". Where did you issue any notices?	

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	We no longer have a daily local newspaper or a free one Where were people supposed to find out about the possibility of the A&E closing The survey is not at all user friendly and asks the same sort of questions couched in slightly different ways		
534	Fundamentally: retain Cheltenham's A&E, restore 24/7 cover for staff, commit funding to its future, change the process of recruitment of doctors and consultants so it is no longer centralised, allowing competition for jobs to drive up standards and quality of posts - for staff and for the CGH itself - whilst attracting a new generation of clinicians.		
535	N/A		
536	Yes , employ more front line staff and cut down on admin , give the people that actually do the work more say in how things are run Stop duplicating work all of the time ie layers an layers of triage I recently attended a and e with my partner , it was blindingly obvious as to what was happening but it took three nurses and 4 doctors to actually get going on what needed doing		
537	Keep the A&E department at Cheltenham and invest in it for the future.		
538	Reduce the layers of management to save money to achieve the above		
539	Put as much into other centres such as urgent treatment centres so hospitals can focus on A&E and surgery		
540	Fully resource your wards and departments to reduce stress on staff and help improve waiting times for appointments		
541	Technology Artificial intelligence		
542	Keep services going at community hospitals for non life threatening conditions - general surgery still occurring at centres of excellence as too would be image guided (planned) intervention		
543	Keep services local. People do not like big hospitals for minor treatments		
544	improve access and staffing levels		
545	Supporting staff and ensuring their views are listened to so that they are properly resourced Ensuring teams/specialities are not split site and they and they correct equipment are together makes total sense from a patient safety point of view.		
546	Track patients journeys to inform needed changes		
547	Where appropriate centralise services to offer an improved service of care		
548	An elective / emergency split has it's own problems but would seem like the most sensible approach when there are insufficient medical staff to cover the demands of providing a service on 2 sites. If all emergency surgery is to be moved to GRH then elective surgery has to come to CGH otherwise the overcapacity crisis that is enveloping GRH will only be exacerbated. Elective lower GI and upper GI surgery needs to move to CGH. The surgical backup provided by the general surgeons for the other specialties in particular urology and gynaecologist oncology should not be underestimated. In terms of interventional radiology it makes sense to have this onsite with vascular and interventional cardiology. Currently this is all in CGH. Whether this would be better in CGH or GRH is difficult to know. Vascular surgery is required in the elective centre as backup for the other specialities so moving interventional vascular would split the vascular department which is not ideal. An ambulance could be allocated specifically for interventional cardiology / radiology so patients would experience minimal delay moving them from GRH ED to CGH. It would probably be sensible to move elective and emergency general surgery first and then decide if the interventional services need to be moved or whether it works well in CGH. Bearing in mind that a whole new interventional suite and cardiac cath labs would have to be built in GRH (not a small expense).		
549	Please could you see the first box.		
550	Improved communication between A&E and ambulance services to ensure emergency care is available		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
	quickly. Better approach to discharging safely - my mother in law was discharged with Dementia in the middle of the night.		
551	With an increasing elderly patients who often do not want complex interventions this is discussed fully beforehand with them and provision of community palliative care nursing, and adequate district nursing staff will help reduce unnecessary admissions in		
552	As above. and better in house management inspections!! Much time wasting has been noticed on wards		
553	Cardiac needs 24 / 7 service. Can be superb now Monday - Friday but travelling needed sat and sunday. Could be GRH / CGH Radiology / intervention (eg kidney imaging) will need centralising with experienced staff. Could be CGH / GRH		
554	Don't over centralise		
555	A&E needs constant easy local access for assessment and quick treatment of minor injuries/ills.		
556	It seems strange (for some tests) to find that a crowd of people have a single appointment - perhaps only to be seen 2-3 hours later. perhaps some staggering of times might be possible		
557	Do not locate emergency services on one site		
558	Make communications better between the units		
559	Making it easier for health professionals in the community to refer to A&E		
560	Not really		
561	Involve private practitioners more in having well defined referral pathways and respecting physio diagnostic skills Have a dedicated service for Cauda Epuina referral		
562	See previous page for this		
563	As above. Bring back some humanity and make people feel human.		
564	More triage levels to weed out time wasters Penalties if people consistently miss appointments at surgeries or consultants offices. People need to be encouraged to not waste doctors time. Also, more regular assessment of repeat prescriptions. Many people stockpile things they do not need.		
565	We are lucky, Cheltenham Hospital has provided for the community in my lifetime, let's carry on: use Oxford Bristol and other City hospitals when referral is required. Why spoil an institution that works. Encourage donations from very rich benefactors.		
566	Turn people away from ED who don't need it. Have an MIU terrapin outside		
567	Better IT, Be a little less risk averse, reduce the amount of record keeping requirements Better dialogue between hospitals and General practices, ensuring much more cohesion rather than a do what I say type picture thats still too much in evidence		
568	See above		
569	Appropriate use of new technologies - Virtual Reality etc for service provision		
570	need to ensure that if services are located at one site, patients are admitted to that site		
571	1 site		
572	More flexibility on appointment times. Specialist centre to have a call list of patients who is happy to be seen short notice, if there is a last minute cancellation.		
573	In a perfect world, a site would be made available half way between Gloucester and Cheltenham, leaving the other two sites to develop other centres of excellence.		
574	TV screens in A&E waiting rooms publicising alternative routes to receiving care if non-emergency or non-urgent.		
575	See prevous answer.		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?		Response Percent	Response Total
576	As above		
577	See previous box.		
578	Yes simple listen to local people, listen to consultants and hospital staff who know the situation KEEP CHELTENHAM OPEN. RESTORE 24HOUR COVER we have had excellent care at CGH earlier this evening, unlike care my parents received several times in GRH A&E Worrying Reports at GRH of no chairs available and constant reports of queues outside the door of A&E and waits over 4 hours and people leaving without treatment. They cannot clearly cope!		
579	Better communication, more openness, joined up thinking and working between teams.		
580	Commit to retaining Cheltenham. A & E. Seek to attract the next generation of ED clinicians.		
581	Do not close the A&E at Cheltenham Hospital		
582	As above - good communication is key		
583	Do not remove emergency care from CGH. I understand the arguments you deploy in support of your proposal to concentrate emergency care at GRH, but they leave the westerly part of the county even further away from A&E than they already are. And how practical is it sufficiently to increase the capacity of A&E at GRH?		
584	As above		
585	build 1 hospital fit for the 21 century onwards stop pretending that a 2 site model is anything other than a temporary fix		
586	Increased emphasis must be placed on detection and prevention. You can never have too much public awareness.		
587	Unfortunately things needed to be put in place ages ago, and then by now we might already have centres of excellence, to allow this country to again lead the world in medicine and many other things too. We need politicians to be brave and increase taxes a little to allow this to happen.		
588	Commit to retaining and even extending A&E services at Cheltenham in view of the predicted population growth in the town and surrounding areas.		
589	Centralise specialities		
590	Centres of excellence is the way forward for emergency and acute medicine		
591	Improve the overall services, don't try to be a world leading centre of excellence - there are others people can go to. Meet the needs of local people locally Think of 80 and 90 year olds		
592	Because of problems described - ambulance crews having responsibility for location decision (condition of patient may change on journey for example judgements may change / be wrong) I do not think there should be different centres however well trained the paramedics		
593	Increasing trained staff		
594	Help people before they get to braking point		
595	A & E to remain in Cheltenham		
596	People have to trust the hospital before they will trust the centres of excellence contained therein. Generally, ordinary people are not aware of these (with notable exceptions such as Great Ormond Street for paediatrics, Frenchay - as was - for brain issues, etc). In order to get people feeling that centres of excellence is a.good move, they need convincing that the medical service they receive will be better, not that it will be cheaper or more efficient (not typically what a patient focusses on!)		
597	Research Unit establish at the new hospital. Military/ Intelligence element? near GCHQ		
598	Is there an inter-hospital shuttle? If I go to CGH A & E and following assessment am deemed to require treatment for an ailment that falls within GRH's remit a shuttle bus, perhaps with a nurse or paramedic aboard, would seem a sensible solution.		
599	They must be kept local as possible		

Do you have ideas about how to improve specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and Image Guided Interventional Surgery) and developing centres of excellence - if so what are they?			
		Response Percent	Response Total
	600	Better waiting area - Glos A&E is cold and uncomfortable with not the friendliest of reception staff. Get good staff and keep them! in A&E and other areas of the hospital. your most valuable asset in the NHS is your staff, but retention is poor.	
	601	Triage 111 reform	
	602	Ensure local services stay open	
	603	move Orthopaedics to Cheltenham and moving Acute, Neuro, Renal etc to Gloucester	
	604	It seems that expertise is often really good What sometimes lets the system down is communication between staff, but also from hospital to patient eg. appointment letters arriving late or not at all. If there were 2 centres - communication would presumably be even more vital	
	605	Retain their important functions in Cheltenham and demonstrate publicly what superb services are already here. What impact will moving units have upon existing teams? Do you respect their views in all of their proposals?	
	606	As above	
	607	There are many examples to look at both in the UK and overseas. What's more nothing stands still in medicine	
	608	Retain Cheltenham's A&E, restore 24/7 cover, commit to its future, and in doing so attract the next generation of ED clinicians.	
		answered	608
		skipped	418

Improving specialist hospital services and developing "centres of excellence"

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	661

1	Amazing comms.
2	Clear and honest communication.
3	That the changes are effectively communicated and the staff are fully prepared for the changes.
4	Access to services. Gloucestershire is a very large county and some people have to travel long distances using a poor public transport system. I go back to my last point about as far as is possible to make each appointment a one stop shop to save patients from having to make several journeys for different appointments.
5	a better framework around urgent and emergency to improve prevention and support recovery and aftercare Accessibility to new services including transport there
6	Cheltenham is a growing town, it is essential that 24h A&E services are provided at Cheltenham General Hospital.
7	Once again TRAVEL
8	I want to know that I get the best care possible to achieve the best outcome however it is delivered with use of technology where appropriate removing the old problems of information governance and data protection rules which hampers the current system. I want to be more in control of my health and well being so that when I need help I know how to get hold of it.
9	LOCAL NEWSPAPERS, OR LOCAL SHOPS, OR LOCAL TV NEWS, ARE BEST, AS MOST WILL SEE THIS, RATHER THAN JUST IN CERTAIN SHOPS, OR WEBSITES, AS NOT ALL THE POPULATION IN THE FOREST, HAVE MOBILE PHONES OR COMPUTER ACCESS, ESPECIALLY NOT THE ELDERLY AND DISABLED.
10	Cheltenham A&E needs to be kept open as Gloucester is already over stretched. Having to travel the extra distance could have a detrimental effect for people who don't go by ambulance.
11	N/a, its about best for all.
12	Keeping Cheltenham A & E open
13	To be as close as possible to the nearest hospital ie cheltenham with a and e services 24/7
14	Expertise. Locality. Ease of arranging appointments. Personnel.
15	I totally disagree with both changes to our A/E I have a son with serious allergy and can reach CGH in minutes you cannot reassure me he wouldn't die with the extra journey to GRH
16	Have choice in where patents are treated and by whom.
17	Give proper funding and staff to Cheltenham General
18	Better hospital assistance, similar to southmeads hospital helpers, would be a reassurance for many. A better consideration for dementia patients or those who struggle with access would be important. A positive reassurance from those using the service instead of people implementing the changes would be more relatable.
19	The length of Waiting Lists - staff versus demand.....
20	We need to know what each hospital offers and how to access services. People need to understand the function of each one, the booklet gives a clear explanation of the intentions for each site.
21	You insist on personalising the issue. My consern is for a NHS that serves all the people all of the time. You are not delivering it . And you know that.

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
22	Communication, competence, compassion and candour shown by all hospital staff, ALL the time.		
23	Local access is the most important thing. Immediate local facilities are most important, these can feed into the centres of care and excellence as required.		
24	Enhance current services, get the community more involved - fund raising events at the local hospital - put it to the community to see what they can do regularly to raise funds and celebrate this by having local heros who come up with innovative ideas - ask local bit companies to donate time and money. That may be time to sit and talk to patients in hospital to see how they are - human contact is so important as nurses and doctors are ran off their feet due to lack of resources and staff.		
25	waiting time		
26	Making sure people can get there easily and cheaply. They should not have to feel they are begging for hospital transport either. It should be offered as of right, though not necessarily right to the door of my house, unless I am genuinely immobile.		
27	You are moving the service that the local people relied on		
28	The stress levels would increase enormously.		
29	See earlier comments		
30	That they understand the changes that are taking place. If they have any barriers to understanding changes that they have the required help to know what they are.		
31	I think that if the changes are a big improvement on the service somebody already receives, there will probably be less complaints about them. The problem will be if the service is just as poor, or even worse. For example, with my eye clinic appointments, I often have to wait an hour. If the service moved, but the appointment was on time (more or less), it would be such an improvement, that I wouldn't really want to complain.		
32	Let us stay in our own hospital		
33	Already answered.		
34	Reduce transport costs, patient held records (so the nhs does not lose them and they arrive at the right place at the right time), and continue unity of care, see the same staff.		
35	Long waits in hospitals. Not having specialists available in the event of an emergency		
36	As already stated		
37	Availability, proximity, professionalism.		
38	We need to more secondary and tertiary care centres and gimmicks will not do the trick in replacing them . Stop aiming for centres of excellence. Just make sure you are providing adequate care to your population		
39	No credible measures could mitigate the lose of such a vital provision, GRH services cannot cope as it is let alone with increased numbers		
40	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
41	PLEASE READ PREVIOUS COMMENTS		
42	To not make people travel so far to get emergency or urgent care. It beggars belief that you even think it acceptable to completely close a local A&E department. You keep taking things and services away from Cheltenham. Stop it.		
43	Speed in assessment.		
44	If Cheltenham General were to lose it's A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
45	There are no credible measures that could mitigate the loss of A&E as this is such a vital provision.		
46	I want it to be local. I want all treatment in Cheltenham. Quicker appointments. My daughter waited a year for a rheumatology appointment.		
47	See previous comments		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
48	There are no credible alternatives		
49	To make sure waiting times for A&E do not increase.		
50	A&E stays in Cheltenham. Regularly used.		
51	I've already answered this.		
52	To avoid the transfer of services and specialisations out of the area, be it Cheltenham or Gloucester. If you want to save money, remove some of the management layers and transfer those released by this back to medicine.		
53	Keep it local. There used to be a study that I believe refered to the 'golden hour' this indicated the chances of a good outcome following an incident being best if intervention is recieved in that first hour. Loosing this valuable time riding in an ambulance seems mad. Also patients that survive but have a poor outcome cost more... Local services also mean patients are likley t present earlier I beleive		
54	For goodness sake! This is exasperating. This questionnaire has been constructed by some kind of ‘Siri’ out to destroy basic human intelligence.		
55	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such vital provision.		
56	I have answered this in an earlier question. I think that time and distance will be the greatest negative factors and we need to hear how these are going to be resolved.		
57	We don't want any negative impact from changes, so why consider them. Just reopen Cheltenham's A&E		
58	The general theme of this and other documents I have seen and heard about is biased to say the least. Have you heard the saying, "We are going to Blackpool, it may be via London, Leeds and Harrogate but we will get there."		
59	Not having long waiting lists. Being treated with respect		
60	Transport to hospital for those unable to drive or use public transport. Has the increased cost of hospital transport been factored in		
61	There is no credible solution if Cheltenham loses the A&E department. If someone is in severe pain and you tell them that you have no painkillers and ask how else you can help them then the question becomes stupid.		
62	Centralisation dies not always work - reducing services in Cheltenham is not acceptable or sensible		
63	Keep accident and emergency and suporti g services in Cheltenham		
64	Need to take politic and management speak out of things and consider the opinions of medical professionals		
65	As per the previous answer - quality, proximity and timeliness of service.		
66	Local services for local people		
67	transport and parking		
68	Reducing a&e services at Cheltenham will produce negative effects which cannot be mitigated.		
69	Nothing could reduce the impact of losing A&E		
70	Good travel arrangements for patients as it is stressful to go to hospital, even more stressful to go to a town that is not your own and totally stressful to then have to get lost on the way and end up paying lots of money for parking in the hospital car parks		
71	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
72	Speed of access to emergency care		
73	Why endlessly ask more or less the same questions?		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
74	If Cheltenham General Hospital were to loose it's A&E there are NO credible measures that could mitigate the loss of such a vital provision. Why is this even being considered?		
75	We require a 'General' Hospital which includes A & E 24 hour full cover and without it lives will be lost.		
76	If Cheltenham A&E is closed there are no credible measures to offset this reduction in capacity and service. It is fundamentally flawed and simply wrong.		
77	Keeping us as close to home as possible		
78	As we age we can only see that moving services out of Cheltenham will have a negative impact. Time to get to the hospital, the increased workload (diluting care) by concentrating A&E in one hospital several miles away.		
79	It must not change., except to give 24 service at Cheltenham hospital to serve a population of this size. It is ridiculous to think otherwise.		
80	I can't see how there are any ways to reduce the negative impact of closing Cheltenham A&E.		
81	Waiting times are longer now if one is fortunate to get past the local GP. Once in the "system" things are good, but you make access to the system impossible.		
82	knowing my family and I can access emergency treatment day and night in cheltenham		
83	Distance to services, excellence of services, access to services.		
84	Don't move to Gloucester		
85	Minimising travel and waiting times.		
86	Being able to use our local hospital and as a hospital visitor I hear this from patients every week .		
87	Do not close Cheltenham A&E.		
88	Closing A & E @ Cheltenham would have a terrific negative impact on local people!!!		
89	Non English again in the question (really is an illustration of a very sloppy survey!) Capacity (physical and staffing) Best practice/evidence based best practice to achieve high quality outcomes Localism Better communications and honesty. Greater transparency Use basic English (for example, very few people will understand what Image Guided Surgery is, why it is important to you and should be important to them. Stop speaking in healthcare speak.		
90	If Cheltenham General Hospital were to lose its A&E there are absolutely no credible measures that could mitigate the loss of such a vital provision		
91	Easy access to transport. Public transport infrastructure. Car parking available and reasonably priced if not free.		
92	Keep A & E at Cheltenham, my lack of transport means getting to Gloucester quickly very difficult		
93	Increased support in the community for those adults with mental health issues		
94	Reduce waiting times.		
95	Excess travel All aspets of communication Car park charges and car park capacity		
96	Speed of access. Keep Cheltenham A & E open 24/7 so that a large part of the population are not subjected to delays in receiving treatment due to increased journey times.		
97	Cheltenham A&E to have a full 24hr service		
98	The inconvenience of going so far to get proper treatment		
99	Locality		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
100	See response to previous question.		
101	Emergency help and new protocols for assisting elderly and vulnerable		
102	None. If you close A&E in Cheltenham there would be no way to mitigate the negative effects		
103	Retain A&E in Cheltenham.		
104	Too many appts to do the same thing Crazy scheduling of appointment		
105	TRANSPORT, ACCESS. Oh, I forgot to say that the inter-hospital bus between Cheltenham and Gloucester didn't stop anywhere near the stroke wards... so even if that service stopped outside my front door, I couldn't get from where in Gloucester Hospital it does stop to where my mother was. Of course this might have changed - this was in December 2015/January 2016. And, and: IMPROVE "CARE". My mother couldn't feed herself or swallow after the stroke. She couldn't speak and needed to have pureed food and thickened liquids. The so-called carers would arrive at her bedside and shove a mounded dessertspoonful of disgusting-looking brown sludge at her. She turned away so the carers just dumped the tray and moved to the next benighted soul. In the nursing home, not only was the food lovely, the carers would put a half-loaded teaspoon to mother's mouth and give here the time to take it in and swallow it. They'd do that for as long as it took for the poor old girl to indicate she'd had enough.		
106	It depends how they chamge		
107	A fully operational A&E in Cheltenham		
108	dont repeat yourselves		
109	CLEAR COMMUNICATION OF ANY CHANGES (EVEN THOSE THAT ARE NOT WANTED!)		
110	If the A&E closes, there's nothing that could possibly improve the situation. People will suffer. People will likely die. I would be looking to move to a different county that actually cares about its residents.		
111	I would want it to continue to be timely, caring and local if possible.		
112	I think some convenience is always nice, where possible, so as long as things don't become more inconvient (distance or appointment times) then that is great. Also, just make sure that the booking system is patient-centric and not hospital-centric. No-one likes being messed around just because teh service provider can't sort their stuff out.		
113	Accessibility		
114	If cheltenham loses its A&E there are no credible measures that could reduce the impact made on peoples lives in the event of emergency situations.		
115	keeping 24 hour a&e dept at cheltenham		
116	Ease of access to these services, and improvement in public transport to get to these services.		
117	Access times to A&E Depth of service skills at multiple sites		
118	To know and understand what they are and what is the purpose. The language used is often written in management terms, as if for committed not people. Also, they need to be such that in an emergency people can understand them. People do not go through these sort of proposals in advance of needing the services.		
119	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
120	ALLOW CHELTENHAM GENERAL TO LOOK AFTER PEOPLE IN ITS AREA ,24/7AND ALLOW GLOUCESTER ROYAL TO DO THE SAME!		
121	The patient. I don't agree with specialised a&e in one location. Resources should be put in both.		
122	see previous answers.		
123	See earlier answers		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
124	Maintaining a fully operational 24/7 A&E in Cheltenham		
125	You can't negate the impact of loss of life		
126	There is no credible solution to the loss of Cheltenham General A&E. Its loss will have a major impact on the health and lives of Cheltenham and its surrounding area.		
127	There are no ways to reduce the negative impact. Keep services local		
128	already answered - centres of excellence, does not equate to A&E.		
129	Keep Cheltenham A&E and open 24/7 Not only do we have an expanding population in the towns and villages in and around Cheltenham, we have many festivals each year that swell our numbers by thousands, we must keep A&E. This is notan improvemen proposal, it is a waste of time and money, please just deliver the services we need here in Cheltenham.		
130	If CGH were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
131	Give me a blue light for my car..... but in all honestly I cant see how you can mitigate the impact of moving Cheltenham's A&E department and to suggest you can without impacting the safety of the local population is just fanciful.		
132	The answer to this question depends on the changes. The most obvious answer is that, if changes are going to have a negative impact, don't make them!		
133	If any potential change meant having to go to or use the Gloucester General hospital, for any reason, then this would have a very significant and negative impact on me or any member of my family. We currently have the Cheltenham General as our local hospital that has been very good for us since moving to Cheltenham 17 years ago.		
134	Keeping the advantages of staying in the community as a very important part of the treatment.		
135	There are no conceivable mitigation measures to reduce the impact of people dying or becoming unnecessarily maimed for life due to the removal of a service such as the Cheltenham A&E department.		
136	Negative impact would be a A&E moved from Cheltenham would be getting to Gloucester Royal from the south Cotswold roads are at gridlock every day.		
137	Reduce avoidable errors - get patients to the right advice or service first time		
138	Quick and decisive care. This will not be improved by driving someone an extra fifteen miles		
139	The Cheltenham A and E must remain to cope with the proposed residential growth of the town and the surrounding area. The closure of this facility on financial grounds and against the wishes of the majority of the populace shows that there is little care for the local community.		
140	Retain Cheltenham A and E, there are no credible changes that could offset the loss of the department		
141	There would be a negative impact on me if I need to travel further for Urgent or Emergency care.		
142	If the services change location it has a major impact on accessibility and this needs to be compensated by very good public transport, eg the service between Cheltenham and Gloucester hospitals is useless. People are forced to use taxis.		
143	-		
144	Cheltenham is an expanding town which has a diverse demographic, and so it remains essential that Cheltenham General Hospital operates with a fully functioning A&E Department that is available to the Community 24 hours a day & 7 days a week.		
145	Length of wait to access these services.		
146	If Cheltenham were to lose it's A&E there are no credible measures that could be taken to mitigate the negative impact of such a decision.		
147	Closing A&E in Cheltenham would create a health care crisis. Not only for the residents but for Gloucester Royal who are totally unable to cope with the pressure that would be put on them. It would be an act of gross negligence in my opinion, and it would call into question the competence of the Trust to manage the health needs of the County.		
148	competent staff of sufficient number		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
149	again communication with all parties, the explanation of the reasoning and being involved in the process and consultation		
150	There is no credible measure that could mitigate the loss of Cheltenham A and E.		
151	- speed of resolution (expertise, equipment, right first time, no waiting etc) - proximity to "home". - quality of facilities (ie the environment)		
152	As previously answered centres of excellence for serious health issues could be placed at either Cheltenham or Gloucester. Accident and emergency should be kept at both sites, it is impossible to reduce any impact resulting from changes to this.		
153	Knowing where to go for the appropriate services is important, bearing in mind that timely public transport availability is crucial		
154	Things need to be local		
155	Campaign for plain English please you bean counter... I am a middle aged intelligent woman, a member of the WI and you are trying to weight this survey... I am going to adk for a county wide protest		
156	The answer to this depends on the way "services change". I want to have your services within easy reach of my home.		
157	If Cheltenham General were to lose it's A&E there are NO credible measures that could mitigate the loss of such a vital provision		
158	as above - simply moving work to CGH will cause GRH to fail - it is struggling now and I think the risk is worse outcomes for patients which the Board should be held accountable for.		
159	Patient confidence		
160	Tell me - ask me - believe me		
161	LOCATION and ACCESSABILITY Think about the old and people with young children - your staff may find the changes look great on paper but think about people's lives and how making peoples lives more difficult and stressful has an impact on their health and wellbeing and how they interact with your service.		
162	Already answered this.		
163	Accessibility Accessibility Accessibility - even if you don’t have a car and can’t afford the bus fare (assuming there is a bus service)		
164	Getting proper emergency treatment as soon as possible and not having to go miles to get it. More people will be requesting ambulances in an emergency because they cannot get to Gloucester under there own steam. That will seriously affect people's lives as there will be more of an ambulance shortage than there is now!		
165	Ease of access keep it local		
166	already answered		
167	Having experienced the service received(not from Gloucestershire by an aged relative who post-stroke suffered a number of falls I cite the following: I. Insufficient planning for release into a care home in a different region to be near relatives who could visit daily. This caused bed-blocking. 2. Very poor effort to maintain patient's mobility by exercising while in hospital awaiting dischasrge. 3. Inadequate monitoring and recording of patient's weight to ensure that food intake was sufficient and nourishing.		
168	Time to get there can be critical in severe cases. Capacity. It is no good having a centre of excellence if it can't handle the peak workload.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
	You don't necessarily have to be restricted to a single centre of excellence in a particular field. In fact a level of redundancy can be useful if something goes seriously wrong in one centre another could be used. I specifically think A&E should remain at Cheltenham General.		
169	Keeping Cheltenham hospital open including A&E		
170	Waiting times and distance. I want a nurse or a doctor to see my loved ones as soon as possible. I don't want anyone to suffer or die because, due to the closure if Cheltenham A&E, their location on the Cotswolds means it took too long to get them to Gloucester.		
171	It will mean long journeys on very busy roads, to then sit or lay for hours in dreadful conditions waiting to be seen		
172	I do not foresee that the proposed changes will benefit the public in any way, shape or form.		
173	Let people know what you're changing. I don't think there's an 'if' here. Tell them clearly what they need to do when they need help.		
174	to be taken seriously and your fears considered		
175	Good communication. Keeping things local for emergency and urgent care. Planned events can be less local.		
176	Sufficient appointments available with consultants and specialist staff		
177	Keeping people informed. Travel to the service by public transport		
178	Stop this , no service charges		
179	Time to site		
180	Keeping Cheltenham A&E open		
181	Cost, PFI and any private equity does not work for publicly funded enterprise. As a local Hospital Board do not be pressured into borrowing long-term for service provision, think small and be creative for the hear and now. Moving back to your question, local provision, distance to travel for service and niche focused.		
182	Any changes to reduce negative impact should be undertaken within CGH, and degradation of the services should not happen in a General hospital of this size and need.		
183	If CGH were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision		
184	Waiting lists, travel time, funding		
185	Loss of face to face contact, assessment by none medical personnel at a distance, lack of transport and poor ambulance response times in rural areas. Continuity of care is vital also.		
186	Open 24 hrs, quicker treatment, help with return journey if you have had to travel, absolute minimum if treatment in two or more locations.		
187	Stupid advisory boards, waste of money, speak to your nurses, doctors and support staff		
188	Emergency services available locally.		
189	If Cheltenham General were to lose its A&E there are no credible measures that could mitigate the loss of such a vital service provision.		
190	Shirt waiting lists and easy access		
191	an odd question implying that services in the NHS are scheduled to decline with negative impact on the contrary, services should be improved		
192	If Cheltenham General Hospital were to lose its A&E Dept., there are no credible measures that could mitigate the lose of such a valuable & essential provision.		
193	See previous answers		
194	Not moving patients around from one hospital to another for no reason except to free up beds , this has a negative effect on patients health and prolongs their stay		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
	Communication is vital with patients and relatives, as to why you are doing things		
195	This question has already been answered.....		
196	Provide more out patient appointments in more disciplines. Many Foresters have a journey of more than 20 miles each way for what is often 5 minute appointment.		
197	Supply free transport to get cheltenham people to the distant hospital proposed		
198	Not having to travel too far for treatment		
199	Distance to travel & accessibility		
200	Respect the reason most nurses/doctors are in the profession - to care. Give them the time to do this and maintain the respect they deserve; and the trust the patients would like to have in them.		
201	Cheltenham must not lose its A&E there is no way to reduce any negative impact		
202	Transport		
203	Build a new single centre of excellence before closing Cheltenham and Gloucester hospitals		
204	If Cheltenham General were to lose its A&E, there are no creditable measures that could mitrate the loss of such a vital provision		
205	The stress to patients and families of long distance support		
206	fine for me to travel Transport not necessarily paid for by NHS		
207	Precise and clear advanced notice about the change and how it will effect us. considering people without transport (elderly or families with young children) and how they will be able to get to another hospital		
208	Local services. Better physical surroundings. In particular the oncology waiting area, the chemo suite and the bathroom facilities on the wards. Shades of the 1950s....		
209	I need to know that my elderly parents are 20 minutes away from emergency care, not 45 minutes in a town they don't know their way around		
210	Good transport links to the new hospital		
211	I don't think anything at all can reduce the negative impact on my friends and family and people I know. if Cheltenham A&E were to close, the people of Cheltenham and surrounding district NEED a local A&E Dept.		
212	Basic stuff like A&E, general surgery; dermatology needs to be accessible locally and not farmed out to a larger hospital elsewhere.		
213	none		
214	Better access to GP services		
215	travel and waiting times		
216	A service that joins the dots. My elderly father has to make numerous visits to hospital resulting in many letters from many departments arriving at various times. He is confused with who he is seeing, when he is seeing them and often why. If there could be a joined up approach with one visit to see either one person who can do all the conversations and then feed back or one visit to see multiple clinics it would save NHS money and time and also my father, the patient.		
217	Keep Cheltenham A&E open and extend to 24/7 with extra staff. Invest in this vital service.		
218	See previous answers		
219	Good web sites Twenty-first century GP services based in health centres using not just GPs but Nurses, Therapists and Mental Health professionals and experts providing CBT and Anxiety therapy An Accident and Emergency Centre based at Gloucester Royal Good in-patient treatment and a gradual move away from Cheltenham General Hospital		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
220	My husband had a stroke in January, we had to wait 3 quarters of an hour for an ambulance to arrive, they were excellent and so was the Gloucester Royal. but the follow up was very poor.		
221	If we move A&E to Gloucester, A service that can deliver a service for 628,139+ people		
222	If Cheltenham General Hospital were to lose its A&E, there are no creditable measures that could mitigate the loss of such a vital provision		
223	The most important for me (84 years with no family) near is the ability to get where I need to get - some form of transport needed		
224	Clear advice on changes unambiguous details about alternatives Ensuring no one falls between the gaps		
225	Speed Quality		
226	assessment and treatment must be quick		
227	Be sure people are notified in good time with full explanations		
228	If Cheltenham loses it A&E, there will be no way it could reduce any negative impact		
229	As stated previously		
230	There are realistic alternatives to "patient first" local provision. The hospital must cease the practice of continually cancelling consultant determined "follow up" appointments. This adds cost to the NHS in clerical admin patient contact plus date critical blood test have to be re done not withstanding the patient anxiety caused		
231	Not reducing still further accessibility.		
232	Good transport to a hospital if it is a long way from where I live.		
233	Transport links need to be looked at. Focus on safety Reduced outpatient waits. Better use of IT and telephone to reduce numbers of outpatient appts required. Speedy access to test results.		
234	Access to immediate medical assessment and treatment. I speak as a person who experienced anaphalaxic shock where immediate treatment was essential.		
235	See above comment about walk-in centres.		
236	Readily available advice, to be accessed quickly. I recently had a miscarriage and being able to speak to my GP on the phone the day of the miscarriage and for the Early Pregnancy Assessment Unit at Gloucester to be able to contact me later that day and then see me 48 hours later was good. My nephew (age 2) had a pulled elbow and was able to be seen at Cheltenham A&E very quickly and that was brilliant. I would be sad if these sort of services were unavailable. For the elderly and young I think having appointments nearby is very helpful, it relieves stress if they are able to go to somewhere nearby.		
237	I would be very averse to any of the services offered in Cheltenham being changed. The most important thing to be considered is accessibility - what is being suggests is hugely negative to Cheltenham. My immediate concern is how Gloucester Hospital A&E would copy if, heaven forbid, Cheltenham is closed. They cannot copy now - what would happen to the thousands referred over there? I spent 4 hours on a trolley - one of many others - would we be waiting in the car park on trolleys? What about the paramedics who have to wait to hand over patients. This is what produces gridlocks.		
238	To be treated with respect at all times.		
239	As detailed before.		
240	Clear information and guidance about the changes in advance so that people know what is happening. No reductions in staffing levels or expectation for a new service with the current level of funding/resources.		
241	good transport		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
242	Ease of access to emergency care, continuity of care, having as few appointments as possible to get to the finishing line.		
243	Be aware of the risk of death of patients unable to access A&E services at Cheltenham General. Many of us will never get to Gloucester A&E.		
244	Unable to comment as have not experienced it.		
245	Specialist expertise even if that means travelling further		
246	easy access and short waiting times		
247	Ensuring that any changes are clearly communicated to current patients under care. Ensuring that letters re. appointments are accurate regarding names/location.		
248	see later		
249	Communication and feedback Transparency and factual evidence of positives and negatives of a solution Integration of ideas		
250	Keep emergency care local. Ensuring people with disabilities aren't marginalised, ensuing everywhere is fully wheelchair accessible.		
251	I know many people who will leave if these proposals go ahead including my self. I want to see a trust who embraces staff ideas and visions. we have the staff, capacity, expertise, beds and passion to make the trust a pelvic centre of excellence. keep elective surgery at CGH. people will suffer if everything moves. waiting times, ambulance delays, transport and environmental costs will be negative on the communities		
252	Continue on the current policy path.		
253	Whilst I can currently access both Cheltenham and Gloucester Hospitals it may become more difficult as I get older to get to Gloucester.		
254	Good access		
255	You must seriously address transport issues.		
256	Knowing that if I need the service, that the care I receive will be the best that can be offered. Having a 24/7 service that is the same whatever day or time it is needed.		
257	The distance to travel and knowing where to go		
258	Communication Speed and ease of access		
259	as above		
260	1) That if and when I or anyone else requires treatment, it is not delayed through lack of beds.		
261	The distance for travel, Gloucester GRH is too far for people in the north of Gloucestershire		
262	As above, plus information so that people appreciate the excellence available		
263	None		
264	See above		
265	No sorry - Don't really know enough about it		
266	?		
267	Patient outcomes who is the customer here?		
268	Accessibility Resource availability Being actively listened to Communication using my language see me as a person, not a label, not an issue and not a number		
269	Patient safety should always come first. There should be adequate beds for admissions and good communication between specialities.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
270	Confidence that the change has been properly considered and can be funded for the long term		
271	Ensure changes are for the better and the right reason.		
272	Whatever negative impact comes on the way to be talked through openly before any media interfering		
273	In patients really benefit from visitors and transport needs might need thought to ensure ease of public transport access with frequent services.		
274	Sorry to keep on but it's public transport to access the services this is normally the county council's responsibility but maybe hospitals can develop hospital shuttle bus services to ferry people between hospitals in the county		
275	There is nothing which could mitigate the terrible impact the loss on A&E at Cheltenham would have.		
276	accessibility for patients and staff, ring fencing space so that acute care does not steal it all the time,		
277	The time taken to gain access to the service (this can be delayed considerably if a GP referral is needed and GP appointments are not available).		
278	Don't make me go to GRH if I have an emergency... PLEASE! I want to go to CGH as that's where I shall (and have been) be visited by dear friends who have helped so very much with my recovery.		
279	Clear guidelines as to how to access the services you need including better communication with primary care and social care		
280	That if and when I am or anyone else requires treatment it is not delayed through lack of beds		
281	Is this not the same question just being changed around.		
282	Making it very clear to all which services are where and how to access them in an emergency.		
283	If Cheltenham General Hospital were to lose its A&E, there is no credible measures that could mitigate the loss of such a vital provision		
284	Already answered.		
285	Let people know where each specialty will be located.		
286	Distance		
287	I think it very important to keep 24 hour A&E at Cheltenham General, with appropriately trained staff. It is a very long way to Gloucester if you are seriously ill or live to the East of the county. Cheltenham General should remain a centre of expertise with no reduction in overall surgical capability. Progress in disciplines of oncology, cardiology and urology in particular are leading the way in Cheltenham. In whatever financial climate in future, the quality of care should be paramount and 'housekeeping ' standards carefully monitored and sympathetically maintained.		
288	Not waiting long for an appointment		
289	Travel time , travel cost, parking cost, waiting time.		
290	See previous comments		
291	No loss of service should be considered.		
292	Have an expert available		
293	See previous answer. Distance to A&E could be life or death for me.		
294	Location of services should reflect population density, present and future, and give considerationto easy transport for all/		
295	That the Pros and Cons are all clearly explained. We don't want to feel that you are making changes just to give yourself an easy life and fat bonus.		
296	Having access to any hospital services without having to travel 30 - 40 minutes to receive it is at the top of the list. Needing the services is bad enough but add to that the travel, unfamiliar surroundings, staff doing their best with what appears to be ever reducing resources and you find yourself in an extremely stressful situation.		
297	Professionalism, good manners, image and hygeine standards		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
298	Sending appointment letters on time and in advance More trainers too and what colour pen to right in		
299	Climate change - Please ensure travel arrangements for staff and patients will minimise carbon emissions. Global warming will have disastrous effects upon our health and this should influence every decision you make		
300	Travel distance for rural areas travelling to GRH		
301	A clear vision for the future stressing the benefits of service change. No jobs will 'go'. Investment goes alongside service change.		
302	Cheltenham Hospital needs 24 hour A&E. Maternity with doctors Less waiting times		
303	you already asked this?		
304	Access		
305	Don't make waiting lists longer		
306	see other		
307	clear, Concise, available communication		
308	You should change services if it requires negative impact mitigation. Good ideas don’t need to mitigate negative impacts		
309	Why change something when it’s not needed? Preserve life by having treatment by a team of doctors and nurses at the earliest possible time.		
310	How could losing Cheltenham A&E service be anything other than negative for us in the town?		
311	Good explanations of what is happening.		
312	To many people living here. Successive governments have known everyone is living longer. There has been no contingency plan for any of this. Hospitals built by corrupt building firms, then concrete cancer so hospitals demolished. Corruption from top to bottom of the system		
313	Announcements of any change should be made very clearly and should be widely accessible One needs to be able to access help at weekends and out for hours		
314	By Post, 111 and GP practices		
315	If CGH were to lose its A&E, there is no creditable measures that could mitigate the loss of such a vital provision		
316	For patients requiring cardiology treatment, an explanation as to why their treatment necessitates going to GRH should be accepted when they know it could have been Bristol / Oxford, one presumes that if emergency surgery is required the GRH will have a theatre ops room an d staffed all the time but this again needs straightforward simple explanation		
317	1 - lots of informative and guidance on how to access services		
318	Easy available info on the change and what the positive will be		
319	Knowing where to go ASAP		
320	Knowing what is available at what times, and for what purposes Hence 2 fully functioning A&E centres will be best option		
321	If there is no prospect of a new hospital, more resource needs to be assigned to patient wellbeing e.g someone who sole job it is to check how oncology patients are while they spend 4 or more hours on site between blood tests and consultant interviews and chemo or radiotherapy What a neighbour has endured this summer frightens me		
322	As said previously, that unless improving the level of sevice, then not making radical changes to the services already being provided. That the treatment they will receive wiil be the most appropriate and best for their particular problem with a full explanation of what it will entail, where it will be given and the anticipated sort and long term result. Also, what follow appointments are needed.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
323	Not making the service inaccessable.		
324	repeat Q		
325	A&E at Cheltenham. I recently had to use 999 for a close family member, we delayed the call for 5 hours until 7am as we did not want to be taken to Gloucester. Had we been able we would have driven ourselves to CGH. The paramedics delayed taking them until 8am so they could go to Cheltenham. They died the following day and we 'thank god' that we did not end up at GRH where dealing with the suituation for 18 hours would have added to an already distressing time. I know of other people who have also delayed a 999 call until after 8am to ensure they go to Cheltenham		
326	Clear communication and signage outside the hospitals.		
327	* Reassurance on what the A&E offer/service is * Access to community provision when it's required * Consistent community service provision * Travel access		
328	communication		
329	I would imgine that waiting times are very important to local people, as well as receiveing a high quality service, with excellent outcomes.		
330	communication as to where you need to go and improve transport links. Yes there is a good bus service but if you have a broken leg travelling on a bus is not ideal		
331	Need to be clear where to go to access services		
332	Locality		
333	Keep the service as local as possible. And do not pull everything to GRH. GRH used to be a good Hospital, now it is just a Dump.		
334	Continuity and consistency of service. Access to full patient history.		
335	Make sure it’s just not cost cutting measures, make sure services actually do improve. It all sounds. really idealistic and amazing but can’t be achieved with poor financial backing, tired and disappointed staff and seriously dangerous staffing levels. I live in the far south of the county and feel all the population here are disadvantaged by living so far from any "centre of excellence " 111 and similar services have no idea how daunting it is to to an older person to be told to drive their spouse 30 miles to the out of hours service or A&E at 11.30pm or a frightened parent with a sick child. (This actually relates more to the ASAP part of the survey.)		
336	time give staff notice not everyone likes change but gradual changes are more acceptable		
337	Ensure that ease of local access is available		
338	There needs to be clear, precise information sent out to everyone using letter, social media, local publications. There is a requirement for an adequate and joined up transport system to make access to appropriate areas easier and not ambulance dependant		
339	Distance to travel Timely consultations and results		
340	If CGH were to lose its A&E, I can see no creditable measures to mitigate the loss of such essential provision		
341	Again ensure consultancy fees in monetary terms are scrutinised to enable monies to be spent more efficiently and thereby effectively		
342	Avoid the need to travel to GRH for post operation assessments unless the local GP recommends it. So much time and expense is wasted telling patients they are fine		
343	Keeping the start of any form of investigation and treatment as local as possible. If someone is having life threatening treatment having somewhere for the concerned relatives to park or to catch a bus, to have something to drink and eat is important as this would stop the patient from worrying about them as well the scary operation/treatment they are about to have.		
344	1- Have community hospitals available to do more things 2 - more professional staff investment 3 - Inform people of changes so they understand what is available and how to access it		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
345	To expect patients to have to travel outside the area in which they live should be avoided wherever possible as it adds to the trauma of being ill in the first place		
346	Quality is more important than location		
347	Rapid access and good communication and working with others in the overall medical care system		
348	Not making too far for people to access		
349	Again - don't understand this question...		
350	Not just accessing the care pathway but getting home again. Accessibility for patient visitors is abysmal - clearly having visitors is an important part of patient recovery.		
351	Transport is a major problem and the apparent expectancy that everyone has a car or has a relative, neighbour etc who can get them there. Then there is the issue of parking, so I would request a transport system. There is a system of volunteer drivers based at Bream I think, perhaps more volunteer drivers who would drive people to appointments etc? And transport patients to a care facility at short notice if they need urgent care but not really bad enough for ambulance. Eg badly cut finger, nail in foot that type of thing. We all want everything to be local and feel that hospitals are getting too large and impersonal. A few well trained, knowledgeable people based in villages, towns, etc would be so reassuring.		
352	There is no substitute for continuing to offer a comprehensive colorectal cancer service at Cheltenham. I can't fault my treatment there in 2017/2018. Otherwise: Offer more outpatient appointments at the North Cotswold Hospital including pre op screening and chemotherapy. Increase hours for minor injuries at the North Cotswold Hospital and reinstate radiological services. Recruit more GP's for the area. Provide better and more frequent patient transport especially if anticipating patients will have to go further afield to Gloucester Royal for elective general surgery. Patients can and do wait hours for transport to return home after appointments and treatment. Provide much better support for patients with long term health problems to facilitate self management. Aspirations are all very well but appointments with (for example) dieticians are like hen's teeth.		
353	Full disclosure : listen to objections and act on them. There is little or no faith in this consultation process.		
354	Ambulatory care at CGH		
355	You've already asked me that		
356	Distance, distance, distance.		
357	Make people more aware of which service offers what benefit. We need informed engagement.		
358	A & E is the most vital of health care provisions. Any planned care can possibly be offered further afield, albeit at great inconvenience to the patients, but, A & E needs to be on the spot when you need it ! I know, I lost a lot of blood just getting there, GRH may well have been too far.		
359	Clear understanding of how to book and where to go		
360	Travel times. Waiting times. Local services. Communication. Access to help when needed.		
361	N/A		
362	I can't think of anything that could be done to mitigate the very adverse impact of the closure or further reduction of Cheltenham A&E on residents in North and East Gloucestershire and residents of and visitors to Cheltenham. Therefore I urge you not to close or further reduce this amenity.		
363	If Cheltenham General Hospital were to lose its A&E there are no credible measures that could mitigate the loss of such a vital provision.		
364	Ensure that everyone understands that CGH is not closing, being dumped or side-lined. Any changes will		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	probably cause a media frenzy, petitions and protests. Give Cheltenham the prominence it deserves.		
365	Clinical excellence and expertise is the key. Maintaining services in a sustainable thriving way is most important. This requires decision making to see big picture benefits rather than narrow short term financial (it won't pay off in the long run) or waiting time objectives as these could undermine existing services which might only require temporary support but have the basics of a nationally leading service.		
366	Reducing waiting times and keeping to dates for surgery and other interventions		
367	How long realistically it will take to get the urgent care at all times of the day to preserve life		
368	Accessibility and car parking. Our busses stop at 6.30		
369	Improve also the Oncology in CGH		
370	No other measures would do adequately to replace A&E at Cheltenham. Please respond to the wishes of the vastly growing population here.		
371	Travelling miles to nearest hospital is a strain on the patients and their relatives.		
372	Any form of closure or reduction of services is a negative. You know that surely?		
373	See above.		
374	already answered		
375	If Cheltenham General were to loses any, there are no credible measures that could mitigate the loss of such a vital provision.		
376	It shouldn't change.		
377	There is no plan credible that would minimise the impact of shitting down an A&E that assists thousands of people- where would these patients be redirected? How would they get there? Is this time delay going to prevent them receiving vital care in time?		
378	If you close Cheltenham A & E be prepared for more preventable deaths. We need better access to care not worse		
379	As above		
380	See previous answers.		
381	If Cheltenham General Hospital were to lose A & E there are no credible measures that could mitigate the loss of such a vital provision.		
382	In the event of trauma, then reducing the time to initial assessment can be critical in some instances, and delay can be fatal. Concentrating highly developed skills, whose maintenance require a significant throughput of patients, is only important once the initial triage and stabilisation has been achieved - yes, paramedics help with this but they do not have the skills oe facilities of an A&E centre		
383	Distance to the service, in A&E transit time kills people, in other services lack of a local service puts the elderly and young families at a distinct disadvantage to the single person or older families. In both the elderly and young family cases, the support (home support, partners, etc) are local. If the service is not then the support disappears.		
384	Provide clear information to all people about how and where to access services. Be prepared to amend your plans in response to feedback if your plans get a stronger than expected reaction.		
385	Don’t make me travel all the way to Gloucester for emergencies!		
386	Resources:do the resources actually exist in practice? I was discharged from hospital with a drain in situ and instructed to contact the GP practice nurses for help in managing it, changing dressings etc. The practice nurses said "sorry but we have no appointments for over a week". The district nurses turned out to know nothing about drains. My wife coped as well as she could but it was scarcely ideal and, indeed, when problems developed with the drain that the district nurse did not recognize, I ended up back in hospital.		
387	See previous this is a repeat.		
388	Don't close Cheltenham A&E		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
389	Ditto		
390	See above		
391	As previously stated, if Cheltenham General were to lose its A & E, there are no credible measures that could mitigate the loss of such a VITAL provision.		
392	The distance of having life saving treatment and more ambulance resources for the growing population of this area		
393	Accessibility. There is no point in having specialist centres if no one can get to them for timely treatment		
394	If Chelt A&E shuts, there are NO measures that could restore this vital service. Glou hosp will not be able to cope.		
395	Access to A&E when required in a timely manner		
396	The time to get medical help.		
397	There is no way to reduce the impact of longer journey times; Medical, Economic or Psychological.		
398	Do stop asking the same question in the hope that I will give up and let you ride rough shod over our wishes.		
399	There are no realistic mitigations to closure of Cheltenham General Hospital A&E		
400	Don't change anything that results in negative impacts. Stop treating people who are ill as a commodity to be moved around from pillar to post.		
401	Ensure local delivery of A and E plus out of hours GPs		
402	Fully re-open A&E in Cheltenham		
403	Cheltenham and Bishops Cleeve are a retirement area and I know as I was previously a Gloucestershire area manager in the DWP that there is a huge retirement population in these areas. There is a golden hour for diagnosis and treatment for stroke and that is the first hour. If you deprive this area of that treatment now that you are aware that it is an area of HIGH elderly population that you shall be putting that population at risk of early death. The only way you can improve is to have a rolling programme of training doctors and clinicians on the wards to be provided with schedules of processes in the procedures and witnessing the procedures in those centres of excellence to 'roll it out. Cheltenham and Bishops Cleeve are a retirement area and I know as I was previously a Gloucestershire area manager in the DWP that there is a huge retirement population in these areas. There is a golden hour for diagnosis and treatment for stroke and that is the first hour. If you deprive this area of that treatment now that you are aware that it is an area of HIGH elderly population that you shall be putting that population at risk of early death.		
404	Try asking the people who use it even before thinking about any decisions about closure. What assumptions are you basing your hair brained scheme on? I hear on the news that extra funding is being provided for essential care. Where is this being spent, I hope its not being diverted to top up pension plans and pay rises for the highest eaners. The hospitals where set up for the use of everyone not for a get rich scheme for the few. Think very hard about making decisions on behalf of other people before you have asked their opinion. What authority do you have to make these devastating decisions for our area? I would love to have the opportunity to go through all your books and see exactly what is going on in the running of the hospital to see if the sums add up, or what the philosophy is behind the decision you propose. Could you forward me the complete list of employees of the Cheltenham General Hospital from top to bottom and I will make it my job to work it out for you. Oh and can you send me the exact amount you have to spend for same.		
405	Provide 24 hour A&E cover at Cheltenham and continue to have specialists in every disciple at Cheltenham.		
406	Stop cutting bed numbers and allowing surgeons to exploit clinics for personal gain.		
407	Having to travel to Gloucester would be a huge negative impact		
408	See above		
409	If Cheltenham General were to lose its A&E, there are no viable measures that could mitigate the loss of such a vital service.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
410	If Cheltenham was to lose its A&E they would be no credible measures to mitigate for its loss of provision		
411	Maybe you could improve the roads? If you are expecting emergencies to travel to Gloucester and survive you really are looking for miracles. This is short sighted and outrageous		
412	Timely information		
413	Being able to access appropriate local services quickly whether it be pharmaceutical, GP or A&E. Please note it currently feels a luxury to see my registered GP. When I do see him it saves a lot of time compared to the times I have to see another GP instead and explain everything to that GP from the start. My GP knows me far better than any other. Sadly his availability is poor as he is part time and getting an on-the-day appointment with him is quite frankly a lottery but biased on how long the queue is outside the surgery when I join it before it opens and whether those in front of me want an appointment with him. I have been third in the queue and still missed out, in fact the last time I went to request one, being 30 secs later to join the queue than the person who got there before me resulted in being told to come back in 4 weeks when my GP next had on-the-day appointments. It is no wonder the hospitals particularly A&E are receiving more patients than they should with poor access to GP services.		
414	Accessibility.		
415	losing major facilities in Cheltenham cannot be sensibly mitigated		
416	Cheltenham general needs to stay open		
417	I cannot think how changes could be mitigated but the risk is that stress and trust will deminish and deaths will be on the change mentality		
418	That the fact that it's changed is invisible to me. Are you seriously expecting ordinary people to understand all the complications you are inventing? Ready for the time when they're ill and they need to know? Despite the fact that it was differnt last time?		
419	Good communication so everyone understands where to go with what .		
420	If Cheltenham General Hospital were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
421	Services are not downgraded		
422	Proximity to human intervention by clinician. E-consultations are only a partial solution		
423	Distance is very important. Poorly people should not be required to travel long distances.		
424	Make them local.		
425	In a larger county, you simply need more than one A&E. It may also help to train up more GPs so that more emergency appointments can be offered, which Avoids people just going to A&E because they can’t be seen by their GP on an urgent basis.		
426	Depends on the problem but I would hope that routine tests and investigations can be conducted near to home or work		
427	Availability and therefore outcome.		
428	There needs to be more doctors on call to reduce waiting		
429	Any reduction in GP services would be a concern.		
430	distance to travel for care		
431	I believe it is vital to to keep FULL medical, emergency, urgent, maternity, operations and life support in Cheltenham. Cheltenham General Hospital cover a wide area (into the Cotswolds) and getting to Gloucester is too hard, takes too long, the route may not be known and the critical one hour window could be lost. Plus visiting - which is vital to recovery of a patient cold be reduced for the same reasons.		
432	the negative impact cannot be reduced. the travel, the additional waiting, the cost of parking , the additional stress for families/loved ones		
433	Availability and proximity		
434	local provision of emergency services		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
435	A fully open 24-7 service we have now for A-E don't need to change		
436	Provision within community concentrations		
437	CHELTENHAM NEEDS 24 HOURS PER DAY ACCESS TO A FULL A&E SERVICE. ANYTHING LESS IS NOT ACCEPTABLE.		
438	See above		
439	Ahhhh so this is your agenda. I have already answered this on the previous page.		
440	If Cheltenham General were to lose its A&E there are no credible measures that could mitigate the loss of such a vital provision.		
441	Keep Cheltenham open		
442	If you take A&E services away from CGH there will be no way of reducing the negative impact this will have on the people of Cheltenham at all. It will be a disgrace and those if you who are angling for this will be accountable.		
443	The most important thing is the negative impact of deaths resulting from the time taken to get emergency cases from the eastern side to Gloucester		
444	Speed of response Access to qualified medical personnel Aftercare		
445	There is nothing that can be done to reduce the negative impact of the proposals you are supposed to be considering but in fact have probably already decided to implement them.		
446	Local access to A&E services		
447	We do not want to be forced to travel to Gloucester to get urgent medical care.		
448	I would like a local GP who I can see consistenly, not a different person every time. I would like to think that I will be treated on a what is best for me basis rather than on a commercial basis. I would like a local service where I can go outside of surgery hours or in an emergency.		
449	Centres of Excellence ok as long as not to the detriment of existing services		
450	The only way to reduce is not to close Cheltenham A & E		
451	Keeping services local with minimal travelling time.		
452	Ensure waiting times are reduced. Reduce long waits for Doctors appointments. Ensure that care in the community does not suffer with delays in assessing vulnerable people.		
453	As above.		
454	Communication of the changes and the reason for the changes		
455	Local knowledge of geography , access to distant venues and familiarity to immediate assistance . Perceived dismissal to parking and distance for family support to alternative medical treatment should not be dismissed as arbitrary objections . All such "minor issues" are of prime importance to affected families and loved ones.		
456	See above		
457	Correct and swift access to information on where to go what ever time of day- especially improve the question tree that 111 staff use it takes too long and can add a lot of stress when they ignore the question being asked and try to push patients to their solution Transport times Costs of parking		
458	Accessibility which includes transport out of hours.		
459	Although it may seem an irrelevant point, it seems to me vital for a good specialist hospital to have good road access, good signage, good adequate parking, good phone switchboard, good catering services etc		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	etc - i.e. not just good medical technology.		
460	See previous answer		
461	see same answer before.		
462	ease of parking, electronic prescribing to obtain medication from local pharmacy. Short wait times		
463	Just being clear and honest and going out to people to speak about the changes.		
464	Travel impact assessment To ensure that any change is an improvement and not just change, for change sake.....benefits must be clearly thought out, baselined and measured.		
465	ISNT THIS MORE OR LESS THE SAME QUESTION AGAIN? WAIT TIMES DONT INCREASE MORE PEOPLE ARENT GOING TO SUFFER ILLNESS OR DEATH BECAUSE OF CHANGES A DECISION ISNT MADE BASED ON FINANCE		
466	Distance from home- travel resources. Make sure Centres of Excellence to communicate well with local services and community services. Clear lines of comminication and duty to act especially for the elderly or children.		
467	Urgent and acute services need to be close by and shared across county. Treat and transfer not practical as not enough emergency vehicles let alone normal transport vehicles to transfer in a timely manner. For the volume of patients this is not workable.		
468	you cannot reduce it		
469	If Cheltenham General were to lose its A&E, there are no credible measures that could migrate the loss of such a vital provision.		
470	As above.		
471	More even distribution of services between sites, stop trying to cram even more onto an overstretched site as it makes an unpleasant experience even worse.		
472	People need to have access to clear information, in particularly for planned care. Letters have to have clear maps and directions to the centres or hubs. There has to be contact information so that they can easily ask for clarification, or cancel their appointments if necessary. It would be helpful if there were a dedicated team of patient partners looking at things like letters and other communications surrounding these changes. Often what staff think a letter says is not how the patients see it, or understand it. Other hospitals have found that having a Patient Director is very helpful. Patients then have a dedicated place where they can go to find out more information or to explain when things don't work for them.		
473	Good clear information provided in a pathway format so that patients are aware of what procedures need to take place, timescales and outcomes expected.		
474	If Cheltenham General were to lose it's A&E there are no credible measures that could mitigate the loss of such a vital provision.		
475	See my previous comments.		
476	Just keep and Improve an A&E department in Cheltenham hospital		
477	I think there is nothing that would reduce the impact of Cheltenham losing its A&E department. It is essential that it remains.		
478	It really goes without saying unless you don’t understand pure English		
479	It is your job to provide LOCAL services LOCALLY first and foremost. Tell your colleagues in other Trusts how clever you at doing this as the top priority.		
480	See previous Joined up thinking with the council to improve public transport links and availability especially from the rural		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	areas.		
481	For regular treatment, keep patients informed with good time. Not everyone has email. For emergency treatment maintain human face which happens when staff make time. Nurse numbers are too low for the nursing aspect they would like to achieve on occasions full time and part time regular employment rather than high level agency employment .		
482	feels like your re wording the questions and i'm repeating myself, see previous answer		
483	No comment		
484	Not to reduce the standard of service.		
485	If I or my family require urgent services for an immediate problem - first port of call is either the local doctor or due to the way that service is blocked out - A & E. Therfore - Cheltenham A & E is vital to start the process and ensure negative impact is kept to a minimum. People will NOT complain as much in the event of say death / bad injury if they can see that everything possible has been done to ensure the problem is within control and with immediate response . Keeing services local A & E acheives that goal.		
486	Already answered.		
487	Same questions as before rephrased		
488	I have not needed specialist hospital services so if I did I wouldn't notice any change. If I were ill it is important that relatives can visit easily and as they would mostly drive as their is very limited public transport parking fees should be less. Parking is free at Tetbury it should be at all hospitals		
489	explain to the public with confidence, clarity and transparency, why the change is needed.		
490	Dont remove existing services		
491	Provision of transport. Help with additional costs. Prompt delivery of services to help mitigate the additional travelling times.		
492	KEEP CHELTENHAM A & E OPEN - the distance between Cheltenham and Gloucester could compromise lives		
493	It is vital that Cheltenham retains its own A&E .... Distance Risk to local patients Ease of access		
494	dont close a&e keep it open in cheltenham because the population is getting bigger with every new housing estate!		
495	The answer is the same as I have already given in previous answers.		
496	There are no mitigation measures that can be implemented to soften the consequences of a loss of A&E services at Cheltenham General Hospital.		
497	Closing Cheltenham's A&E would be disastrous for 100,000+ people!		
498	I replied to this question previously.		
499	A zero tolerance policy by the tax payer for any reduction in service is the only way forward.		
500	As previous answers		
501	As before		
502	How can you call it a centre of excellence with so many people genuinely opposed to closure and reorganisation? This is just penny pinching		
503	Communication Communication and communication		
504	The changes must be seen to be sensible by the people on the ground and not just pushed though by a		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
	select group of surgeons pushing their own agenda. E.g. the upper gastrointestinal surgeons seeking their own rota		
505	I need to be able to get there, by public transport, or park freely.		
506	car parking should be a reduced rate as when you have appointment it cost to much in parking and when should you have to pay to the high level. why is medication so highly priced when you are classed as a private patient and not having the work done on the nhs? how come private patient have to pay extra money for drugs when if you have the treatment on the nhs is cheaper and you don't pay for the medication? is not fair, it should be one price across the board as the medication comes from the same supplier?		
507	If the Cheltenham A&E is to close then it is even more important to improve the response times of ambulances. My home is 28 miles and 45 minutes from Gloucester. Recent waiting times for ambulances to our village have been over one hour meaning time to hospital from our village would be over 2 hours. With that kind of transit times you won't need an A&E department, only a morgue.		
508	Good knowledge of what is provided where, at what times and by what level of healthcare professional		
509	See previous suggestions		
510	Ensuring prompt access to care		
511	If Cheltenham's A&E were to close, I see no credible way this vital service could be replaced without a significant loss of healthcare quality to the people of Cheltenham and the surrounding areas.		
512	Travelling to different hospitals can increase the time to care. It can also put up the cost of nhs hospital transport for the elderly Will one A and E be able to cope with the number of people at peak times. Will waiting times go up		
513	Good Communication		
514	Communication - make sure we know where we are supposed to go so we don't just go to a&e		
515	I get to see the specialist I need to see. In terms of A&E I accept that Chelt needs some provision - even a local A&E type service, but treating the very critical life and limb emergency stuff at one centre - can't argue with that if it means seeing the right specialists. People forget about the importance of links to related services at the GRH site e.g stroke, children's emergency care and trauma for example.		
516	Clear and easy to access information.		
517	Continuity of care and transport implications for Gloucestershire residents outside of Cheltenham and Gloucester.		
518	See answer to question 1		
519	as before		
520	My wife had high level surgery at the Gloucestershire Hospital. It was good and we're grateful. However to get from Cheltenham to the Gloucester Hospital, park etc is a nightmare, particularly at certain times of day and the process is expensive. We can afford it but it must be cruel for some. Yes, centres of excellence are good and expensive and maybe there needs to be more than one in an area the size of Gloucestershire. It might also help with training and recruitment and less farming off of ops to the private sector!! Strength in depth!!		
521	Same as previous		
522	It is vital that Cheltenham general has a full 24 hour a&e		
523	Ensure all staff and facilities are actually excellent. Communication Being given the correct information at all times A good working feedback loop. Not for blame but to recognise good service or learning situations.		
524	As I have said, I consider that quick expert asseement of illness or injury is the most important thing. I cannot see how to mitigate a proposal like the one to close Cheltenham A&E.		
525	To be kept up to date Not to be lied to with spin - treat us as adults. If you have to close a ward/service because of money then tell us		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
526	Better transport and shorter waiting times for appointments especially for secondary cancer.		
527	Keep services local to cheltenham. People need community healthcare and this does mean travelling miles to access services in a centralised large hospital. Local provisions for the community. Keep A&E services local		
528	We don't nee to have to travel further than necessary especially when ill.		
529	Keep Cheltenham A and E and the few remaining service the hospital offers. Gloucester is dire.		
530	Confidence that the changes aren't just for financial reasons and will deliver an improvement in services Confidence in the people delivering the changes Good communications from those making the changes - and some unity on the 'way ahead'		
531	Having a 24 hour A&E department at Cheltenham Hospital is vital to the safety and sustainable health of people in the town.		
532	I do not want to travel and have to wait or be told I did not need to be there. Outpatients needs better organisation as this sometimes happens If service can be nearer home I would prefer thst		
533	Specialisms should not be pursued to extent Cheltenham General Hospital loses its Accident and Emergency dept. It is a general hospital and an asset.		
534	Keep A&E on both sites.		
535	By far and away the most important is to maintain the A&E service at Cheltenham General Hospital. While the two-dimensional map of Gloucestershire would call into question the sense of having two A&E departments so close together and while it is plainly true that (in the words of "One Gloucestershire") the "majority of people" in the county live within 30 minutes' travel of a putative single A&E in the Gloucester-Cheltenham conurbation, there is a significant minority who do not. The geography is different in three dimensions. My specific concern is of course those who live to the north-east of Cheltenham (I'm in GL54 5BT) who would be faced with having to drive through or round Cheltenham to reach an A&E department in Gloucester. In no way could this be reached in 30 minutes, even in the middle of the night – and people of my age have increasing difficulty driving at night anyway. Response to a 999 call from north-east of Winchcombe by an ambulance coming from Cheltenham and having to deliver the patient to GRH would mean the best part of an hour before the patient could be assessed. If the ambulance had to come from Gloucester in the first place, then it would be even more. It would be considerably longer still for those living in more outlying areas of this part of the County. We would almost be quicker driving to Worcester!		
536	LOCAL< LOCAL< LOCAL< LOCAL not Gloucester or Southmead but Cheltenham. In my childhood the hospital was over six hours away by public transport and often no way to get home Local transport is 100% important. Have you ever tried to get a bus home to Swindon Lane or Wymans brook after 7pm from Cheltenham, how would you do it from Gloucester? You make people in outlying areas dangerously at need by denying them medical services after 5.00pm People are 24/7 not 9 to 5		
537	Cheltenham must keep its A&E. I see no way of reducing the impact if it closes.		
538	The slashing of Cheltenham's A&E would result in a vital provision lost for ever.		
539	How access to services is to be achieved if travel time is longer		
540	I am very concerned about the possible closure of the A & E services at Cheltenham. This closure would have a negative impact on my area (Northleach and surrounding villages) as Gloucester A&E is a 40 min drive from where I live whereas Cheltenham is a 19 min drive (according to Google maps)		
541	If Cheltenham were to lose its A&E service then there is not really any realistic way to replace it: people will suffer more, and die faster, as a result. Clinical staff talk about "the golden hour" and "the platinum 15 minutes" for getting patients into A&E, after which life expectancy drops dramatically. Gloucester is further away than Cheltenham and the clear conclusion is that closing A&E will be paid for in our survival.		
542	Continue to see most patients near to where they live when they have an urgent care problem. I read on your facebook advert that would happen so OK. I support this. Get people closer to home as soon as		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?			
		Response Percent	Response Total
	possible with good recovery support after initial medical care. That seems to happen already re. Stroke Care.		
543	if cheltenham general were to lose its A and E there are no credible measures that could mitigate the loss of such a vital provisions		
544	I believe that as long as any decision you make is not influenced by political fear over the loss of votes than I am comfortable with the outcomes. Allowing political intervention based on loss of voters is cowardly and puts people's lives at risk.		
545	People want speedy attention. Prevent small problems escalating into disasters that can't be treated.		
546	Make it easier to travel to both sites. For ill people and elderly people [who may be visitors] difficult and/or lengthy travel is tiring in itself and expensive car parks add to the worry and distress for many.		
547	Please consider a local Cheltenham A&E as a minimum requirement for the 115, 000 people living here. Service changes should look to additional facilities and not cuts.		
548	Nothing the NHS can do to improve how people in east Glos can get to Gloucester if A&E in Cheltenham closes.		
549	Making them locally available		
550	If chelt loses its A&E there’s nothing that can mitigate its loss.		
551	Centres of excellence are all very well, but is the speed/time patients can get to then rated in the 'excellence' assessment?		
552	Location near family and friends. Not having to travel miles.		
553	Clear communications so people understand.		
554	It has to improve. Less waiting time, cleaner waiting room (Gloucester), full range of diagnostic tools available 24/7, services close to homes not centrally located, not far away.		
555	Distance and waiting times		
556	This question asks about importance of negative impact after changes have occurred. It is not logical to remove something that works to make a change to services and then ask afterwards how to mitigate the damage. The question accepts that the changes will have a negative impact so by closing Cheltenham a and e and reducing accident emergency and assessment services in this way it can not be considered in any way an 'improvement' for the community of Gloucestershie the patients it will negatively affect and the staff who will be further overloaded. To remove an essential service then ask how to solve the problems of its negative effects does not seem to be meeting the purpose, responsibilities and fitness of the trust to make such a drastic and irresponsible change without offering adequate replacement services. If you have to ask in a survey how to consider negative impacts perhaps the trust has a legal obligation to disclose its plans to reduce negative impacts.		
557	Maintain a dual centre of excellence in both Cheltenham and Gloucester.		
558	Good communication and access to information on ‘what it means for me’.		
559	It is not clear that shutting Cheltenham A&E can be sensibly mitigated by services in Gloucester.		
560	DISTANCE QUALITY OF MEDICAL CARE		
561	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of such a vital provision.		
562	Education to the public as to what services are where and the difference between real emergancies and other ailments		
563	Transport from the North of the county, ensure you serve rural communities, make sure the poor are not disadvantages, don't close Cheltenham A&E and General surgery. I can't imagine how you will reduce negative impact if you do it - best way to reduce it is not to do it.		
564	That you are seen by the appropriate person in the appropriate setting		
565	Providing an information sheet outlining the process undergone to reach the proposed changes and the forseen positive impact this should have (which should help outweigh and negative impact)		
566	Another silly question.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
567	Not sure how you will mitigate the effects of downgrading A and E in Cheltenham and the possible consequences of more people dying because they have to travel further ie to Gloucester Royal. The answer is to not downgrade it but to work to improve the overall minor ailments/urgent care/emergency care provision so that A and E can be provided more effectively and efficiently in both our largest areas of population		
568	There will be travel issues for certain patients and support should be provided to those who have travel problems. I believe that you need to promote the message better that it is a Gloucestershire wide initiative - at the moment people may think it looks like GRH vs CGH - they are defensive of their own local hospital. An analogy could be - take Gloucestershire University - they operate successfully across multi site campus in Cheltenham and Gloucester. If you are a resident of Cheltenham and you want to study bricklaying you go to lectures at Gloucester. In many ways the heath care scenario is the same. Try to get over the 'us' and 'them' culture but recognise that people want good quality care at their local hospital. These proposals seem to suggest an over emphasis of delivery at GRH.		
569	If Cheltenham were to lose its A&E service then there is not really any realistic way to replace it: people will suffer more, and die faster, as a result. Clinical staff talk about "the golden hour" and "the platinum 15 minutes" for getting patients into A&E, after which life expectancy drops dramatically. Gloucester is further away than Cheltenham and the clear conclusion is that closing A&E will be paid for in our survival.		
570	See above		
571	None any degradation of the provision in Cheltenham would be detrimental.		
572	Keep Cheltenham A&E open 24/7 and improve facilities plus staffing.		
573	the impact on local people of closing Cheltenham hospital would be devastating and nothing could be done to mitigate that.		
574	As before.		
575	Anything that speeds up the tardy service for day to day ailments would be appreciated.		
576	Ensure sufficient staff and space to provide any service properly.... This will be double what you've planned and will need to be increased in a few years		
577	Consider those on a tight budget who cannot afford to travel far, or who are too elderly to cope.		
578	Take account of travel and diagnosis difficulties for some people. Take care over the sequence of introduction of the changes to mitigate the risks of poor access or assessment which could jeopardise the project.		
579	Please see answers to previous questions		
580	The A&E is fundamental to Cheltenham. If this service changes or is lost completely, hundreds of thousands of people will be adversely affected. Journey times will soar, generating environmental damage and access difficulties, affecting older and younger generations alike. Reasonable efficiency savings, whether managerial or on the backroom side of the NHS, should be considered - but frontline serves need and deserve our protection.		
581	Back to normal		
582	Keep a and e open		
583	See previous boxes		
584	As I said above, to reduce negative impact there must be an A&E at Cheltenham		
585	All services available within 10 minutes NOT 30 minutes		
586	Local to us Appointments in a reasonable time frame		
587	Locations		
588	Information		
589	Outpatient appointments should be available at both sites for all specialities as well as planned minor operations/ procedures		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		Response Percent	Response Total
590	Good Access Minimum delay in receiving care		
591	I am more likely to go to an area closest to my home for treatment. Negative impact would be loss of local facilities in outlying areas		
592	Keep services local		
593	ease and distance of access to appropriate acute care, not just a triage service. Availability of local acute care. Centres of excellence can still be developed for particular specialities, whilst providing appropriate high standard acute care at both CGH and GRH		
594	Communication of where to go to is key and it feels like we need something more in Gloucestershire like investment in a marketing company/advertising campaign so that patients and public know the right place to go. As current messages aren't being heard. Travel - making sure the changes take into account bus routes and ensure that they are available to the most deprived and vulnerable communities - it's central. Taking into account the pressures that the ambulance service is under and how this in turn worries people that they won't get to the hospital in time. Taking into account the issues around NHS 111 service and ensuring that the current issues and concerns about how useful it is are addressed so that patients turn to more easily as a reliable way to get advice and be sent to the right NHS service provider.		
595	Open the doors to open peoples eyes. What are the current barriers - be open and transparent. How could things be improved? What would make the difference? You said, we did.... works for me, but needs to reach a wider audience		
596	Transport is a big issue for some people getting to and from hospitals		
597	That the offer within Gloucestershire is improved through change.		
598	Any move needs to ensure that resource and capacity are sufficient so there is not an increase in elective cancellations or time taken to treat/operate on emergencies.		
599	Please could you see the first box.		
600	My mother (aged 80) was kept for days in Great Western hospital because the relevant specialist was unable to see her. This was unnecessary and caused great stress		
601	An understandable explanation as you are aiming to do		
602	Fear of having to travel further distances with no transport. Stress for the Elderly Safety in knowing you can quickly get to your own local A&E		
603	Ready access with improvement to ambulance service Safety - essential professional actually trained to do what they do appointment delay / Cancellations - seem too common at present and work needs to be done to improve this. Testing to remind of appointment seems hap hazard at present		
604	Minimise journey times for patients and visitors		
605	To ensure that all ethnic groups and disabilities are consulted. Literature provided in their own communication method.		
606	111 to direct services appropropriately		
607	Delays in diagnosing and giving life saving treatment. Gloucester barely copes at present, Cheltenham also extremely busy.. Use and needs growing. Road journey times getting worse at peaks from Cheltenham, lack of easy transport at night. Populations growing. Other out of hours services in decline. Extreme weather can even isolate Gloucester fromr Cheltenham, remote areas need alternatives.		
608	Better publicity on the walk in service Is an appointment necessary? Can you walk in without appointment?		
609	Probably travelling - but this is external to hospital care		
610	My family has no transport. If one of us went further afield eg to a convalescent hospital how could we possibly visit?		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
611	Ensure it is very clear what services are available where and at what times of day so that patients can go to the appropriate place		
612	That people can get quick access to health professional that can help them whether it be A&E, physio, pharmacy, social care		
613	Staff knowledge and expertise		
614	Ensure quick response ambulance / A&E access for real emergency. Especially when GRH is a long way for some residents as not central to the county. Unfortunate if deaths occur due to wait		
615	See previous page for this		
616	Don’t make it all very far away and difficult to get to, or difficult to park		
617	If services change I hope it's improve al of our local health services not to reduce or diminish them. How can MP's award themselves over 10% increase and give nurses a pittance.		
618	Good communication of changes. Good transport access. Good opening hours		
619	Ensure transport links are there, as well as car parking that doesnt require a mortgage to park for a week		
620	clear information so people understand where to go, what to expect etc.		
621	Improving physical access to services and between services including affordable car parking. Bus services such as 99 between Cheltenham and Gloucester hospital to be 24 hours.		
622	understanding the changes through lots of advertising		
623	IF SERVICES ARE CONSOLIDATED ON ONE SITE AND THERE ARE GOOD RELATIONSHIPS WITH SIMILAR SERVICES THERE THEN THERE SHOULD NOT BE A NEGATIVE IMPACT TO CARE, BUT I ACCEPT SOME PEOPLE WILL HAVE TO TRAVEL FURTHER. EASIER UNDER THE IDEA OUTLINED TO PROVIDE 24/7 DOCTOR LED SERVICES.		
624	Ease of getting to the new centres.		
625	Ensuring services such as NHS111 signpost to the most appropriate place to receive care - not just tell us to go to A&E, which has been my experience in the past.		
626	An Equalities Impact Assessment MUST be completed at an early stage.		
627	As stated before, travelling.		
628	Information and education - telling us all how it will work.		
629	I don't drive and Cheltenham is easier for me to access		
630	See preceding answer but one.		
631	That all aspects of this new vision would still be accessible to people from across the county, particularly if CGH were to lose it's A&E		
632	Distance patient has to travel. Time delay before obtaining treatment.		
633	A and E and other services to be kept in Cheltenham		
634	People will die obviously. Some people won’t even make it to GRH... they will die on the way! And people will be left to make their way home at all hours...maybe needing to travel long distances. Not everyone can afford taxis etc. Not everyone on bus routes. Difficult & costly for people living in outlying areas and even Cheltenham. Also access for relatives, impossible for some to get to Gloucester, cost and time journeys will take, if they are trying to get to A& E in a hurry if a relative has been seriously ill.		
635	Accessibility in terms of location and hours.		
636	Do not close the A&E at Cheltenham Hospital		
637	Keep urgent and emergency services for the western part of the county at CGH, and image guided surgery to support them.		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?

		Response Percent	Response Total
638	As before		
639	Ensuring I get to the right person first time and if my care needs to be handed over that my info and details are passed to new provider		
640	Retain some urgent care / A&E provision at Cheltenham Very critical life threatening care at GRH Create a world class planned care centre at CGH		
641	Provide transport for people who don't have a car or who live alone. Don't run down radiography services in local hospitals. Publicise more what local hospitals do and improve the facilities they offer.		
642	Appoint a ward / floor manager for floor / ward in each hospital to monitor and address any patient issues and concerns I know patients who have had operations in CGH and have not been given water or treatment in spite of several complaints to ward staff		
643	communication has to be clear, websites should be accurate and up to date (not in my or my parents GP surgery websites) Ease of access for all but particularly the elderly. Example closing GP surgeries in prestbury and assuming the elderly can make it to the GPs in Cleeve		
644	Clear communication about treatment a patient will receive - to relatives if / especially when patient unconscious or confused		
645	See comments regarding public transport services to access medical services of all types - GP surgeries to hospitals		
646	Having had a new hip (which I had to pay for as I couldn't wait for the NHS timing) I am sure somehow the waiting time for the operations could be cut - especially as I think they are now day cases		
647	Keep Colliers court where it is and the help and support it gives. People of the Forest deserve to have a decent mental health place Do not take away minor injuries		
648	A & E to remain in Cheltenham		
649	Information, maps, what to expect, and a decent coffee!		
650	As previously, more hospital capacity required in purpose built environment		
651	If Cheltenham A & E closes, nothing would reduce the negative impact.		
652	The plan to have the nearest hospital for the FOD to be based in Cinderford is ridiculous as it is difficult to access from this part of the Forest		
653	Communicate the changes with a simple and clear explanation why this has had to happen. It will affect the elderly and disabled more if they cant drive to A&E and cant afford a taxi. Staff need to be kept on board at every step and listened to in the consultation. don't lose more staff in the reorganisation		
654	Difficult to access		
655	Must keep Cheltenham A&E open		
656	Employ more Frontline staff, Nurses, Doctors, Porters, Cleaners		
657	For us living near Cirencester, travel for cancer care is a concern. Minimising travel distance and call parking costs, reducing waiting times		
658	If Cheltenham loses its A&E department there are no measures which can alleviate the loss of these services		
659	A 7 day operating service with fully staffed wards Ensure that private hospitals (being used for NHS operations) following the same treatment and procedures as Gloucestershire Royal and Cheltenham General		
660	There is much respect for the doctors, nurses and others who provide the services, but little trust in the Government or the bureaucracy. Make sure the explanations are given to the public by the clinicians and that they believe in them		
661	If Cheltenham General were to lose its A&E, there are no credible measures that could mitigate the loss of		

If the way you receive services changes, what are the most important things to be considered to reduce any negative impact on you or people you know?		
	Response Percent	**Response Total**
such a vital provision.		
	answered	661
	skipped	365

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?			
		Response Percent	Response Total
1	Open-Ended Question	100.00%	465
	1	It is essential that 24h A&E services are provided at Cheltenham General Hospital.	
	2	Already covers in previous questions	
	3	One health and social care route and the organisation barriers removed. Staffing makeup of services based across professions (better skill mix).	
	4	Keep Cheltenham A&E open	
	5	no	
	6	Make cheltenham hospital a centre of excellence for Cheltenham people keep a and e open 24/7	
	7	Keep Cheltenham A&E open and resume 24 hr ambulance service to Cheltenham.	
	8	You have already sourced outside expertise in relation to general surgery you should take their recommendations	
	9	Any decisions taken must be in light of cost implications and individual as well as Trust responsibility for patient safety.	
	10	Give proper funding and staff to Cheltenham General	
	11	I am concerned at the prospect of Cheltenham a&e becoming redundant but if care and service levels are increased at Gloucester then things should have a better outcome. A broad explanation of the changes to all public would be necessary to avoid unwanted anxieties or travel issues.	
	12	rRemove the smokescreen about A&E. Concentrate on creating sentres of excellence fo a range of conditions that are properly supported in terms of finance and transport and resources,	
	13	The key points. Local access Availability Capacity to cope with demand. The ability to feed into Central centres as required	
	14	Keep it all local and in the community	
	15	great idea	
	16	Not at this time	
	17	We have experience of Charlton Lane Hospital, Tewkesbury, Gloucester and Cheltenham. In all pllaces the staff have been excellent as well as the care. The booking service is not great, if you get an appointment that you cannot keep for what ever reason, it is often difficult to get through to change the appointment and e mails don't always get picked up. We must keep Cheltenham A&E to be there when needed in an emergency. As we get older it becomes more important.	
	18	See earlier comments	
	19	Cheltenham already is a centre of excellence	
	20	CGH has capacity to be a centre of excellence with general surgery , pelvic resection centre and put ourselves on the map. All other specialities are there and will be more cost effective in the long haul.	
	21	Develop good voluntary services to help those attending each centre especially for those without local family and friends.	
	22	See above	
	23	Please reread everything I have written above	
	24	No	
	25	no	
	26	DEVELOP A CENTRE OF EXCELLENCE AT BOTH SITES AND KEEP BOTH OPEN	

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
	Start thinking about the improving the safety of patients instead of the opposite .		
27	We don't need a centre of excellence. You are just trying to tie people up in knots. What we need are local A&E departments to be kept open so that people have the shortest journey possible to get emergency care and treatment.		
28	Everything is covered above.		
29	No.		
30	No		
31	See previous comments		
32	No		
33	Listen to your staff, ask them for ideas, they work at the coal face on a daily basis they know what will work. Management often come up with ideas that in practice will not work because they are not working directly with patients. Do NOT undervalue your staff you have done this before and it has back fired. Your trust is based on staff good will, you call yourselves a trust then make sure you do not break trust with your staff and the public who support you.		
34	Already answered - haven't you got any new ideas?		
35	The services and skills offered by both hospitals are to be admired. The staffing levels need to be examined to ensure that they reflect the ongoing needs. This cannot be achieved by pouring more and more work on to an overstretched workforce. It would help if the Government had a joined up policy when it came to Social care and Medical needs. To allow a system where poor social care facilities block hospital beds with patients who cannot be released because of inadequate facilities is appalling and shows a deliberate paucity of thinking from the Government, Social care should be a part of the NHS		
36	Get a life! Clearly the Trust cannot, does not and will not listen. Until it is too late..... by which time a new management team will be picking up the pieces.		
37	No		
38	Reopen Cheltenham's A&E 24/7		
39	No		
40	The goal for the NHS should be to improve services not reduce them. What have we come to?		
41	Stop using the ridiculous term centre of excellence.. Keep Cheltenham General functioning as above.		
42	These are not specialist - theh are essential		
43	Keep Cheltenham General open so that people in Cheltenham and surrounding areas do not have to Travel too far Wait hours to be seen in an overcrowded hospital		
44	DO NOT CLOSE CHELTENHAM A&E the impression has been given that your mind is already made up and this is a lip service consultation		
45	No		
46	Keeping stuff as local as possible Frequently visited places should be kept close and scattered around eg lots of GPs. A&E should be in Cheltenham and Glos. Acute out of hours help should be local to Cheltenham and Glos and very easy to know where to go and who to phone and be 24/7. Centres of excellence for general surgery makes sense - but we need easy transport arrangements.		
47	No.		
48	Forget centres of excellence, they can be based on the county hospital. Just provide decent services for the locality— A&E, birthing services, general body wellness, Ear, nose and throat clinics etc.		
49	No at this time.		
50	No		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?		Response Percent	Response Total
	51	Can we see the people who advocate changes to appear in a public forum so the people can ask questions about their intentions.	
	52	Same as previous	
	53	See above.	
	54	No.	
	55	Keep the A & E open at Cheltenham. People living in this town, especially elderly ones who live on their own are in need of a local A & E. The telephone service (111) is laborious. I have used it and after a long protracted interrogation I was told to hang up and await a call. Eventually a doctor called me and I had a further interrogation after which I was told to visit the A & E. This was at 1-oo am and I had to walk to the hospital. Had the Cheltenham A & E not been available I do not see how I could have got to Gloucester. Leave well alone!	
	56	keep being the best service in the world.	
	57	Keep local services	
	58	No.	
	59	I have had wonderful treatment in Cheltenham A & E due to brittle bones connected with a life long condition. Lovely staff working in a high pressure environment. Can't fault the orthopaedic services but make our services viable. Lots of us don't drive , although I do!!! It costs the NHS lots of money to discharge people with no families late at night!!! Please make your services available for all!! Regardless of economic status, wether rich, poor, white, black or whatever sexual orientation people have.	
	60	The whoile of this consultation is poor and suggests that it is being slipped through under the cover of summer. You are just not being transparent and open and acting like Estate Agents. Our health deserves better	
	61	No not at this point in time.	
	62	I was seen almost strait away when I was taken to Cheltenham when I had a urology problem	
	63	See previous comments.	
	64	Cut the number of bureaucrats and administrators and use the money saved to recruit more doctors and nurses.	
	65	A full 24hr service at Cheltenham general hospital	
	66	I think I have said it all there is no centre of excellence when you think of closing something as important as a local A/E	
	67	No.	
	68	Reduce queues and waiting times especially at key times and dates	
	69	NO. Please just reopen A&E in Cheltenham full time	
	70	Retain A&E in Cheltenham.	
	71	Gloucester was worse than cheltenham and Stroud was the best, Local service wquickly	
	72	I've only just got my blood pressure back under control....	
	73	Yes, the truth about your intentions regarding Cheltenham's A&E.	
	74	PLEASE DO NOT CLOSE THE CHELTENHAM A&E DEPT	
	75	No	
	76	No	
	77	No	
	78	I was unable to find a&e at Gloucester hospital,if it must be the only a&e in Gloucestershire,better signage	

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
79	No		
80	I would like to hear you are keeping 24 hour a&e at cheltenham		
81	Smaller community led services, are cheaper to run, in comparision to the large specialist services.		
82	What you really are planning for the next five years. Is the aim to really reduce provision in Cheltenham. I can see that from a management point of view providing the same service in Cheltenham maybe more expensive, as the age of the buildings mean they are more expensive to run and are not as adaptable to change. If this is a view could you make this clear.		
83	No.		
84	BY ALL MEANS MAKE CENTRES OF EXCELLENCE--STARTING WITH GPS WHO ACTUALLY LISTEN TO WHAT PATIENTS SAY,AND THEN ENSURE THAT BOTH HOSPITALS ARE CENTRES OF EXCELLENCE--THE POPULATION DESERVES THAT. CHELTENHAM HAS THE COBALT UNIT TO HELP OUT--PERHAPS SOMETHING SIMILAR COULD BE SUGGESTED IN GLOUCESTER LISTENING TO THE PATIENT IS PARAMOUNT IN ALL CASES--DO NOT DISMISS THEM,ESPECIALLY WOMEN, WHEN THEY PRESENT A PROBLEM--IT CAN COST LIFE.		
85	The patient. I don't agree with specialised a&e in one location. Resources should be put in both.		
86	No		
87	Only one given maintain 24/7 A&E in Cheltenham		
88	No		
89	Forget this silly idea of specialist hospital services and invest the money in better providing the necessary services and clinicians in the local hospitals.		
90	Invest in Cheltenham General hospital		
91	What and waste more time and money, rather than just getting on an treating patients!!		
92	No		
93	No		
94	Do not pursue specialism and centres of excellence if the advantages are greatly outweighed by the disadvantages. An A&E service at CHG is vital.		
95	No		
96	I know computers are taking over the world but many people just cannot cope with them and the programmes. We still need the old fashioned personal touch.		
97	Nothing more than has been noted earlier.		
98	No		
99	No		
100	Retain Cheltenham A and E, there are no credible changes that could offset the loss of the department		
101	Record metrics based on time from first call to 999 to arrival in ED. Not just processing time within the department.		
102	-		
103	Cheltenham is an expanding town which has a diverse demographic, and so it remains essential that Cheltenham General Hospital operates with a fully functioning A&E Department that is available to the Community 24 hours a day & 7 days a week.		
104	No		
105	No		
106	no		
107	No		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
108	- retain Cheltenham A&E		
109	See answers to previous questions.		
110	Please publicise widely and keep the local public informed before making decisions		
111	See Above		
112	No		
113	The centres of excellence project needs to pause and rethink its strategy - potential to really improve healthcare in gloucestershire but this isn't right. CGH needs to do much more work (not less) and that involves more imaging work (inc interventional work) and the general surgery elective work (not just day case cholecystectomies). Please don't lose sight of this		
114	The county requires two centres of excellence		
115	These reviews repeat but the service gets worse - ask yourself why that is		
116	PLEASE STOP THINKING LIKE MANAGERS AND START THINKING LIKE HUMAN BEINGS. Please don't go ahead with these changes. We all have a feeling that this consultation is a smokescreen, don't prove us right. For the first time ever I want to take to the streets and I am not going to accept this without a fight. I know I and many of my "middle class" friends with families will join me in this fight alongside the less affluent and the elderly who probably access NHSs service more than I do currently Be prepared for strong opposition..		
117	Already answered this.		
118	Make them accessible to all. Not just to those who live in the urban areas. And not just to those who have cars.		
119	I've said it all.		
120	Keep it local and make better use of technology to distribute knowledge.		
121	this survey is far too long		
122	Gloucester cannot cope now. I don't expect it to improve with double the amount of patients How many times do we see on Social media DO not go to Glos Royal hospital as full and long wait		
123	Local A&E!		
124	Stop aiming for centres of excellence, aim to serve the general public locally & efficiently, sort out the NHS from the top,		
125	No		
126	Make sure there's staff trained and on board with the change. NHS staff are amazing, they are affected by change too. There needs to be efficient and effective management of the change.		
127	previously i have attended an MIU and after triage had to wait over 3 hours to be seen because there was only one member of trained staff, no one was being seen and we had no communication from the senior member of staff who was on the desk to say what was happening . When I asked how much longer we would have to wait and if it would be quicker to be seen elsewhere was answered rudely		
128	Centres of excellence will only work if correctly resourced and are not all in one venue as this causes pressure on available space. Therefore you need to be sure the services you centralize can do so safely.		
129	No change to services		
130	This survey does not seem to have been forwarded to every household in the county. I have had to obtain this from a third party. Why is that?		
131	No		
132	A&E needs improvement in Gloucester hospital and this is why Cheltenham A&E can't close. More people, more demand.		
133	Assess yourself ring 111 and go to see the wait in A&E!		
134	Make it compulsory for all new doctors and nurses, to work a year before specialising at the local hospital		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?		Response Percent	Response Total
	normal hours for a fair wage...more doctors, less expense, like solicitors must do their articles.		
135	No		
136	More education from the bottom level to the top.		
137	No.		
138	I feel this document seeks to hide decisions already made!		
139	Why are immune suppressed patients still being seen at a packed Edward Jenner for Heamatology , when they have been told not to mix with crowds this department is not fit for purpose		
140	as has this one		
141	Just to keep Cheltenham hospital open as a fully operational 24 hour facility		
142	Keep Cheltenham A&E open for safety reasons GRH cannot cope now & will fail spectacularly if Cheltenham is closed		
143	Build one hospital between Cheltenham and Gloucester - in key position with great access to the rest of the county from M5/A40/and for emergency vehicles/Staverton. One hospital. One set of staff. No doubling up or crossing over of services. The two sites must be worth a fortune.		
144	DO NOT CLOSE CHELTENHAM A&E and DO NOT MOVE GENERAL SURGERY TO GLOUCESTER		
145	No - they are out of this world		
146	bite the bullet and plan for a single centre of excellence between Cheltenham and Gloucester. Such a vision I feel is much more sustainable and beneficial to the whole county		
147	No		
148	Don't close Cheltenham emergency access and treatment!		
149	No		
150	Sometimes families need help and advice on dealing with certain diagnosed conditions, leaflets and maybe contact numbers to be able to access would be helpful		
151	I can only repeat myself.		
152	Stop closing down A&E in towns in favour of cities which are further away and unfamiliar		
153	I don't think so.		
154	Keep treatment availability local		
155	keep them as they are.		
156	An IT system that can talk to all the units and EPR available to all so that patients going between units can be spotted and sent to the most appropriate facility		
157	no		
158	See previous answers		
159	Try to persuade people not to attend A & E unless it is really necessary and that it really cannot wait until the next day when they should visit their GP Get GP run health clinics up and running so they are the patients first port of call instead of A & E		
160	both my husband and myself have had to pay for treatment. it appears that over to the NHS wishes you to go away. Our savings are fast running out.		
161	PLEASE KEEP ACCIDENT AND EMERGENCY FACILITIES AT CHELTENHAM		
162	No		
163	I don't believe things will change, you send out all these questionnaires so your seen to been doing but it doesn't happen on the front line		
164	Local diagnostic services as much as possible to reduce travelling for patients		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
165	Best, highly trained staff and that's better in one please - so its best to go a bit further to get proper help		
166	you are doing an excellent job right now		
167	Do not change the present service. Improve A&E to 24/7 and proudly build the two hospitals together with both continuing to provide a high level of service		
168	The downgrading of the 99 bus which does not now serve Cheltenham racecourse car park causes significant difficulty for patients and staff is typical of lack of understanding by the NHS local management of the travel problems getting to our hospitals. The 99 bus should operate 7 days per week - yes people do visit hospitals on weekends. In any event car parking at both Gloucester and Cheltenham is never guaranteed so a reliable 7 day a week bus service is necessary.		
169	I would like to know that I will get a good treatment as at any hospital of excellence or else referred to the hospital that is known to be excellent in the condition that I have.		
170	Emphasis on staff wellbeing, recruitment and retention.		
171	See above.		
172	The specialist services are excellent but must take place in both Cheltenham and Gloucester and one should NOT be targeted at the cost of the other.		
173	More money needs to be put in place for extra staff.		
174	No.		
175	My experience of emergency maternity care was fantastic so I hope that will remain.		
176	No		
177	Please do not close Cheltenham A&E.		
178	No		
179	A general point: Both hospitals have confusing signage. Why do they not use coloured the lines on the floor system to at least get to the right area (even in dept names change). Eg "to the tower" "to East block"		
180	The plan to develop an IMAGE GUIDED HUB seem poorly thought through. Most Interventional radiology work is referred from the UROLOGY and VASCULAR wards in Cheltenham (plus oncology, general surgery, gynae), so plans to concentrate services at GRH put capacity in the wrong place for many patients. CGH Interventional radiology relies on 4 sessions per week in the hybrid theatre (with vascular surgeons competing for sessions) and a 15 year old Interventional radiology room that has repeatedly failed to be replaced and is now so old that the manufacturers can not guarantee repairs or support. It is one breakdown away from precipitating a crisis in covering this work. No-one in the management team seems to acknowledge this time bomb and there are no plans to replace a key facility. Are we to assume that we will just transfer acutely unwell patients too and fro? the fact is that Interventional radiology is essential on both sites, not just one major site where there is over-enthusiasm to support a relatively small number of complex elective cases.		
181	BELIEVE IN YOU CURRENT CAPACITY FOR EXCELLENCE.		
182	Great to put Gloucestershire on the map as a centre of excellence.		
183	Transport issues. See above.		
184	What the plans are in clear, simple ENGLISH		
185	none		
186	1) With all this new equipment, where are the funds coming from? We keep hearing there is a shortage of money for basic services such as the need for more Health Visitors apparently to costly to train? 2) Once bought how will it be maintained and again who will fund that cost?		
187	Yes, we have voluntary hospital car drivers BUT they will not drive patients to Gloucester as its too far with more traffic. They will only drive to Cheltenham		
188	Reduce waiting times where possible or at least keeping people informed / involved so that they don't feel forgotten		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
189	Suggest only one proper 'A&E'		
190	No Just keep up the good work and thanks		
191	Areas of the Wye valet are much nearer to Newport, Tetbury is nearer to Swindon than to Cheltenham. North (some of) are quite close to Banbury (you do use the term rapid access to specialist treatments		
192	No thanks. But i'll read the echo and hope I can pick up info here and there		
193	No		
194	Full Cheltenham A&E		
195	Make better use of technology to see patients.		
196	Good to see a old plan that could transform services for the better.		
197	Ambulance should take people to the nearest a Emergency department for some in the North Cotswolds this would be Warwick or the JR in Oxford both being closer than Gloucester		
198	No		
199	need to see that there is planning for the future, every time we build new departments, the service has outgrown them before they are ready, demand will inevitably increase as technology allows patients to undergo life saving procedures to an older age and there needs to be slack in the system for this. Considering the quality of work life of staff is very important - having sufficient private office space, windows and fresh air.		
200	Just put several Cabinet Ministers (of whatever hue) into a personal emergency situation out here in 'The Shire' and see if it changes their view.... I challenge them ALL.....		
201	Better nurse:patient ratios, wards are so severely understaffed that effective, safe, considerate care on the wards is virtually impossible. The 'caring' aspect of nursing is crucial and frequently not possible due to volume work. Ward appearance will also need to be in line with 'state of the art' goals of services available		
202	1) With all this new equipment, where are the funds coming from. We keep hearing there is a shortage of money for basic services such as the need for more health visitors apparently to costly to train? 2) once brought how will it be maintained and again who will fund the cost?		
203	Ditto question again a total farce		
204	No		
205	Already answered.		
206	No		
207	As above and making the most of technological innovation, especially in cancer research and medical genetic advances in combating diseases and chronic conditions		
208	Close to home		
209	Love the concept of "Centres of Excellence". My experience, when my Mother-in-law was an in-patient highlighted massive discrepancies between day and night staffing levels and quality of care.To be a Centre of Excellence will require appropriate staffing levels. Are there any plans to become a teaching hospital for the training of nurses?		
210	Please explain clearly what levels of service are provided to meet this area's needs, and what additional stuff you are doing on top of that provide services to outside areas ? Because making provision for outside areas becomes a business, in which you have to invest in people and kit in the hope of being able to pay for it later. And that can all go wrong. I think overall this consultation has tried to cover too many issues at once without making them individually clear (although I see they are linked). So its confusing and is poor because of the lack of clarity. Thank goodness for the high court which stopped you from going ahead without any consultation.		
211	More consultants Not waiting long at doctors surgery and not being long with chemotherapy treatment		
212	BUILD NEW HOSPITL		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
213	Children should be priority as their condition can decline rapidly		
214	Urgently embrace buy / use Acgorisanic image analysis Ban diagnosis and action only " differential diagnosis		
215	Look at other counties. Somerset seemed to have better services - Ambulance out in 20 minutes when I needed one for severe abdominal pain, I had to wait over 5 hours. If I have been told it would take that long, my husband would have taken me to A&E, which he did on the next occasion where I was seen quickly due to the severity of the pain		
216	I have great respect for all the staff and nurses etc at Gloucester Royal as we as a family have had the best services there		
217	see other		
218	This survey is NOT available online despite your claim it is. One more pretence at open communication. You could explain yourselves		
219	Visitors should not enter hospitals if unwell, its disgusting as patients already vulnerable due to being unwell. Some visitors are dirty, sitting on beds is a definite no go		
220	The difficultly people have in travelling to access the relevant treatment is of concern. People in rural areas without much public transport, people who cannot drive, incur considerable costs for transport. This is a great concern. Surgeries that run transport for patients are much appreciated		
221	A&E centres are dysfunctional and need to be properly managed and classified of care, more priority		
222	No		
223	It goes without saying everyone who likes to be treated in their local hospital but again I think the elderly generation used to times of having "my doctor" find it hard to accept changes that have come in their lifetime and do not understand why they are expected to have a computer. Communication in as many ways as possible and reassurance		
224	Do we need nurses and doctors spending hours sitting at computer, can you not invest in new technology where the staff have Dictaphone that can be plugged into computer and this info is downloaded. I am well aware record keeping is very important I would like to add that current staff are incredible - no criticism of them at all		
225	In an emergency I would need to have clear info imbedded in my head as to the action to take in a specific situation. this would require a huge publicity campaign		
226	You have already made up your minds to reduce further the CGH A&E service and you are only going through a "consultative exercise" to meet the necessary legislation		
227	define clearly - and audit regularly - what "centre of excellence" means to ensure this is not perceived simply as a cost cutting exercise cloaked in fine words		
228	Again as stated previously, that dependant on costs of scarce resources then centralising certain specialist skills and equipment facilities seems a logical and speedy way of providing them.		
229	No		
230	repeat Q		
231	Care closer to home must be your priority. Having had a close family member in hospital as an emergency would have been so much harder if having to travel to Gloucerter twice a day to visit. I'm sure it would be the same for patients who live in Gloucester and end up in CGH. The same would apply for a planned admission 60 consultants disagreed with the proposed changes to the way surgery could be delivered in the future. I have seen nothing that convinces me that they were wrong to think this way. I feel you have already made your decision to transfer surgery to GRH and no matter what the feed back you will carry on. Shame on you.		
232	Any potential reconfiguration of services should be done in a very careful and considered way with full understanding of impacts. While the vision for centres of excellence is compelling this should not be undermined by inadequate planning/management. I would also anticipate thorough staff and public engagement.		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
233	NA		
234	Just improve everything but spending moeny evenly across the sites and facilities.		
235	Dr's visiting local hospitals		
236	Regular communications on what it means to the individual.		
237	give the evidence give examples		
238	See above		
239	No		
240	The paramedics are highly trained resource and should be enabled to provide extensive services and also would be a valuable resource to any changes as they have front line experience and knowledge more than doctors and medical staff		
241	I'm sorry but no there is not but I would like to take this opportunity to strongly ask that the old Lydney and Dilke Hospitals be used for something for the community and if possible health related. Perhaps a rehabilitation unit for after bad accidents or strokes, head injuries or limb loss injuries. Or one of your centers of excellence perhaps for eye treatment, ENT and hearing loss treatment. Elderly care fro when people are in hospital but need to go into a nursing home they could stay at Lydney or Dilke until a room becomes available rather than in the hospital ward which is used for treatment in Glos or Cheltenham. Drink or drug rehabilitation. The outpatients building at Lydney would make a great Dr Surgery as the old health center is getting very stale now. The Dilke would make a great care/nursing home. Could the Lydney Hospital be used for specialist x ray work? Center for microscopic surgery. Please, Please don't let the lovely old hospital building at Lydney be sold off for a private dwelling!		
242	Have more available at North Cotswolds Hospital at Moreton Cheltenham and Gloucester too far for elderly - both patients and visitors		
243	I think I would like to repeat the need for getting to grips with GP surgeries as without a considerable improvement in that direction you are facing very much an uphill battle		
244	Has there been any sort of patient outcome study done since the restricted opening times of A&E at CGH?		
245	Obviously I am going to say to keep the local hospitals going or if they have to be replaced then build the new one very close to the old as the people know their local hospitals and appreciate them. If some consultants, some scans, and mobile treatment vans could come to the local health centers it would give more local treatment and help lessen the blow of losing the outpatients and hospital esp in Lydney area. The NHS is changing, most of us see the bad news of hospitals closing, wards being left unused and lack of nurses and Doctors. Of course we get worried. Publicise good news relating to the NHS as there must be some. Please make it clear where we go and for what and what to expect. We all want everything to be local and feel that hospitals are getting too large and impersonal. A few well trained, knowledgeable people based in villages, towns, etc would be so reassuring. Like the first responders who volunteer in villages and are called on to attend heart attacks until the paramedic can get there.		
246	No		
247	You've already asked me that too		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?		Response Percent	Response Total
248	As above		
249	See previous note, re giving everyone the info to make an informed comment.		
250	yes - cardiology on one site and cath labs in GRH The current situation is dangerous		
251	No		
252	Less burocracy		
253	No		
254	People will travel or arrange transport for non emergency. Create centres of excellence with Worcester and Birmingham		
255	As above		
256	No just improve the services you already have at Cheltenham		
257	See above.		
258	already commented		
259	No		
260	Put more convalescence facilities in place with some medical care and good occupational therapists and physiotherapists. This would help to stop bed blocking in acute care		
261	As above		
262	Other than reinforcing how important it is to retain Cheltenham A&E and General Surgery, no.		
263	Keep A&E open in Cheltenham		
264	No		
265	No.		
266	Invest in your personnel and their working environment. Equip them with the time and staffing support to provide their best service and (especially in the case of Cheltenham which is a very old building) and help them to it in a fit for purpose environment. Remind your team of clinicians that they do a fab job and their patients very much appreciate this.		
267	Finally, if it isn't already blindingly obvious, you will be risking lives if you close Cheltenham A&E		
268	See previous this is a repeat		
269	Don't close Cheltenham A&E		
270	Ditto		
271	As stated earlier		
272	any body can only have one centre of excellence. In health care that should be the patient not the pathway Show a little more humility; allow others to describe you as excellent when, and only when, the patient experience is second to none		
273	NO		
274	No		
275	You say you want to hear people's opinions but I have been in Cheltenham General numerous times of late and at no point has there been any booklets with questionnaires on your stand. This means that only people with internet access can contact you and respond (ruling out many OAPs- or maybe that is your intention?) Even with internet access there does not appear to be any direct link from the NHS Gloucestershire website. In fact the only reason I found this survey was because Alex Chalk's website directed me to it. Whoever does your PR should be sacked.		
276	No		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?		Response Percent	Response Total
	277	No	
	278	None	
	279	no	
	280	Please could you stop asking the same question over and over again. I know you don't really want to hear my views and that is why you have made this 'questionaire' so long winded and pointless, but of course I forgot, what we the people want doesn't matter does it?	
	281	No	
	282	DO NOT CLOSE CHELTENHAM A&E AS YOU WILL STORE UP CONSIDERBALE PROBLEMS FOR THE FUTURE HEALTH AND SANITY OF THOS WHO CURRENTLY DEPEND UPON IT.	
	283	Fully re-open A&E in Cheltenham	
	284	Actually, we do not want Centres of Excellence, we want BACK the excellent NHS that we had up until this government decided to underfund you. It's understandable that some specialist surgeons are going to be pioneering and surgeons should be put to train in new procedures with those pioneering procedures within the hospitals within our towns.	
	285	Try asking the people who use it even before thinking about any decisions about closure. What assumptions are you basing your hair brained scheme on? I hear on the news that extra funding is being provided for essential care. Where is this being spent, I hope its not being diverted to top up pension plans and pay rises for the highest eaners. The hospitals where set up for the use of everyone not for a get rich scheme for the few. Think very hard about making decisions on behalf of other people before you have asked their opinion. What authority do you have to make these devastating decisions for our area? I would love to have the opportunity to go through all your books and see exactly what is going on in the running of the hospital to see if the sums add up, or what the philosophy is behind the decision you propose. Could you forward me the complete list of employees of the Cheltenham General Hospital from top to bottom and I will make it my job to work it out for you. Oh and can you send me the exact amount you have to spend for same.	
	286	No	
	287	See above	
	288	Keep Cheltenham open	
	289	See above	
	290	No	
	291	No	
	292	Spend the money you have been given wisely. You are cutting costs in the wrong areas.	
	293	Keep Cheltenham A&E open and save lives	
	294	We are told that emergency services are under pressure. His then can it be rational to halve their provision in Gloucestershire?	
	295	As above	
	296	No	
	297	Yes that Cheltenham is going to be invested in and A and E facilities in Cheltenham inproved	
	298	Just keep reminding people that we have two excellent hospitals and specialising could deliver the best services for everyone	
	299	No.	
	300	Close access to emergency surgery saved me from being maimed for life after an RTA. A centre of excellence at distance would not have been able to do this.	
	301	That is one for consultants and not medically untrained managers	

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?		Response Percent	Response Total
302	Seriously consider the likely outcome and make a more cogent case for the A+E 'improvements'		
303	There needs to be staff off site to deal with intoxicated patients so they do not clog up A &E		
304	I believe it is vital to to keep FULL medical, emergency, urgent, maternity, operations and life support in Cheltenham. Cheltenham General Hospital cover a wide area (into the Cotswolds) and getting to Gloucester is too hard, takes too long, the route may not be known and the critical one hour window could be lost. Plus visiting - which is vital to recovery of a patient cold be reduced for the same reasons.		
305	No		
306	No		
307	No just a fully open and a 24-7 open service A-E		
308	Make sure all staff are able to fulfil their roles with adequate resources		
309	I've heard the rumour you are looking to close Cheltenham A&E and I think this is a decision that needs further consideration. Cheltenham is a growing population and sending people to Gloucester is not the right decision in my view.		
310	CHELTENHAM NEEDS 24 HOURS PER DAY ACCESS TO A FULL A&E SERVICE. ANYTHING LESS IS NOT ACCEPTABLE.		
311	See above		
312	I have already answered this on the previous page.		
313	No		
314	Keep Cheltenham open		
315	Please read through all of my previous comments again, and then really think about what you are proposing and the fallout you might face from these changes. Consider, honestly, your motives and your research. Put yourselves in other peoples shoes. Look at the town of Cheltenham and review your decisions.		
316	OK this is just repeating itself,. See previous comments		
317	Initially I tried to submit my views via the NHS site. Despite having worked in IT for nearly 50 years I found it impossible to navigate and beable to enter comments, it almost seemed as though it was set up to make it impossible to rejister objectionsto the proposal to close Cheltenham A&E		
318	I would like you to put A & E services back in Cheltenham Hospital 24 hours a day. As your CEO does not come from this area she may not know that this is a big and very busy Festival town. Throughout the year we have many events and the population is considerably increased. With more traffic and more people then more accidents and more illnesses are likely to happen and these will need urgent treatment and assessment. How on earth do you expect to cope with all this extra work in Gloucester Royal which is crowded and situated in the most congested part of the city.		
319	As above		
320	No.		
321	See above		
322	No		
323	No		
324	This survey is designed to put people off engaging. You should be ashamed.		
325	Centres of excellence in general tend to be central - and therefore not locally accessible - and also tend to become not excellent.		
326	As above.		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?		Response Percent	Response Total
	327	All as above.	
	328	To concentrate on providing stable services rather than constantly re planning in an nontransparent way causing concern to the users and low morale amongst the staff. Whether or not you are , you appear conspiratorial.	
	329	We value the service very much and want to have a stable and well supported work environment so we can have full staffing and not stretch the professional teams to breaking point.	
	330	As I said before good idea in theory.	
	331	No.	
	332	See previous answer	
	333	no	
	334	People will have different motivations, whether that be personal, emotional or political about any changes to either of the two sites.....but this needs to be 'background noise' and the focus should be on the hard facts around why these services do need to change. The case for change needs to be water-tight with clear evidence of why retaining the 'status quo' or to 'do nothing' is not an option.	
	335	ALTHOUGH I CAN SEE THAT FROM AN ORGANISATIONAL AND OPERATIONAL POINT OF VIEW IT MAKES SENSE TO CENTRALISE SERVICES BUT EACH TIME YOU DO THIS YOU ALIENATE PART OF THE COUNTY AND THE MOST SCARY THING TO BE ALIENATED FROM IS CARE WHEN YOU NEED IT URGENTLY. SO ALTHOUGH THIS WILL HELP WITH STAFFING, FINANCE, ETC ETC, I DONT BELIEVE FOR ONE MINUTE THIS WILL BE DONE FOR THE GOOD OF PATIENTS IF IT WAS FOR THE GOOD OF PATIENTS IT WOULD HAVE BEEN DONE BEFORE.	
	336	Stop mythering over BREXIT and sort out a 21st C NHS! This may mean reducing the numbers of larger hospitals but this may be compensated for by more work in enhanced GP/local specialist settings to continue patient management post discharge. .	
	337	Centre of excellence is misleading. All areas should be giving excellent care.	
	338	as above	
	339	No	
	340	It is really important that Cheltenham A&E remains open for the whole town. It is a large town with a growing population to close it will be a huge loss and a real concern.	
	341	Signposting within the hospitals: We have had difficulty finding many of the clinics we have been referred to, resulting in having to ask staff for directions. Staff, including hospital managers, know where things are, but often don't seem to realise that patients don't, and can't find where to go. If there are centres of excellence or hubs in the big hospitals, it will be really important to manage the flow of patients to and from these areas. I find this particularly frustrating as there is good academic research on signposting in hospitals and other public places: https://hydeandrugg.wordpress.com/2014/11/20/signage-literacy-and-wayfinding-part-1/ https://hydeandrugg.wordpress.com/2014/11/26/signage-literacy-and-wayfinding-part-2-indoor-signage-and-wayfinding/ We actually got lost in the lift at Cheltenham General recently because the signage in the lift did not reflect reality.	
	342	no	
	343	Keep one open in Cheltenham	
	344	No	
	345	Huge parking payments should be abolished - anyone with a parent/child/husband should have the right to park either for free or a minimul charged.	
	346	I think I have said more than enough for you to get on with.	

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?		Response Percent	Response Total
347	More and cheaper/free parking. Better and more frequent bus links county wide.		
348	No good having centres of excellence people cannot reach. Patient transport has to allow for frail people who cannot endure long journeys required to drop off several people en route Signing in hospitals needs to be updated regularly and tested by independent people as people often lost and they may find walking difficult		
349	same		
350	No comment.		
351	No.		
352	No - stop messing about!		
353	Already answered.		
354	Ditto		
355	see above		
356	Closing Cheltenham A&E is folly as Gloucester A&E could not cope with the increase. This would not be an improvement of any kind. The increase in exra distance needed to be travelled would have a negative impact on the residents of Cheltenham and the surrounding areas as well as the emergency services		
357	No.		
358	KEEP CHELTENHAM A & E OPEN - the distance between Cheltenham and Gloucester could compromise lives		
359	No		
360	Have you actually had a working party of very ordinary people to feed back ideas to you?		
361	As above.		
362	Keep Cheltenham's excellent services properly resourced.		
363	No.		
364	As before		
365	No more "pilot" trials		
366	I have been waiting for a phyio appointment and still waiting this is now 12 weeks and still nothing, does it really take that long to be seen? I could be rolling around in pain and even dead!		
367	No		
368	no		
369	No.		
370	I think centres of excellence are good idea but think we still need 2 A and Es		
371	Nothing further.		
372	No		
373	as before		
374	Full of praise for the health care professionals. Surely we can train more doctors and recruit more nurses. The waiting times are now daunting. The NHS is one of the best things about the UK .... it is worth funding more centres of excellence!		
375	No.		
376	It is vital that Cheltenham general has a full 24 hour a&e.		
377	No		
378	No		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
379	Please don't close Cheltenham A&E, it is vital for our community and for people north of Cheltenham		
380	Don't close the A&E from Cheltenham. Provide better GP services more accessible and covering evenings and nights if people need urgent care from their doctors.		
381	Make them clean!!		
382	I think if you cannot get the local MPs on board you have a real problem in delivering any change. It is important that if this is a good idea (or the only idea) it stands on its own merits and that should mean local leaders are convinced of the thought process and rational for the change. I believe there are some excellent people working within your organisation (by the law of averages) - tap into them for the best ideas, reward them and move forward with some quick wins		
383	Having a 24 hour A&E department at Cheltenham Hospital is vital to the safety and sustainable health of people in the town.		
384	I understand the fact that services cannot be duplicated due to staff shortages		
385	Retain A and E, restore 24/7 cover. Commit to its future and attract good doctors to a great town with excellent schools.		
386	Nothing to add to previous answers.		
387	Cheltenham is an important hospital in North Gloucestershire and outside the area for sick people, accident and emergency service must be available to us all. Are you seeking to go to private medical services?? only 50%, I wonder how many people have given up by now?? Answers please in the press?		
388	No		
389	No		
390	See previous questions		
391	No.		
392	The centres of excellence idea is a good one and from a medical viewpoint it can't be argued with although politicians will.		
393	yes listen to this concern and cancel the plans		
394	More care needs to be taken in the oversight of private health provides of hospital services in the region. I have personal experience of clinicians deliberately driving patients towards their private practices through a variety of means. Though my experiences where this has happened are limited to working with one private health provider I am not reassured that it is not the same across providers. I am happy to be contacted about this - [redacted]		
395	Most medical problems require a trained doctor. That is all. If you wish to have specialist departments for complicated and unusual medical conditions just have a few which can be called upon if necessary. That was always the case until recently when so much has been cut.		
396	Before a firm decision is made, produce specific plans showing exactly what would happen where and put that out for consultation. It should indicate how outcomes would be improved and give details of numbers of staff in post now, numbers needed in future and how the new arrangements would help them.		
397	No		
398	Again, a new hospital I the golden valley		
399	Keep A&E open		
400	Ambulances! Tetbury Is a 90 minute round trip to GRH and 70 minutes to CGH, without adding the patient loading time. There is a substantial county population over and hour round trip away from both of our main hospitals. This is a challenge that need to be urgently addressed.		
401	Gloucestershire has so much to offer to attract people to live here, why is your recruitment not succeeding?		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
402	As above		
403	'Improving' does not mean reducing, transferring or re-locating services away from Cheltenham. Gloucester represents 20% of the population of Gloucestershire - Cheltenham 19%. It is clearly too close to call for any kind of reduction in the services provided in Cheltenham to be rational.		
404	As above		
405	SEE PREVIOUS COMMENTS - THIS QUESTION TOO SIMILIAR TO PREVIOUS!		
406	See above		
407	Don't close A&E and General Surgery at Cheltenham, instead enhance it. Enhance rural centres of Excellence such as Moreton-in-Marsh. Consider the rural population, the disadvantaged population, and the challenges of transport. Put Staff, patients and their families first, not just in words but in your brief for consultants (not the medical kind).		
408	CGH A & E is already a Centre of Excellence. We don't want to lose it.		
409	please make this engagement exercise REAL - I know you say you have not yet taken any decisions about the future of emergency care BUT if this were truly the case your engagement events would be on the future of ALL levels and types of care, not predominantly about the provision of urgent care.For enhanced urgent care provision this to be financially feasible (it is, after all, going to need more investment of at least a redistribution of funds), there is going to have to be a reduction somewhere else in the system but I don't think A and E should be it.		
410	No.		
411	No		
412	No		
413	Centres of excellence is a meaningless buzz word. Orwellian.		
414	Focus on higher quality resources		
415	no		
416	N/a		
417	Cheltenham should have an A&E		
418	Value your staff. This will fail without them		
419	Just try and remove the chaos and keep patients informed. Perhaps some administrators could be trained to support patients and guide them through the maze of A and E if there are insufficient nurses to do this.		
420	I am not convinced by some of the claimed benefits. I hope that they have been or will be subject to detailed scrutiny by appropriate experts.		
421	Social care is an area that needs better integration - I would be concerned with services being consolidated elsewhere and the effect on liaison with local councils. Furthermore, the onward capacity changes at Gloucester that would be required to cope with demand from cuts to services or 'rationalisation' I do not believe are feasible - we would end up with a worse service, over capacity, over stretched with the heart cut out of Cheltenham hospital in the meantime.		
422	Improve GP service to let people go to see doctor soon. When the health problem sort out no need to get urgent service		
423	See previous boxes		
424	No		
425	Please treat the public with respect, please do not load your questionnaires to achieve your desires. DO LISTEN TO THEM AND MAKE SURE YOU TRULY INVOLVE EVERYBODY		
426	A&E wait times at GRH are already dreadful, how will moving majors from CGH to GRH help with that		
427	Look to your county borders, public transport - costs in accessing one centre for treatment for the poor and pensioners		
428	All the services that I have attended in Gloucester ie. Cheltenham Hospital (Cancer Care) Gloucester		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
	Hospital (in and out patient appointments), The Cobalt centre (for a number of scans) are all in my opinion excellent! Just use Tetbury hospital more and the ambulance sorted		
429	I support the Centres of Excellence ideas set out in the Fit for the Future booklet		
430	I was like many other people, keen for Cheltenham to maintain its ED just because of distances for access, but your excellent engagement booklet has persuaded me otherwise. I think it is the way forward - now!		
431	Please could you see the first box.		
432	The telephone appointment service for the physio dept is dreadful. No staff to answer phones. 1 woman facing 5 peoples work. You should be aware of those issues without the public needing to fill in a survey		
433	Acute mental health issues take up A&E / Emergency access services - Can these be dealt with outside of A&E I think the NHS needs to come clean on whether GRH becomes a hot hospital and CGH a cold hospital (ie. emergency at GRH and planned at CGH) Emergency general surgery needs to stay on 2 sites GRH and CGH particularly oncology staying at CGH		
434	Develop centres, not jsut one centre, of excellence for such services		
435	Development of specialist services for referred treatment may be at specialist centres already happens. BUT A&E covers a need to assess for majority of its cases, this should available and centered on large populations areas and reachable for others outside 24/7. A&E already overstretched and losing a centre would make access both to and within A&E worse and less effective.		
436	GP surgeries are already overloaded and GPs are already suffering with stress - we cant put even more pressure on them. A friend of ours had to wait 3 days for a dressing for a wasp sting because she was sent to a GP surgery		
437	do not include A&E services review in the same review of specialist general surgery and image guided surgery as they are 2 separate issues that must be addressed separately		
438	Direct access to specialist clinics without having to go through GP		
439	Good idea to centralised General surgery. I think people don't mind travelling for specialist clinics but want same day x rays / blood tests near them		
440	See previous page for this		
441	Retain or increase all services proved by Cheltenham General Hospital. Likewise Gloucester Hospital. Reduce or remove parking fees. (allow 1-2 hours free parking at least)		
442	The problem is that the larger the hospital the more potential for impersonal treatment. This runs from the ward clerk upwards		
443	NO		
444	As above		
445	Your ideas on developing centres of excellence are good in principle, but Gloucestershire has the problem that much of the population lives at a considerable distance from either of the large hospitals. Developments that mean more people have further to travel for urgent or emergency care will risk leaving people inadequately supported, and certainly be perceived as doing that. However good removing emergency care from CGH may be in theory, the practical consequences (and he effect on goodwill) need proper consideration.		
446	See previous box		
447	Back CGH. Give us And staff back a fully functioning hospital. Invest in CGH future... ED will keep and attract wonderful staff. Surely closing CGH is negligent... again people will die		
448	Re-open the small A & E services in rural hospitals even if just after work/early evenings again which will reduce the impact on the main hospitals during busy periods.		
449	Do not close the A&E at Cheltenham Hospital		
450	On the whole, the NHS provide a good service, but it needs to be managed much more efficiently, which		

Anything else you would like us to hear from you in relation to improving specialist hospital services (Accident, Emergency and Assessment Services, General Surgery and image Guided Surgery) and developing centres of excellence?

		Response Percent	Response Total
	again needs more staff. Gloucester hospital is manic at times, with no wheelchairs to be seen and no porters to push them, and no nurses to have time to let them know a patient is waiting. Therefore if Cheltenham was to close, the situation can only worsen. This comes from personal experience in the last year.		
451	Send surveys to ALL residents in the post - social media is not a true representative of the population Publicise consultations on proposals put survey on the front of documents This is a vanity project and does not service people well who don't live near Gloucester. At least Cheltenham is easier to get to Gloucester is a nightmare for people to get to by public transport or even if they are lucky enough to have access to a car or someone to drive them		
452	People still need to be educated not to use A&E unless its an emergency. I also think its time to start to fine people for not attending appointments, money to go back into NHS or reduce hospital parking charges		
453	Adequate staffing levels essential		
454	See comments overleaf		
455	Please do not privatise the NHS anymore or you will crumple		
456	Please, please, please keep the A&E at Cheltenham.		
457	No		
458	Reopen Chepstow hospital minor injuries as we have influx of tourists in the summer and we are closest hospital to the M4 motorway		
459	Having centres of excellence is a good idea to keep all relevant resources in one hospital. A visit or an operation can be planned for. Its the emergencies / urgent issues that need addressing and how they are accessed after surgeries close with poor public transport. The ambulance service may come under more pressure. We need a new hospital really!		
460	Better performance management Improve work place conditions		
461	update the medical records department, pharmacy departments who contribute to the slow discharge and moving of patients. Make inpatients a priority		
462	The best thing for me has been face to face time with specialists who communicate well both with patients and their teams. Although phone calls and online advice are useful, nothing compares with personal contact at times of emergency / life changing situations		
463	Again where is the published criteria for determining which services are located and the performance criteria against which such key discussions will be judged. What evidence is available which justifies centres of excellence in other trusts and which do not worsen patient care, confidence and reputation of the trusts		
464	If you are serious about improving specialist hospital services hence patients need to feel the care and attention that they expect, backed up with after care and therapies to ensure a full recovery		
465	No		
		answered	465
		skipped	561

About You

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
1	Open-Ended Question	100.00%	757
	1	gl2 4rq	
	2	GL11	
	3	GL54	
	4	GL20	
	5	GL11	
	6	GL51	
	7	GL52,	
	8	GL3	
	9	GL51	
	10	Gl528ey	
	11	GL14	
	12	GL52	
	13	GL4	
	14	GL52	
	15	GL51	
	16	GL52	
	17	GL53	
	18	GL52	
	19	GL52	
	20	GL52	
	21	Gl52	
	22	GL8	
	23	Gl52	
	24	GL50	
	25	Gl4	
	26	GL17	
	27	GL50	
	28	GL53	
	29	GL52	
	30	GL52 6NZ	
	31	GL3	
	32	GL51 0AL	
	33	Gl537ew	
	34	GL52	
	35	GL52 6HB	
	36	GL50	

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
37	GL51		
38	GL51		
39	GL7		
40	GL51		
41	Gl4		
42	GL32PJ		
43	GL51		
44	GL53		
45	GL50		
46	GL51		
47	GL52		
48	GL51		
49	GL51		
50	GL53		
51	GL51 6QE		
52	GL51		
53	GL51		
54	GL20		
55	GL51		
56	GL52		
57	GL51		
58	GL52		
59	GL51		
60	GL50		
61	GL50		
62	GL53		
63	GL52		
64	GL51		
65	GL52		
66	GL52		
67	GL52		
68	GL539AY		
69	GL 50		
70	GL53		
71	GL52,		
72	Gl50		
73	GL53		
74	Gl52		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
75	GL51		
76	GL51		
77	gl1		
78	gl53		
79	GL50		
80	GL50		
81	GL50		
82	GL53		
83	GL51		
84	GL53		
85	GL52		
86	GL51		
87	GL51		
88	Gl 51		
89	GL51		
90	GL51		
91	GL52		
92	GL52		
93	GL51		
94	GL54		
95	GL51 3EB		
96	gl50		
97	GL52		
98	GL52		
99	GL54		
100	GL20		
101	GL56		
102	GL51		
103	Gl51		
104	GL51 6NY		
105	GL53		
106	GL17		
107	GL53		
108	GL53		
109	GL53		
110	Gl51		
111	GL50		
112	GL50		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
113	GL51		
114	GL51		
115	GL52		
116	Gl51 3ez		
117	GL50		
118	GL52		
119	GL50		
120	GL50		
121	Gl51		
122	GL52 6ER		
123	GL50		
124	GL52		
125	gl6		
126	Gl51		
127	gl51		
128	GL53		
129	GL52		
130	GL52		
131	GL52		
132	GL52		
133	GL51		
134	Gl51		
135	gl51		
136	GL51		
137	GL52		
138	GL53		
139	GL52		
140	gl53 9bj		
141	GL51		
142	gl52		
143	GL51		
144	GL50		
145	gl52		
146	GL53		
147	GL52		
148	GL50 1UZ		
149	Gl51		
150	GL53		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
151	GL50		
152	GL52		
153	GL11		
154	GL52		
155	GL7		
156	GL2		
157	Gl51		
158	Gl51		
159	GL52 2HB		
160	GL50		
161	GL50		
162	Gl54		
163	GL50 2UL		
164	GL50		
165	GL50		
166	GL2		
167	GL50		
168	GL53		
169	gl50		
170	GL52		
171	GL5		
172	GL52		
173	GL51		
174	GL52		
175	GL3		
176	Gl51		
177	GL50		
178	GL51		
179	GL5q		
180	gl53		
181	GL54		
182	GL2		
183	GL53		
184	GL53 8AE		
185	Gl53		
186	GL53		
187	GL 54		
188	GL52		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
189	Gl52		
190	GL53 9EB		
191	WR12		
192	GL6		
193	GL52		
194	GL53		
195	GL51		
196	Gl51		
197	GL54		
198	GL51		
199	GL50		
200	GL14		
201	WR12		
202	gl3		
203	GL3		
204	Gl52		
205	GL53		
206	Gl504rr		
207	gl54		
208	GL51		
209	GL205DS		
210	GL51		
211	GL1		
212	GL50		
213	Gl53		
214	Gl53 0lx		
215	GL51		
216	GL53		
217	GL51		
218	GL6		
219	GL2		
220	GL50		
221	GL15		
222	gl539bp		
223	GL51		
224	GL52		
225	GL18		
226	GL53		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
227	GL16		
228	Gl51		
229	GL52		
230	GL52		
231	Gl52		
232	GL52		
233	GL52		
234	GL52		
235	GL54		
236	GL1		
237	GL51		
238	GL51		
239	GL52		
240	GL16		
241	GL5		
242	GL52		
243	GL53		
244	GL51		
245	GL11		
246	GL50		
247	GL50 2AB		
248	GL15		
249	GL53		
250	GL51		
251	GL7		
252	GL7		
253	GL7		
254	GL50		
255	GL51		
256	GL20		
257	GL20		
258	GL2		
259	GL19		
260	GL52		
261	GL52		
262	GL51		
263	GL50		
264	GL52		

What is the first part of your postcode? eg. GL1, GL20			
		Response Percent	Response Total
	265	GL56	
	266	GL52	
	267	GL56	
	268	GL56	
	269	GL51	
	270	GL526ED	
	271	GL53	
	272	GL20	
	273	GL4	
	274	GL53	
	275	GL53	
	276	GL50	
	277	gl52	
	278	GL20	
	279	Gl56	
	280	Gl34nn	
	281	GL4	
	282	GL51	
	283	GL54	
	284	GL53	
	285	GL16	
	286	SN6	
	287	GL51	
	288	Gl3	
	289	GL20	
	290	GL50	
	291	GL52	
	292	Gl51	
	293	GL53	
	294	GL52	
	295	GL50	
	296	GL51	
	297	GL16 8LG	
	298	GL15	
	299	GL3	
	300	gl52	
	301	GL50	
	302	GL54	

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
303	GL52		
304	GL7		
305	GL2		
306	GL1		
307	GL8		
308	GL52		
309	GL51		
310	GL1		
311	GL53		
312	GL10		
313	GL51		
314	GL52		
315	gl50		
316	GL56		
317	gl1		
318	GL53		
319	gl52		
320	GL53		
321	GL54		
322	gl50		
323	GL14		
324	GL51		
325	GL3		
326	GL1		
327	Gl52		
328	GL1		
329	GL8		
330	Gl53		
331	GL4		
332	GL52		
333	GL		
334	GL3		
335	GL51		
336	GL54		
337	GL53		
338	GL14		
339	GL11		
340	GL56		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
341	GL54		
342	GL53		
343	GL50		
344	GL52		
345	GL2		
346	GL54		
347	GL3		
348	GL3		
349	GL50		
350	GL52		
351	Gl52		
352	Gl52		
353	SN14		
354	GL20		
355	GL6		
356	GL8		
357	GL51		
358	GL52		
359	GL20		
360	GL3		
361	GL54		
362	GL3		
363	GL52		
364	GL20		
365	GL52		
366	gl54		
367	GL11		
368	GL53		
369	GL53		
370	GL5		
371	GL54		
372	GL53		
373	GL50		
374	GL1		
375	GL8		
376	Gl8		
377	GL54		
378	GL8		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
379	GL8		
380	gl2 oxb		
381	GL8		
382	GL6		
383	GL52		
384	GL54		
385	GL15		
386	GL15		
387	GL56		
388	GL52		
389	GL53		
390	GL53		
391	gl3		
392	GL2		
393	GL54		
394	gl50 2xe		
395	GL54		
396	GL502XR		
397	GL52 8ND		
398	GL50		
399	GL8		
400	GL50		
401	GL50		
402	GL12		
403	gl52		
404	GL3		
405	GL51		
406	GL51		
407	GL20		
408	GL53		
409	GL20		
410	Gl53		
411	GL50		
412	GL54		
413	Gl20		
414	GL50		
415	GL51 7UD		
416	GL205RE		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
417	GL53 7DG		
418	GL7		
419	GL50 4AG		
420	GL52		
421	GL52		
422	GL4		
423	Gl51		
424	GL50 2LR		
425	GL52		
426	gl53		
427	GL52 3DU		
428	gl52		
429	GL51		
430	GL51		
431	Gl539dw		
432	Gl51		
433	GL53		
434	GL52		
435	GL52		
436	GL50		
437	GL54		
438	Gl50		
439	GL52		
440	GL17		
441	GL52		
442	GL56		
443	GL51		
444	GL50		
445	GL53 0AG		
446	GL51		
447	GL51		
448	GL20		
449	GL50		
450	GL50		
451	GL54		
452	gl53		
453	Gl54		
454	Gl519lf		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
455	GL51		
456	Gl53		
457	GL53		
458	GL51		
459	Gl		
460	GL52		
461	GL51		
462	GL51		
463	Gl20		
464	GL53		
465	GL54		
466	GL53		
467	GL52		
468	GL51		
469	GL54		
470	GL51		
471	gl53 0bl		
472	GL525AN		
473	GL50		
474	GL517EP		
475	GL 50		
476	GL52		
477	GL52 6YU		
478	GL50		
479	Gl50		
480	GL53		
481	Gl52		
482	GL52		
483	GL51		
484	GL54		
485	Gl50		
486	GL3		
487	Gl52		
488	GL52 8GF		
489	Gl52 3dg		
490	gl51		
491	GL50		
492	GL52		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
493	GL20 8HZ		
494	gl51		
495	GL20		
496	GL53		
497	GL54		
498	GL52		
499	GL51		
500	GL20		
501	GL52		
502	GL530PS		
503	GL51		
504	GL50 2QL		
505	GL20		
506	GL52		
507	GL51		
508	GL53		
509	GL50		
510	GL51 6RT		
511	GL53 8EX		
512	GL52		
513	GL52		
514	GL50 2LH		
515	Gl50		
516	GL52 9hr		
517	GL51		
518	GL20		
519	GL52		
520	GL52 8XF		
521	GL53 8PF		
522	GL52		
523	GL52		
524	gl52		
525	GL50		
526	GL53		
527	GL54		
528	GL52		
529	GL52		
530	GL51		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
531	GL1		
532	GL1		
533	GL4		
534	GL54		
535	GL2		
536	GL51		
537	GL51		
538	GL53		
539	GL51		
540	GL54 5JJ		
541	GL53		
542	GL53		
543	GL51		
544	GL8 8US		
545	GL53		
546	GL12		
547	GL52		
548	GL53		
549	GL75NL		
550	GL 51		
551	GL52		
552	GL16		
553	gl54		
554	gl5		
555	GL50		
556	GL52		
557	gl2		
558	GL52		
559	GL52		
560	GL50		
561	GL50		
562	GL53		
563	GL8		
564	GL50		
565	GL51		
566	GL53		
567	Gl518eh		
568	gl52		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
569	GL52		
570	GL53		
571	GL52 5LG		
572	GL51		
573	GL50		
574	gl510sw		
575	GL53		
576	GL53		
577	Gl52		
578	GL52		
579	GL52		
580	gl1		
581	OX7 6SW		
582	GL51		
583	GL54		
584	GL52		
585	GL2		
586	GL53		
587	GL539AY		
588	GL53		
589	GL4		
590	GL52		
591	GL20		
592	GL1		
593	GL6		
594	GL7		
595	GL53		
596	GL53		
597	Gl538ES		
598	GL53		
599	GL51		
600	GL 50		
601	GL51 6NN		
602	GL53		
603	gl51		
604	GL51		
605	GL54		
606	Gl52		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
607	gl51		
608	Gl537pz		
609	GL12		
610	GL53		
611	Gl52		
612	GL50		
613	GL52		
614	Gl3		
615	GL54		
616	GL52		
617	GL50 2DL		
618	GL50		
619	GL52		
620	GL53		
621	GL50		
622	gl53		
623	GL1		
624	GL53		
625	GL53		
626	GL52		
627	GL52		
628	GL53		
629	GL53		
630	GL20 7ES		
631	GL53		
632	GL8		
633	GL52		
634	Gl20		
635	GL53		
636	GL20 7QL		
637	GL5		
638	Gl52		
639	GL52		
640	GL51		
641	GL52		
642	GL5		
643	GL56		
644	GL8		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
645	Gl523pa		
646	GL52		
647	GL50		
648	GL51		
649	GL53		
650	GL50		
651	GL51		
652	GL53		
653	GL50		
654	GL54		
655	GL52		
656	GL53		
657	GL50		
658	GL53		
659	GL5 4EZ		
660	GL50		
661	GL 53		
662	GL51		
663	GL52		
664	Gl50		
665	GL51		
666	GL3		
667	GL50		
668	GL50		
669	GL5		
670	BS35		
671	GL52		
672	GL50		
673	GL52		
674	GL8		
675	GL16		
676	GL52		
677	GL20		
678	GL56		
679	GL8		
680	GL8		
681	gl53		
682	GL7		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
683	GL54		
684	GL51		
685	GL1		
686	GL52		
687	SN16		
688	GL55		
689	GL51		
690	GL53		
691	GL52		
692	GL 52		
693	GL		
694	GL16		
695	GL53		
696	GL52		
697	Gl50		
698	GL20		
699	GL2		
700	GL4		
701	GL50		
702	GL52		
703	GL52		
704	GL52		
705	GL52		
706	GL52		
707	GL52		
708	Gl54		
709	GL51		
710	GL539LA		
711	GL52		
712	GL2		
713	GL18 1GH		
714	GL53		
715	GL54		
716	GL52		
717	bs2		
718	GL53		
719	GL3		
720	GL4		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
721	GL12		
722	Gl52		
723	GL6		
724	Gl51		
725	Gl51 6js		
726	GL53		
727	GL51		
728	GL8		
729	GL50		
730	GL7		
731	GL53 7EZ		
732	GL54		
733	GL52		
734	GL20		
735	GL2		
736	GL16		
737	GL2		
738	GL51		
739	GL16		
740	GL7		
741	SN16		
742	GL14		
743	GL5		
744	GL51		
745	GL4		
746	gl5		
747	NP16		
748	GL2		
749	GL52		
750	Gl54		
751	Gl15		
752	GL20		
753	GL52		
754	GL2		
755	GL11		
756	GL52		
757	GL53		
		answered	757

What is the first part of your postcode? eg. GL1, GL20

	Response Percent	Response Total
skipped		269

Which age group are you:

			Response Percent	Response Total
1	Under 18		0.00%	0
2	18-25		1.44%	12
3	26-35		3.95%	33
4	36-45		10.17%	85
5	46-55		18.18%	152
6	56-65		26.20%	219
7	66-75		25.84%	216
8	Over 75		12.44%	104
9	Prefer not to say		1.79%	15
			answered	836
			skipped	190

Are you:

			Response Percent	Response Total
1	A health or social care professional		14.87%	117
2	A community partner/member of the public		76.62%	603
3	Prefer not to say		8.51%	67
			answered	787
			skipped	239

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

			Response Percent	Response Total
1	No		69.93%	579
2	Mental health problem		4.23%	35
3	Visual Impairment		3.26%	27
4	Learning difficulties		0.48%	4
5	Hearing impairment		5.19%	43
6	Long term condition		18.00%	149

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

		Response Percent	Response Total
7	Physical disability	7.00%	58
8	Prefer not to say	5.56%	46
		answered	828
		skipped	198

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.

		Response Percent	Response Total
1	Yes	39.46%	322
2	No	54.53%	445
3	Prefer not to say	6.00%	49
		answered	816
		skipped	210

Which best describes your ethnicity?

		Response Percent	Response Total
1	White British	87.09%	722
2	White Other	2.53%	21
3	Asian or Asian British	0.60%	5
4	Black or Black British	0.24%	2
5	Chinese	0.12%	1
6	Mixed	0.12%	1
7	Prefer not to say	9.29%	77
		answered	829
		skipped	197

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

		Response Percent	Response Total
1	No religion	35.10%	291
2	Buddhist	0.60%	5
3	Christian (including Church of England, Catholic, Methodist and other denominations)	49.94%	414

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

		Response Percent	Response Total
4	Hindu	0.00%	0
5	Jewish	0.36%	3
6	Muslim	0.00%	0
7	Sikh	0.00%	0
8	Other	1.81%	15
9	Prefer not to say	12.18%	101
		answered	829
		skipped	197

Are you:

		Response Percent	Response Total
1	Male	40.05%	332
2	Female	54.04%	448
3	Transgender	0.00%	0
4	Prefer not to say	5.91%	49
		answered	829
		skipped	197

Do you identify with your gender as registered at birth?

		Response Percent	Response Total
1	Yes	94.03%	772
2	No	0.24%	2
3	Prefer not to say	5.72%	47
		answered	821
		skipped	205

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

		Response Percent	Response Total
1	Heterosexual or straight	85.68%	706
2	Gay or lesbian	0.85%	7
3	Bisexual	0.61%	5
4	Other	0.36%	3
5	Prefer not to say	12.50%	103

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

	Response Percent	Response Total
answered		824
skipped		202

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

			Response Percent	Response Total
1	Yes		0.72%	6
2	No		65.58%	543
3	Not applicable		28.50%	236
4	Prefer not to say		5.19%	43
		answered		828
		skipped		198