Fit For The Future - What matters to you?

Full report – quantitative and qualitative data

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.

			Response Percent	Response Total
1	Strongly support		36.07%	215
2	Support		31.54%	188
3	Oppose		11.24%	67
4	Strongly oppose		13.59%	81
5	No opinion		7.55%	45
			answered	596
			skipped	28

Please tell us why you think this, e.g. the information you would like us to consider (299)

1	If its means reliable and consistent access to specialists regardless of the the day or night then it deserves full support.
2	Gloucester hospital is renowned for putting the fear of God into people when they have to go there for care, removing options for Cheltenham - especially during a pandemic seems insensitive to say the very least. We live in Stroud but have previously chosen to drive to A&E in Cheltenham to avoid GRH. I think there should be a lot more work going into trust in our services and more specifically the paper pushers at CCG before trying to garner support for another master plan that will inevitably cost trillions, be done without consent and have frustrating outcomes for patience and staff.
3	Gloucester itself is simply not big enough to accommodate current demand yet alone the additional 5,000 plus hour being built in Cheltenham in the next few years!
4	But needs much bigger a+e at GRH
5	Many patients do not have transport and will be unable to travel to the 'alternative' hospital.
6	There should be one at Cheltenham General also
7	It would make sense to send sick medical patients to a single site where a full team can look after them rather than patients going to two different sites where they experience long wait times on AMU because the clinical rotas have lots of gaps.
8	All acute work should be on one site.
9	Very misleading question. I would doubt anyone will not want a centre of excellence, but more importantly how will this impact the other services
10	need to put all the expertise in one place 24/7
11	How would you support acute medical at CGH and that side of the county? Increasing travel time for a seriously unwell patient
12	Centre of excellence as opposed to two try hards
13	It will be easier to manage 24/7 and we will be able to afford the best equipment if only one piece is needed instead of several.
14	AMU should be spread across both sites to prevent a bottle neck where we are changing wards such as gynaecology into a amu. It is not appropriate for women going through tough times and having to have miscarriages in bays with patients from other specialties. It violates privacy and dignity and is heartless, but no other choice due to hospital management.

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	Response Percent	**Response Total**

15	In a county this size , with the shortage of doctor and nurses we need to ensure that we have the safest care available and to do this efficiently as possible we need to have services centred on one site , in acute medicine GRH is the preferred site. This will not be popular with Cheltenham people but they have to accept that they will never ever have a fully functioning hospital on their site .
16	There needs to be acute medical services at CGH also.
17	From a staffing perspective, the difference to the acute medical staffing is much better having it centralised. However, I do think that there needs to be some kind of pathway for cardiology admissions; they currently have to go from AEC to ED GRH when they have been post taked by a consultant, just to come back to Cheltenham the next day.
18	As things are, without increased levels of staffing on medical wards, numbers of staff on each shift will just continue to be inadequate/bordering on unsafe. It will be inpossible to provide holistic care.
19	This already works well with the acute medical take at GRH and all patients can be seen within the 14 hours that has to be a great improvement. Patients not being seen means their stay may be longer and their recovery poorer. It is frightening as a patient or relative if you are waiting sometimes days to be seen or reviewed and this would prevent that so a definite yes from me.
20	Especially with COVID it is sensible to centralise this service.
21	I think at the present time (ie in the middle of a pandemic) it is sensible to concentrate all acute services on one site and ALL elective services on the other.
22	Both hospitals need to be able to assess and treat from both A +E departments. Currently Cotswold patients are having to be admitted to GRH meaning extra journey time for them and their families. Transferring Stroke and elderly patients back to CGH is not ideal and would be better being able to being able to provide holistic care for patients on both sites as we have done well for some time.
23	I think it should be split between the 2 hospitals so that you can go to the nearest hospital to where you live. I see no reason that both hospitals can not have enough or share staff so that this can happen
24	To centralise services in one place. To have the specialist equipment and staff on one site.
25	Damaging effect on the local community, as it disproportionately affects vulnerable individuals with protected characteristics. Concerns about bed space at GRH. Concerns about a bottleneck effect at GRH - if you double the amount of traffic, you need to double the width of the road, ALL roads, leading in and out. Leading on to concerns about the lack of funding for SWAS as per their financial outlook to provide the additional ambulance service coverage. Flawed notion of attracting high quality staff from a business/management perspective. Gloucestershire's market has competitors in Bristol, Birmingham (to an extent), Oxford, and of course London. Centralised services will not enable GHNHSFT to outcompete these, leaving us with 'the best of the rest'. This would have been the case whether centralisation occurred or not, thus centralisation itself is a moot point. Flawed concept of 'extra time' to care. This will inevitably lead to cost savings (perhaps instructed by ministers, and not immediately) by reducing staff numbers to provide current levels of care, only now at one site.
26	I think the gastrointestinal ward should be bk in Cheltenham as I have a stoma and Gloucester hospital is far from me
27	Bed demand at GRH already very high in comparison to CGH; consolidating all of medical take to GRH would sustain or even increase this demand. It is hard to see how the current situation, even pre-winter demands and Covid resurgence, can be maintained without regular black escalation statuses and ""clearing the decks"" of patients to CGH. Patients seen at CGH ED would need to be transferred to GRH if they needed an AMU bed.
28	There's no point, the trust is focusing too much on the 'front door' and acute medical unit! What about the rest of the hospital, not good for pt. flow is the other services aren't looked at properly! Also not everyone lives in Gloucester, this is not their nearest hospital!
29	GRH will be overwhelmed. Unable to provide ""excellent"" acute care at present even since acute take moved there under ""temporary"" Covid changes.

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30	Gloucester Hospital cannot cope with Cheltenham patients - while I was in Gloucester with my Dad the relative of someone fainted as they had nowhere to sit and were enduring a long wait with their relative in the corridor. People were sitting on the floor - very shabby we need both Cheltenham and Gloucester hospitals working a full range of services as they have always managed in the past:		
31	There aren't enough staff to go around, so we need to make best use of those we have.		
32	It's not clear what services will be 'removed' from GRH in order to accommodate a CoE. Also by locating a major single service at one of the two hospitals doesn't address the increased time to travel for patients from the East of the County, the parking inconvenience (every part as bad at GRH as CGH, or cost of travelling further. Equally it does seemingly support (perceptibly at least) the downgrading of CGH A&E more permanently which is already and will continue to be an appalling decision.		
33	As a clinician having worked in the acute sector predominantly at CGH I can not support the aim to centralise acute services at GRH strongly enough- doing so will enable a much higher level/ standard of care to be provide to all patients requiring acute care and will also improve the experience of our trainees working in this environment. The latter will then hopefully increase the attractiveness of working in the trust and/ or the acute sector of the trust to future junior and senior doctors.		
34	GRH cannot cope with current level of acute medical admissions and we have not yet reached the Winter. Regarding retaining staff, both medical and nursing, the Trust appears to be steam rolling ahead with implementing it's changes to services regardless of how staff feel. At least 3 acute medical consultants at CGH have been lost to other Trusts due to the Trust's disregard for them: of course there is a shortage of Consultants because the Trust doesn't care about them and won't admit that it has made mistakes. the Trust board ultimately has it's own interests in mind i.e. to implement it's changes. Nursing staff have been subject to managers that have been extremely economical with the truth. Established, skilled teams have been pulled apart, often at short notice, under the guise of ""temporary"" measures, timescales which have been increased. It is quite obvious the Trust has no intention of reinstating acute medicine. The Trust needs to be honest with staff and tell them that this is probably the case rather than being evasive and sly.		
35	I would prefer to go to a site where the specialists are, rather than a hospital that is nearer but there are less staff available		
36	It is not clear what this actually means. Does it mean A&E will not be available in CGH?		
37	this is completely unsafe and ludicrous		
38	We need an A+E and an acute care unit at Cheltenham general hospital.		
39	this move is completely unsafe and a silly move the organisation. Cheltenham needs an amu too.		
40	unsafe for patients		
41	Cheltenham needs an acute care ward. how can you have a functioning a and e, which the trust keeps on insisting it will have at Cheltenham with no where for the patient to go after initial treatment? putting sick people in ambulances to grh is ridiculous. making the public believe they will have an a and e when they will have a sub par service is deceitful		
42	stupid idea how can a county this size have no medical take in cheltenham		
43	Makes sense as A&E located there		
44	Cheltenham is a large town that deserves an ED and Acute medical intake. Previous to this change Gloucester would on a regular daily basis divert either their GP and acute admissions to CGH ACUC as GRH could not cope with the high demand of patients. I feel the care is unsafe and compromised as a result of the change. Cheltenham ED and ACUC would receive patients from the Cotswolds which is an ageing population who relied on CGH service.		
45	Presume staffing a single acute centre is easier than two, making the care it can provide more consistent and 'guaranteed'. Only reason my response is 'Support' and not 'Strongly Support' is the extra 10 miles I would need to travel.		
46	The provision for Emergency, consultant led 24/7 care on the East of the County is essential for best outcomes for the aging population given how overcrowded Glos A&E is. Therefore anything which doesn't re-provide the highest tier of A&E at CGH puts patients at more immediate risk of poor outcomes IMO.		

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47	Coming from Cheltenham and having spent over 30 years working in CGH before moving to GRH, I am quite saddened that CGH seems to be the 'poor relation' and while I understand that for many reasons, services need to be streamlined and centralised, it's hard not to feel upset at certain changes.		
48	A centre of excellence is a title conferred on a centre by other institutions and is not something you can simply decide to be. Aspiration to excellence is essential but not if this is considered zero sum - i.e. we can aspire to be a centre of excellence in A and therefore B will not be excellent. Also there are currently services which are already considered excellent : does the Trust know what these are and do the various plans consider that aspiring to excellence in one domain might strip and already considered excellent service of its status?		
49	Focusses resources in one place and should be located where ED is located		
50	Please consider the effect this will have on the large number of elderly, frail patients admitted,(and readmitted) who are often MSFD early on but have multiple moves within GRH and CGH before eventually transferring out of hospital.(recent example: 89 yr old with advancing Parkinsons Disease and increasing frailty admitted for 5 days and had 5 moves: ED/AMU/7A/Snowshill/Bibury. Family were contacted when in AMU and happy to have him home from AMU). This is not uncommon.These moves have a deteriorating effect on cognition, general physical functioning and continence. How can we make this better for this cohort of patients? Consider direct to FAS/AMU then transfer to specialist Elderly Care Ward. Also please consider use of beds at CGH: Ryeworth is the only specialist COTE ward,far too many outlying COTE pts across Bibury/Cardiac2/Knightsbridge. Consider reinstating a second COTE wards at CGH. Our 'back door' is as important as out 'front door'.		
51	localised care rather than having to transfer out/ redirect ambulances at great cost and challenge to the patient		
52	Far too far away from Fairford to be a good option for patients from that town/area		
53	Enables acute medical team to focus their resource on one site rather than being split and struggling to cover both hospitals.		
54	it makes sense to have a collection of acute medicine departments in a single place. But these do need to be fit for purpose and fit for the 21st century, neither site currently is fit for purpose		
55	there is nothing in the questionnaire relating to cardiology. But the booklet clearly states amalgamating cardiology and cath labs with other radiology procedures. these are NOT the same, they are specialised and individual. This would break up any cardiology teams who foster good relations with other disciplines and work very well together. A general recovery area for these patients would be detrimental to their care and knowledge the staff hold diluted to basic and not the high standard of care we give at the moment. - its a bonkers idea. Why is cardiology constantly treated like the poor relation and not one of the jewels in the crown. why not try to create a cardiac centre of excellence?? its an increasing issue with increasingly younger patients. we do not service the population of Gloucester well without a Cardiac Centre of excellence. please don't shoehorn cardiology within radiology - isn't good and generalist staff haven't worked elsewhere. It has been tried and didn't succeed. staff will leave and will reduce staff and patient wellbeing alike.		
56	Too Gloucester central, what about those of us who live to the East of the County?		
57	More expertise on one site and better care		
58	Cheltenham should remain an acute general hospital		
59	Services provided at Gloucestershire Royal Hospital and Cheltenham General Hospital should not be duplicated. Either one or the other facility should provide a specific medical speciality.In that way the specialist teams will be concentrated on one site		
60	It would be problematic for rural locations, travel, job continuity and economic health in and around CGH		
61	this move has made it very unsafe for patients as grh staff just cant cope with the high volume of patients they are getting. The worst move they have decided to do.		
62	good to have all services in one place.		

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63	Its a great idea in paper apparently due to severe lack of medical bed capacity in the current situation its impossible to be a centre of excellence. Also without medical admission in cheltenham general hospital the ideology of ED is impossible as most of the cases presenting to ED is medical who may or may not need admission. Elderly people are most affected.		
64	Having a more centralised provision will be more beneficial to patients.		
65	I cannot see any reason to make a case against it		
66	I strongly believe in centres of excellence and to me it is clear that the GRH is the only site for such a service. One significant factor is the possibiliyy of more timely access to Mental health services		
67	At present all medical take is at GRH and therefore at CGH we get all the medical patients that are difficult to manage and that GRH do not want. By having medical take at both sites the types of medical patients are more evenly spread.		
68	If it is a place where future care via a plan is determined it must be good.		
69	We need to concentrate our resources for acute medicine on one site.		
70	Members of the public having to travel over to GRH. Not everyone has access to a car, can afford a taxi or easily access the bus service.		
71	Gloucester hospital is at full capacity as it is and is barely able to cope. As it stands, Cheltenham and the surrounding areas are already clamoring for a fully working hospital of their own.		
72	Services provided by Gloucestershire Royal Hospital and Cheltenham General Hospital should not be duplicated. Either one or the other should provide specific services. This is the best way forward so that specialist teams can be based on one site		
73	Would require adequate staffing and physical space which maybe easier to achieve located on one site		
74	lbecause you seem to be reducing services at Cheltenham General Hospital in favour of Gloucestershire Royal. This hospital is already stretched to the limit. It is in a most difficult place in Gloucester with very limited parking and for people north of Cheltenham it is a long journey		
75	In theory it sounds good but I worry that the bed capacity in grh is not enough to get patients through safely		
76	GRH would get overloaded as is the case with ED		
77	Would better serve our large catchment area and reduce requirement for travel to alternative sites (Bristol, Oxford, Worcester)		
78	I believe we need a dedicated Accident and Emergency facility of sufficient size and with sufficient resources to meet the needs of the whole county. This should be in partnership with enhanced minor injury units.		
79	Makes sense to focus these resources in one place rather than dividing them across two sites.		
80	The majority of specialties are based at Gloucester, so it makes sense to admit primarily to Gloucester. This speeds up the patient journey and prevents there being wasted time waiting for particular consultant ward rounds or transfer to opposite sites.		
81	this was the worst decision the organisation has made. massively unsafe for patients		
82	I would only support this if a significant piece of work is done to make sure that frail older patients, particularly those with dementia are not moved around from ward to ward, site to site with little care or thought of their needs and the harm that is being done to them.		
83	Gloucester Royal is not easy to get to from many pay of the county		
84	Having a centre of excellence for acute medicine at GRH makes a lot of sense, but it is important to reflect on what centre of excellence might be appropriate for CGH, perhaps chronic or ongoing care? I think it is very important to ensure that CGH is not appear to be downgraded and is valued as a site for quality care provision.		

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85	If A&E at CGH is truly to be returned to 24/7 Consultant led, it stands to reason that Acute Medicine must also be on site to provides beds and support for A&E. Therefore it makes common sense that both GRH and CGH should both have centres of excellence. One hospital cannot be a tertiary of the other. Further, recent history shows that GRH cannot cope with any reasonable pressure on A&E and Acute Medicine without falling over. Having both site working provides a relief valve for the other in dire emergencies.		
86	I do not think that Gloucester Royal Hospital will cope with all the acute services that you wish to base there. They cannot cope with the influx of patients at the moment particularly at night. These plans do not improve patient experience they merely allow the trust to attempt to save money		
87	Cheltenham General can offer the same service if you let them		
88	To help flow.		
89	I think it will promote continuing excellence in the services provided and will attract good quality staff to the area.		
90	having access to wide range of specialists as quickly as possible seems key		
91	I support because of all the diseases occuring around the world and the development of vaccines will be at the forefront of medicine technology.		
92	Because AMC waiting times will be extended and staff have excessive work loads to negociate		
93	It should be spread across two sites for geographic reasons, to reduce waiting times and reduce staff stress		
94	I want my care as I get older close to home so that family can visit. I would have no intention of being in a hospital away from my home town. This has high priority for me. Acute medicine has worked well at CGH for us up until now with ACUC managing the Acute Admissions well. From my observations of the medical wards at GRH they are not fit for practice. They are old, overcrowded, dirty, poorly staffed I would never wish to be a patient on these wards from my parents experience of being a patient on them. This would not be a centre of excellence - just an overcrowded cattle market.		
95	Concentrate this and the required support services for this on one site		
96	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion as we are having to do an increasing amount of work overnight yet have no funding for extra staff! 1 person that covers the whole hospital at GRH is dangerous.		
97	I believe CGH should offer equal services to GRH and not all resources diverted to Gloucester		
98	I am in favour of the centre for excellence approach to medical treatment. We have two main hospitals which need to be operating coherently.		
99	Cheltenham and surrounding villages and other small towns in Gloucestershire deserve to have their own ""Acute Medical Take"" at CGH. Travelling is difficult enough in Gloucestershire and Gloucester Royal Hospital has very inadequate and expensive parking. This is a very busy tourist town with many festivals bringing thousands of people to the town and it is a very poor decision to only have a centre of excellence in Gloucester. We need our own A & E and also our own Acute Medical Take I am not opposed to Gloucester having its own centre but both places should be treated the same. Gloucester is a very large county stretching from the borders of Wales to the edge of Oxfordshire and Worcestershire.		
100	I live in the Gloucester area to have only 1 acute medical intake would be disastrous, and I cant help but feel you are more than willing to put peoples life at risk for the sake of money		
101	This will reduce ease of access for Cheltenham and Cotswold patients. The site at GRI is difficult to access and navigate and crucially parking facilities are woeful. Traffic congestion around GRI is often very bad - this will add to the problems in people from Cheltenham and Cotswolds getting to the hospital easily for treatment,		

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102	Acute medicine consultant workfroce better concentrated to provide sustainable rota on single site rather than split across two hospitals. Better use of resources at singel site with economies of scale need to caution about overnight medical cover being adequate across remaining patients at CGH and patient frlows for walk-ins would need acute medical offer		
103	increased travel time from the Cotswolds for A and E services More pressure on one hospital		
104	I think it is important to aim for providing the best possible conditions in the service provided		
105	Both centres need to provide all sorts of emergency medicine .		
106	It makes a lot of sense in so many ways. Specialist staff where they are needed and economy of one place but the assurance of cross information when necessary. A huge plus is that scheduled day surgery will be able to go ahead as planned. As a patient I have experienced surgery required after attending ED with a cut tendon, having to be surgery ready each morning only to be told it would not happen and finally being extremely ill after being giving antibiotics because of the increased risk of infection. I also think that the guided imagery will offer huge benefits e.g. to stroke patients attending ED, removing the clot quickly could mean a reduction in brain damage.		
107	There just isn't a big enough ED at Gloucester, not enough Resus vays and just too cramped		
108	This will mean Cheltenham residents will have to get there and Cheltenham hospital will not be needed, we need a centre of excellence in every hospital		
109	Need a 24/7 type-1, consultant-led A&E at Cheltenham General Hospital.		
110	Evidence is that specialist stroke unit and cardiac units provide better patient outcomes		
111	There will need to be adequate space to accommodate the increased workload		
112	It's a rational use of limited resources. Concentration of specialist people, and specialist kit, absolutely makes sense, and research shows that it produces better outcomes.		
113	I'm disabled and have no transport to get to and from the hospital in Gloucester would very especially as wheelchair accessible transport is no longer provided to bring me home on the day of discharge		
114	Centralisation of this speciality will ensure that the clinicians with the right skills are always available. It will reduce risks to the public and reduce the need for potential transfer either to another facility or out of county		
115	Best location in the county for this service		
116	It is sensible to make best use of resources and nor split them between two sites		
117	Gloucestershire hospital is terrible as an in patient. The care and communication with family members is practically non existent. I personally would not want to be treated at Gloucestershire Royal hospital for anything.		
118	Gloucestershire Royal is a difficult journey from North Cotswolds with poor bus services. Difficult for older people to visit relatives.		
119	It is the right approach for the future.		
120	Because without a facility for acute medical take at Cheltenham it would Be much more likely that the A& E dept at CGH would be rendered unviable. Travel times from the East of the county would be increased. If this option were to be adopted the facilities at GRH to accept the increased number of acute medical patients would have to be considerably improved.		
121	Better treatment for all		
122	A centre of excellence in one location enables experience and expertise to be shared, high standards to be set and maintained, as long as its management is supportive and creates an environment where the organisation and the individual members can learn and develop, not compete.		

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123	It makes sense to me have the expertise in one centre.
124	Acute Medicine seems to be an area of health where time is its greatest obstacle for a steady recovery. The availability of a correct specialist could likely contribute to the realisation of the actual problem rather than concerning around the symptoms that initially brought the patient to the hospital. Hopefully a 'centre of excellence' would increase the value of medical investigation of a patient's condition so that prevention can be enforced in the treatment. Although Gloucestershire Royal Hospital is central, the medical team may also require consideration of how patients from other towns may be able to access the yard without delay or complications.
125	The options outlined appear to make medical and operational sense
126	Broadly support this measure although concerned about travelling distance for patient and/or family and friends if having to travel from e.g. the east/north of the county. Using a bus (could be 2+), particularly later in the day/evening, or having to fork out a for a taxi/persuade a friend/family member to drive further is far from ideal. Some concerns over whether there would be sufficient bed space for services to be centralised - other hospitals who have merged services from two sites relatively near to each other onto one site have experienced issues with capacity e.g. a county to the north of Gloucestershire Can see the benefits of seeing the right person sooner which is very beneficial for all concerned
127	A single centre in Gloucester will inevitably: Increase congestion in the department Increase nurse triage time Incease doctor wait to be seen time Significantly increase ambulance job cycle times for SWASFT Increase the amount of inter-site ambulance transfers between GRH & CGH undertaken by 3rd party providers Delay commencement of treatment for residents in Cotswolds & Cheltenham by having to travel to GRH
128	This will give best outcomes for patients. Highly skilled teams will be able to care for patients & be able to support each other.
129	More efficient use of specialised staff
130	If this is thought to be a good idea, it probably is!
131	Both Cheltenham and GRH should have full facilities. This will give flexibility in terms of capacity and also provide options should one facility be unusable through disaster or infection. Currently I have experienced GRH A&E is working beyond capacity with beds in corridors'
132	The proposed solution in the Consultation Document appears sound.
133	Gloucester is in the centre of the county so it would be logical to have the acute medical take here.
134	We live in the east of the county, and Gloucester is a long way to travel. This problem is exacerbated as we get older, and private transport becomes more difficult. Public transport is simply not an option.
135	I believe Gloucestershire needs more than one center of excellence. This will give options should GRH be overloaded or temporarily unavailable (infections, disaster of some type).
136	Transport from the Cotswolds to GRH is not easy. Buses only run six days a week and require changing at Cheltenham. Parking at GRH is well nigh impossible and very exodnsive
137	With stretched specialised NHS resources concentrating particular but different Specialists at each hospital makes sense. I am also reassured that A&E will remain at Cheltenham hospital as we live in Bourton-on-the-Water so need to be confident that the closeness of A&E in Cheltenham in an emergency provides a much better chance of survival rather than going all the way to far side of Gloucester from here.
138	Having centres of excellence is ideal providing it does reduce waiting time, and ensures operations are not cancelled. All expertise in one place so if second opinion is needed there is someone to consult immediately without the necessity of a follow up visit somewhere else.

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139	Services need to be nearer the population rather than centralised.		
140	quick and accurate diagnosis are very important.		
141	Creating CoEs across the county will inevitably create a good deal more traversing of the county for patients. I can empathise with the desire to make best use of resources.		
142	I think the proposal is fine for the short/medium term but with major population growth planned for both Tewkedbury and Cheltenham, planning should commence for sharing between both hospitals in 5/10 years		
143	24/7 access to multidiciplanary teams. Specialist equipment. RIght disciplines to provide services and ability to train more staff		
144	Acute medical take is urgent care and represents one third of all hospital admissions (Royal Coll Physicians - 'Supporting the Acute Medical Take Dec 2015). While I support the principle of single centre of excellence approach for the Glos NHS Trust, surely for urgent care which represents such a high proportion of cases we need to serve both ends of the county properly. This would surely also mean a massive shift of patient numbers from Chelt to Glos and a resulting decline in budget for Chelt leading to further reduction of services there		
145	I think it is important that the best acute care is needed where there is a concentration of expertise. Diluting staff expertise in two centres is not the best way to achieve this. Having acute medicine (acute medical take in Gloucester makes absolute sense, and I do appreciate that for some cases, subsequent transfer to the regional centre in Bristol (e.g. BRI/Southmead) may still be required for the most serious cases.		
146	I feel that this sort of service should be available at Both Cheltenham and Gloucester		
147	More effective/efficient to have one centre for this		
148	The need to employ qualified medical and surgical staff Increasing demand for complex treatment		
149	Local		
150	GCH is so far away from the majority of the county		
151	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
152	Whilst GRH is further travel time for me, I recognise the need for focussing practice		
153	As long as capacity is adequate and doesnt impact upon other services		
154	Worried about what you promise but probably won't do at Cheltenham.		
155	It worries me hugely that the town the size of Cheltenham already hasn't got 24/7 Consultant Led A&E services. This seems another plan to reduce this even further. I worry about increased time to get emergency help for my children and elderly parents by having to travel to another town.		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.		Response Percent	Response Total
156	Having all your 'specialist' staff in one area may be better and more cost effective for you but as always it's the patients who suffer. Traveling to and from Gloucester is not easy for those without their own transport. Even if the patient is transported to Gloucester by ambulance, once discharged they have still got to find their own way home, probably still feeling very unwell. They may not have friends with a car or have sufficient funds to cover the cost of a taxi, which leaves the bus, if it is running and if it is not full. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
157	The concentration of key resources in one place to reduce duplication and wastage.		
158	It sounds like a good idea, but as we are on the edge of gloucestershire it would be further for visitors to travel for us		
159	Ambulatory Care is the way forward and many more people are likely to be treated this way in the future. It makes more sense to have two hospitals offering this service in such a large county area. Cheltenham is much easier to get to for many than Gloucester.		
160	Better to have all emergency services on one site		
161	Whilst GRH is further travel time for me, I recognise the need for focussing practice		
162	I feel it shame that departments at Cheltenham Hospital are bit by bit being transferred to Gloucester. Eventually Cheltenham hospital will become a minor community hospital. Cheltenham is large enough to warrant its own fully functional hospital. It seems the main problem is lack of staff resources. Rather than transferring and closing departments which is not in the interest of Cheltenham residents the only real long term solution is to recruit and train staff. The people of Cheltenham deserve better. Regarding this survey I find the information provided complex not concise. It is really time consuming for general public to work out what is being decided and make their comment. There is also a feeling that whatever the public opinion is the NHS management will just do what they want.		
163	I understand the need to concentrate resources.		
164	acute medicine is required both sites. CGH has ICU beds nad medical meds to help ease the patient load		
165	I wish to ensure that the best treatment is available as timely as possible and is not compromised by duplication of service across sites.		
166	The Report and its recommendations have been prepared by hugely professional, experienced and competent personnel. Ninety nine per cent of feedback from the public is likely to be simply based on how it affects their personal situation regarding treatment required and location, and not necessarily related to what is best for the community at large and indeed the NHS.		
167	all experts in one place considering the staff shortage the NHS is currently under		
168	It's closer for most people. Ie the forest and cotswolds		
169	It makes sense to have one 'centre of excellence' rather than reduced facilities over 2 sites 12 miles apart		
170	I will appreciate one world-class centre for the county; without spreading the expertise by having a second service in Cheltenham. The current A&E provision at CGH (i.e. its Minor Injuries and Illnesses Unit) looks appropriate to me.		
171	It does make some sense to centre areas of expertise. However certain things also need to be taken into consideration. Access for people getting to the locations. Danger of additional time for emergency cases having to go to GRH. What is the impact on the other hospitals such as Cirencester, Tewksbury, Stroud etc.		
172	It enables Gloucester Royal to be a centre of excellence for treating trauma patients which will improve patient outcomes. Takes pressure off cold case planned beds.		
173	This is a hospital stay (even if 1 night) for which the patient and their family/carers have not planned. Hard enough to cope if it is local but very stressful if it is not. This is a case where both hospitals must be centres of excellence.		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.		Response Percent	Response Total
174	I believe in current medicine, centres of excellence are a 'good thing'. GRH has the space and I trust facilities for this so I am happy to proceed.		
175	there is ample evidence that diffusing resources results in worse outcomes for patients. The term centre of excellence is best avoided - it sounds good but means nothing - why would anyone not want excellence? How do yo define a centre of excellence?		
176	Depends on future direction of Cheltenham General Hospital		
177	Opportunity to improve recruitment and retention of staff a strong argument for single site, linked to 24 hr consultant A&E		
178	Had an acute kidney stone admission few years ago just after Xmas - live next door to CGH - last thing would have wanted would have been to have been taken to GRH!		
179	If this means moving acute patients from Cheltenham to Gloucester then I oppose. These are normally time critical cases and travel is clinically detrimental. There are large and growing populations in both towns and future demand will require acute services at both sites.		
180	In the modern NHS it makes sense to create centres of excellence for various specialities		
181	Separate emergency services from elective services completely		
182	Centers of excellence has to be the way forward to benefit the use of technology and Consultant/specialist skills.		
183	I can understand the reasoning and rationale for this option but I worry about capacity, if everyone suddenly has to attend GRH with no option to attend at CGH will waiting times be longer, will standards of care to the community be affected, will it mean that other treatments and services suffer at GRH. I am not against the proposal but these are some thoughts and questions I am having as a (potential) service user and a resident of Gloucestershire. I worry that this is also a step to wind down care and service provision at CGH too.		
184	Why have a hospital in your own town that your not able to use for all services		
185	Its a long way from the outer borders of the county - and not much use if it takes over an hour to get there - starting from 999		
186	It is better to complete the assessment of a patient where they are and transfer once if needs be to the correct place.		
187	No clinicians I have spoken to think that this is a good idea - and I am dubious as to whether this is about patient care or whether it's to save money. Sadly I suspect the latter.		
188	You're proposing to close Acute Medical Take at Cheltenham. This looks a lot like yet another attempt to downgrade the emergency care at Cheltenham. Both hospitals need full A&E and Acute Medical Take.		
189	There are still likely to be acute medical beds in CGH, so many patients will be being transferred. Currently, even prior to COVID there was too much disorganised movement of patients to aid flow that was/is detrimental to their care. CGH has now become an overflow hospital for GRH not a centre of excellence.		
190	The area of Gloucestershire requires services at both Cheltenham and Gloucester		
191	Clear clinical advantages in not duplicating staff, so long as sufficient / additional staff numbers are working shifts to deal with increased numbers (you couldn't just shift the take and keep the same number of staff with increased number of patients).		
192	Up to date medical science and future developments		
193	It makes sense to centralise this area		
194	Centralisation seems fine from a management point of view but the impact on the recipients can be major in terms of travel and access to the services.		
195	Particular medical conditions can be prevented from getting worse if treated / diagnosed earlier		
196	The rationale seems clear		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.

		Response Percent	Response Total
197	make the best use of the expertise for each discipline. Not point in having too many duplicated services.		
198	As I live in the Forest of Dean it would be far more convenient for my family as possible patients to be treated in Gloucester		
199	I think everyone would prefer to be treated where specialist care is available and immediately accessible. This comment applies to all sections		
200	Our guests (we're from Cheltenham Open Door) have complex needs and issues (addiction, mental health issues, etc). If we don't have local emergency care (or suspect, if they have to be admitted, it will be in Gloucester) they are unlikely to seek help when they need it and may wait until the situation is critical and they have to call an ambulance. This will make for worse outcomes for them and the need for (presumably) more expensive and complex intervention for the NHS. Not all our guests have hugely complex needs but most would struggle if everything acute was at Gloucester. Very few would be able to have people bring stuff to them or visit if they're in Gloucester (bus fare, logistics, etc). Many rely solely on their groups of friends for support, being estranged from their families, and simply wouldn't present until the last minute if they thought they'd be taken to Gloucester. You mention ""The importance of mental health support as part of all services"" BUT not all mental health support is provided by the NHS. Sometimes, perhaps, it is as or more important to have the people who regularly provide your stability and support able to easily access and reassure you. On a personal note, I and my colleague have elderly parents who have been in A&E/ambulance situations. It's a nightmare when they are taken to Gloucester. If it's rush hour, following the ambulance takes an hour and a half and you can't pop in and out to take them things they need. You feel you have to abandon them, and they feel abandoned, when you are trying to support them from a different town. It creates anxiety, logistical issues and upset. It isn't what anyone wants.		
201	My Husband had excellent care at Cheltenham General. A serious op for Bladder Cancer in 2015		
202	Quicker access to specialist doctors Shorter waiting times Costs of transfer for GRH to CGH for some patients and ambulance service pressure is a concern		
203	Anything that reduces risk, Travelling time, being passed from pillar to post offers a quality service, with quality staff can only be excellent		
204	Travel to Gloucester from my home by public transport would not be easy and unnecessary when there is a Hospital nearer in Cheltenham. Type 1 diabetes is not easy to live with and at an advanced age can be traumatic when having to travel.		
205	Recruitment and retention in the NHS is a severe, long lasting, problem. A two site model makes it much harder to recruit staff and to retain them. A single site model makes it easier to recruit staff. A two site model will struggle to maintain safety. A single site model will be safer. Most people will get quicker, better, care in a single site model. A single site model unleashes allows staff and systems to work better. Importantly: a centre of excellence at GRH will benefit people with mental ill health who attend for physical health reasons.		
206	travel time concerns, availability of parking if centralised on once site		
207	The facilities exist to enable this.		
208	This will disadvantage people who are close to Cheltenham. Both sites should be the centre of excellence for acute medicine. It will also cause the Trust money if someone gets unwell in cheltenham to be moved to Gloucester.		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.		Response Percent	Response Total
209	A single focus in a large county is not practical. Travelling to and from one hospital site is difficult and unpractical for many people that get especially with no transport and poor transport links. In emergency the further away from the centre the longer travel on times, problems getting through traffic, fund a means of transport to get to hospital. With large populations in different locations no sense to have resource in one Gloucester city alone that is also difficult to get to fit many outside Gloucester....travel times and ease of access can be critical		
210	Do things well in one place. Concentrate skills and workload.		
211	I It will ensure that specialist care is available at all times although it means I will have to travel from my home within walking distance of CGH.		
212	Having this can allow resources (provision and expertise) to be used effectively and not watered down.		
213	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at iether site pose difficulties and high costs.		
214	Overall better patient outcomes and improved workforce environment.		
215	GRH should receive all unselected acute admissions. This will enable us to screen patients for infectious conditions such as COVID-19 and keep them there until it is safe to transfer to the ""green"" CGH site. this way we minimise the risk of disruption of elective specialist treatment such as surgical and non-surgical cancer care.		
216	Makes absolute sense to have a Centre of excellence. Paramedics and GP's will know where to take and send associated patients rather than pot luck between two options.		
217	Glos Royal needs to improve		
218	Reduced waiting times Specialised staff in one place, so prompt decisions, better staffing		
219	As I don't drive its most useful		
220	Localised specialist care hub should improve quality of care and outcome providing any delay in transit CGH to GRH is avoided.		
221	Save on staffing and equipment by focussing on one location. Provide a better service.		
222	A good central location with good transport links. Ensure more bus services from out laying locations		
223	This sounds like it would lead to the loss of Acute Medicine at CGH. I have really noticed during the COVID changes that this often leads to multiple patient transfers across areas and hospitals which can be difficult and dangerous. Several patients on RYE had been to 4 ward areas prior to arriving on RYE.		
224	Experienced qualified staff centralised More opportunities for shared learning and research Intensive care facilities on one site High tech imaging facilities...		
225	I respect the reasons set out in the consultation document		
226	The creation of a COE will benefit staff and Patients However a more ""joinup"" public transport option needs to be considered - the holder of Gloucester main Bus provider Stagecoach should be able to used their daily/weekly/monthly bus pass in the 99 that links the two hospitals.		
227	Timelyt assessment and diagnosis and improved staff cover		
228	Gloucestershire Royal already has good facilities and these could be improved if it was made a centre of excellence.		

Please tell us what you think about our preferred option to develop: A ‘centre of excellence’ for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.		Response Percent	Response Total
229	Lack of community beds and placements means that this is needed across both sites in Gloucestershire especially GRH as cheltenham is more surgical and recent changes have only shown the failures of trying to downsize it and move specialities		
230	Makes sense to be centrailised although I worry about patients who turn up to A&E at CGH and then require admission. The current communication about transfers with families is often poor.		
231	Having one centre of excellence in Gloucestershire should allow for more throughput, giving staff more experience, leading to better outcomes for patients.		
232	More convenient/centralized.		
233	Increased chances of seeing the right specialist more quickly. Will provide more focussed training/learning opportunities for junior doctors and medical staff, with continuous supervision by senior doctors. This will contribute to attracting staff and improved retention rates.		
234	After having experienced ' in patient ' services at both CGH and GRH on two separate occasions resulting from pneumonia. I would fully support the objective of developing a 'centre of excellence ' at GRH. The disadvantage of extra travelling for Cheltenham residents is outweighed by the improved facilities, better use of and more focused staff.		
235	Gloucestershire Royal Hospital is not large enough to accommodate such a move		
236	I agree with this ONLY if the A&E at Cheltenham is maintained at the same level they were pre-COVID		
237	The Acute Medical unit should stay in Cheltenham (as well as Gloucester). It is after all a General hospital. You say your preferred option would affect 20-30 patients a day. That is 140 - 210 patients a week and 7,000 - 11,000 a year. I cannot see how this is going to improve care for Gloucestershire residents, particularly those in and around Cheltenham and the north east of the county. The more likely effect will be patients needlessly suffering and dying due to pressures at GRH and longer transport times.		
238	The term ‘Centre of Excellence’ is meaningless. Why should this suddenly become an aspiration for the service that exists already, except as a piece of window-dressing.		
239	Prefer Cheltenham - see page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
240	Because I live in Gloucester.		
241	Good to centralise it but please consider things like parking etc. Slapping a biblically expensive P + D doesn't cut it.		
242	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
243	The facilities can be enhanced at less cost at this hospital		
244	Distance to travel from North Cotswolds to Gloucester is to far.		
245	It would make sense to have a particular specialism in one location to avoid possible delays to be seen by a specific consultant and relieve unnecessary travel between sites.		
246	will you have enough beds? Some of the other changes seem more pressing		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.		Response Percent	Response Total
247	Your literature does not cover a large proportion of elderly people who are taken to a&e after falls. Would they stay in the same hospital? My mother has arrived after waiting over 6 hours for an ambulance after a fall, not fit to go home but no broken bones. Where does she she up? Also, it is all very well to say this, but where are the beds? Again my mother waited overnight in a&e for a bed (with no offer of food or drink). Surely it makes sense to use a bed where there is one? What about the wait for an ambulance to take the patient from Cheltenham to Gloucester? Would that patient be back in the queue at Gloucester a&e (in my experience no doctors read patients notes and the hospitals do not share anything online)?		
248	The idea of creating 'centres of excellence' at either CGH or GRH makes sense and has worked well for other specialty inpatient services e.g. cancer services at CGH and childrens' services at GRH It is important to remember that both CGH and GRH are 'centres of excellence' for distinctive specialist services.		
249	With ever more complex equipment and specialist staff required it makes sense to centalise the service providing the infrastructure, beds and staff are provided. Such a move must not be seen as part of a cost cutting exercise.		
250	Don't see why this needs to be only available in Gloucester and services removed from Cheltenham		
251	Central to county for us in FOD		
252	I want to know acute medical expertise is available locally to me		
253	Mainly happy - but difficult to travel to GRH from Cheltenham area if unwell		
254	We need to focus specialities and skills on a single site to maximise the use of specialist personnel and resources		
255	We have to be realistic about the challenges and do what's needed to try and mitigate them.		
256	What if the specialist team is based at CGH, thus will be some back and forth between sites. It is not clear how when a patient presents themselves to CGH and need further investigation at GRH, how move between sites. If this question JUST refers to ACU beds, then I have no opinion		
257	Although there will still be an A&E at CGH, I strongly believe that having specialists at one hospital GRH, would be beneficial to patients. My concern is the statement, " being seen by a consultant within 14 hours", is far too long a period of time. The realistic time should be a maximum of 7 hours.		
258	I don't want to go to Gloucester Royal it has a bad reputation and I would not be happy there.		
259	Cheltenham has a GENERAL hospital and as such should have the capacity for medical beds as it does now. This will seriously impact the A&E dept by downgrading it to a MIU because most emergencies will go to GRH. Your preferred option would affect, you say, in a negative way, 20-30 patients a day. That is 140-210 patients a week, 500-900 a month and 7000-11,000 a year! Are you really prepared to risk this many lives because of longer transport times for people living in Cheltenham and the North East of the county. I think this will be detrimental, causing increased suffering and death, when you stress you want to improve health outcomes for people!		
260	I like the ""centre of excellence"" approach		
261	In line with the A&E focus		
262	As things stand, I don't believe that GRH has the space, or facilities which would be needed to do this. I am also concerned about the management of that hospital.		
263	Emergency medical patients should continue to be admitted to both GRH and CGH. This change would mean that medical emergency patients from the North and East of the County would have to travel further for care.		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.			
		Response Percent	**Response Total**
264	I have a concern that the information presented that Gloucester Royal Hospital has 49 beds is misrepresented by including frailty beds. However I generally support this.		
265	The preferred option would mean that people living in the east of Gloucestershire would have to travel further for urgent medical care.		
266	Both hospitals more encourage to train and keeping staff.		
267	I think it is vitally important to be able to have access to the right specialists (senior doctors) in a time of need, also address safety issues		
268	Although I support this option I have the following concerns:- Glos is a large county to have one A&E consultant led overnight. This will have an impact because in emergency care timing is vital and many patients will have to travel further to get the treatment they require.		
269	Lack of space at GRH and waiting times. Poor access for North Cotswold communities		
270	Too far to GRH for large areas of the county. I live in Cirencester, it can take an hour in peak times to get to GRH.		
271	Strongly support the idea of having 'specialties' at one of the two hospitals only.		
272	Possible, good concentration of staff		
273	Because of the increased local population both sites should be used.		
274	I don't think GRH has the capacity, now or planned.		
275	A specialist unit such as this makes sense.		
276	All consultants, doctors, specialist nurses and ancillary staff under the same roof. Encourage medical staff and other i.e. nurses - rehabilitation staff to come and work/train. Will give encouragement to patients knowing they are in a highly specialised unit.		
277	To concentrate the necessary skills in the centre of the catchment area		
278	Less need to transfer between hospitals which takes ambulance time away from emergency calls.		
279	I can understand the rationale for this proposal but Gloucester Royal is very difficult to reach from the south-east corner of the county (Fairford). I appreciate your comments in the long version about the need to help older patients who may not be familiar with one of the centralised centres. In our case, I would struggle to find GRH. I am concerned about the reduction in services in Cheltenham. One is a selfish reason: I am familiar with Cheltenham and can get there easily. My husband has been seriously ill a number of times and I know how stressful it is to find an unfamiliar hospital at night when you are panicking. My second objective reason is that it will be very difficult for ambulances (and patients in private vehicles) to get to GRH from the Cirencester area until the bottleneck of the Air Balloon on the A417 has been resolved.		
280	All acute services including the ED and both takes should be on a single site (GRH) to allow for CGH to be developed into a major elective cancer surgery hub.		
281	Need to consider how beds will be managed without disrupting more urgent changes. Eg transferring to emergency acut admissions to specialist teams on CGH site.		
282	Too far for people from east Gloucestershire to go and it is always busy.		
283	My thoughts on this question, and answer to it, will be the same for many of the survey questions. I believe that there must be economies of scale in forming specialist centres. One whole is more beneficial than two halves in this case. This should mean savings in the cost of staff, equipment, spares and consumables, after an initial cost to physically create the unit. Some may get emotional about losing a service in 'their' area, but as a relative newcomer to the area, the hospitals are physically so close together, with good transport links between the two, I would consider the benefits to outweigh this.		
284	I do not wish the emergency services available at CGH to be downgraded, and think that access would be reduced if services were centralised to a single site.		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.		Response Percent	Response Total
285	locating all resources at centre will remove from other part of zone hence increase travel time for a type of care that is time critical, better to have at least some support closer to all users hence alble to treat in 'golden time'		
286	I am concerned that too much emphasis is being placed on GRH. This concerns me because I do not believe that GRH has the facilities or space to cope with extra work. I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH.		
287	If the Acute Medical intake is concentrated on one site, it will make a Type 1 A&E Department less viable on the other site. It also reduces flexibility between the two hospitals, especially in times of any future pandemics.		
288	Medical patients constitute the largest number of emergency admissions, so taking away beds from CGH will leave patients at risk of lengthier travel times to GRH with the prospect of increased suffering and death. Cheltenham is a General hospital which has already the ability to offer medical inpatient and medical emergency services. It will have an impact on CGH A&E, essentially downgrading the use of this facility. It is more than possible that between 10,000-20,000 Gloucestershire patients a year will be affected if the acute medical take transfers to Gloucester. GRH will need a high number of extra beds to cope with the amount of people who will require care and support.		
289	A state of the art hospital should be built in the forest of dean. Five Acres would be excellent, with maternity facilities. The travel to Gloucester and Cheltenham to and from the forest is horrendous and expensive.		
290	As my marking shows I am very much opposed to ""Acute Medical Take"" being centred in GRH. Cheltenham and the North Cotswolds have for very many years (in my case over 75) relied on CGH to provide care, quickly and without unnecessary and dificult travel to GRH, which can be critical to survival. Prior to the downgrading of CGH A+E two members (now deceased) of my family were well served by CGH at their time of need as I have. CGH provide the very best chance of survival. Many people in Cheltenham have regarded the hospital as a ""Centre of Excellence"" prior to it's downgrading. I understand the provision of a full A+E presents challenges to the trust however challenges do need to be overcome in order to match a clear need.		
291	Cheltenham would be more convenient for me, but Gloucester is potentially bigger and within easy reach		
292	Keeping track of all medicine and where they are used.		
293	GRH is inaccessible for residents of the north cotswolds		
294	More specialist nurses required in Acute Medicine. Real lull in activity when you get up to Acute Medicine.		
295	It is probably best to divide the centre of excellence status for best use of available expertise		
296	Crucial that there is sufficient capacity to easily meet demands		
297	Quicker response to a service when needed - waiting times - if all under one roof - higher demand?		
298	If there is only one centre and something goes wrong will there be no back up service		
299	If one centre will numbers be too high who need to be seen		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.				
			Response Percent	Response Total
1	Strongly support		35.71%	195
2	Support		32.60%	178
3	Oppose		10.62%	58
4	Strongly oppose		12.82%	70
5	No opinion		8.24%	45
			answered	546
			skipped	78

Please tell us why you think this, e.g. the information you would like us to consider (249)

1	The rationale in the consultation booklet is compelling and makes the case very strongly. We need to put patient care first before all other considerations.
2	There is too little trust in the care provided by GRH, from poor food, lack of staff, nasty conditions and poor staff morale to convince me that a bunch of desk workers in brockworth have the support of the grass root level staff. There needs to be far more public trust in CCG and GRH before big moves are planned.
3	I think split site working for all departments should end. Single site for each speciality should be a priority
4	Should also have one at Cheltenham General
5	If General Surgery cannot sustain a rota across two sites then for safety reasons we should divert patients to a single site so they can receive treatment in a timely manner.
6	need to centralise expertise 24/7 ideally alongside other emergency services
7	How would you support those that need emergency surgery at CGH - are patients fit to travel between sites if they need emergency surgery?
8	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
9	Needs to reopen Cheltenham.
10	See previous answer. Best outcomes for patients is having centralised specialist units where training can also continue and also attract the best and Bridgestone staff .
11	There needs to be capacity for this at CGH also.
12	All emergency cases come to GRH and I feel that Emergency General Surgery should be at GRH because of this.
13	I have, however, concerns regarding the bed base in GRH and resident surgical cover will still be required in CGH even with centralisation.
14	I think the separation of acute and elective work in the middle of a pandemic is sensible.
15	We do not have the bed capacity at GRH to provide the care that patients need. . Lack of beds mean that all surgical patients are often outliers on various wards making it difficult getting the surgical teams to review patients when needed.
16	It should be able to be at both hospitals, hopefully this will mean less people at each of the hospitals and also the nearer the hospital the better chance you have of helping someone especially if it is life or death
17	To centralise services, staff, expertise and equipment at one site. If this ensures that planned surgery is protected and not impacted by emergencies, then I would strongly support this option.

Please tell us what you think about our preferred option to develop:A ‘centre of excellence’ for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
18	Support the notion of highly specialised surgical teams at one site. Only concerns are managing the increased throughput. Emergency surgery is rarer than acute medicine so the negative effects there should not occur here.		
19	Total chaos at glos royal. I have complex health and since cheltenham a and e closed to gp referrals I have gone to gloucester royal minimum 5 admissions. I am from cheltenham so it is much further to go, having to explain everything about your history to another medic who doesn't know you even though they have read your notes. More importantly waiting hours in a assesment unit I mean 8 plus hours when in pain is not on then to be told you are being admitted then waiting hours to be allocated a bed. I have bowel problems and I for one wouldn't want to be operated on at glos royal!		
20	You need centres of excellence in both Cheltenham and Gloucester and I believe with proper budget management this is possible I don’t feel the trust have any interest in keeping the Cheltenham service.		
21	There aren't enough staff to go around, so we need to make best use of those we have.		
22	Again, for same reasons as Acute care - GRH doesn’t have capacity		
23	as previous- we do not have resources to spread this service across two sites and still provide the exemplary level of care to which we all aspire		
24	Same reason as before, I know there aren't enough specialists, it makes sense to me to have them in one location. If I was in need of emergency surgery I'm not sure I would care where I was as long as someone with the required skill and knowledge was in the same place.		
25	There should be surgery facilities at both sites, and both should be ""excellent"". Transferring emergency patients to GRH wastes precious time and could risk lives.		
26	county too big for this to work		
27	makes sense as A&E located there		
28	Over working the system, more operating out of hours due to long busy list which is dangerous, battling different specialties on emergency lists resulting in longer waits for patients who might need an urgent operation, waste of Cheltenham general theatre teams skills, experience and facilities.		
29	Long emergency waiting list. Long eating times in a and e. No beds. Rushed surgery. Waste of Cheltenham General facilities and staff.		
30	Lack of beds, long a&e waiting times, longer wait for operations		
31	If the specialists and kit are all in one place, surely this makes patient care better regardless of an extra few miles for those who live on the east side of the M5.		
32	This would further reduce/support the case for reducing the provision of the highest tier of A&E at CGH (East) so should not be considered.		
33	As before		
34	This is important BUT is not and should not be seen as mutually exclusive to a centre of excellence in pelvic resection		
35	we still receive urology emergencies into the theatre department with no provision for paediatrics overnight and no anaesthetic cover from 2200hrs apart from the DCC Doctors If emergencies are to remain in GRH then it needs to be all emergencies or proper provision for patients that remain in PACU after 2200hrs		
36	Avoids duplication and reduced likelihood of routine/elective surgery being cancelled due to emergencies.		
37	this is a big DGH with high numbers of patients and population often requiring more than the basic care on offer outside of tertiary centres. transporting or redirecting patients involves time, money and stress for all concerned so more localised specialist care will better meet all stakeholders		
38	Emergency surgery on one site means patients will be treated by appropriate surgical specialist		
39	It seems sensible for emergency surgery to take place in the same hospital where there is a 24/7 consultant led emergency department		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
40	It is bigger hospital and easy for access (not confusing as opposed to CGH which is a maze and patients are constantly lost)		
41	Far too far away from Fairford to be a good option for patients from that town/area		
42	as the main ED is currently at GRH this would make sense, however I would be anxious to avoid all eggs in one basket. this also involves the elderly and infirm travelling distances to a site that isn't easy to get to by public transport especially if you are unwell		
43	GRH should concentrate on emergency work.		
44	Too Gloucester central, what about those of us in the East of the Counry?		
45	Cheltenham should also be a centre of excellence for surgery.		
46	More expertise on one site leading to better care		
47	Cheltenham should remain an acute general hospital		
48	I strongly support this. With Accident and Emergency to be located in Gloucester this makes sense		
49	We have hospitals in the county i.e Cheltenhem and Cirencester which could be used which would be better for those who live locally to them		
50	Same reason for my previous choice. Internal operation and streamlining should not come at the cost of local community well-being.		
51	cgh also needs general surgery so thr ED should be re opened to		
52	The patient to travel with illness from remote towns near cheltenham not ideal as it may be a risk too as can't depend on ambulances at all times.		
53	I can see no reason against this proposal		
54	I don't think any of the 4 options are enough - I would like to know what happens to people who are admitted to CGH before 8pm in an emergency situation where a delay to GRH could be critical and could be criticised by the Coroner should something happen? The time delays - picking up a patient from, say, the other side of the Cotswolds - surely they need to get to the correct help as quickly as possible and GRH may be quite a lot further away than CGH.		
55	As before I strongly support ""centres of excellence"". It seems appropriate that this shoul be colocated with Acute medecine		
56	Any centre of excellence must be good.		
57	Again, we need to concentrate our resources on a single site to make best use of staffing and e.g. radiology		
58	Same as my previous answer.		
59	As said on previous answer, people are clamoring for Cheltenham Gen Hospital to come back. We have already had some relatives not happy about patients being moved to and fro or why they need to go all the way to GRH (or CGH). I believe Cheltenham needs its own hospital.		
60	If tgere are surgeons available for ""Elective Surgery"" where I am aware the Trust is paid to do this by the government, then wht can't theses same surgeons be available for Emergency Surgery??		
61	Would like in with plans to the acute site plans		
62	Why do you keep forgetting Cheltenham General Hospital		
63	Patient choice		
64	This is too narrowly focused to meet the needs of the whole county.		
65	If IGIS is in GRH, that's where EGS should be too		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
66	Improve patient outcomes, centralised care with specialists available to review patients as all based at Gloucester. Staff morale and retention. Improve care of patients including access to SAU and patient flow. Reduce cancellation of specific surgical procedures. Improve quality of care provided.		
67	As in previous answer not easy to get to from some parts of County and parking very difficult		
68	If acute care services are to be centred at GRH it makes sense for the emergency general surgery to also be at GRH to avoid transfers of very sick patients.		
69	Again as with the previous question, it stands to reason that Emergency General Surgery needs to be on both sites as this is the next step further into the hospital system after A&E and Acute Medicine.		
70	CGH can offer the same service, like they used to		
71	Cheltenham needs surgery. As some people can not travel to Gloucester		
72	I think it will benefit local people to have this provision and will promote continued quality improvement and performance in this area.		
73	I want to see best staff possible in an emergency - I don't mind where it is but Gloucester makes more sense		
74	I support this because a centre of excellence breeds faith in the healthcare provided.		
75	The main cardiac ward is at GRH		
76	No Way. Build a new hospital and I might consider it. The tower block is not fit for practice. Its old and outdated with few siderooms.		
77	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion as we are having to do an increasing amount of work overnight yet have no funding for extra staff! 1 person that covers the whole hospital at GRH is dangerous.		
78	Services at CG H should be of equivalent quality.		
79	A sensible approach.		
80	Many people from Cheltenham and North Gloucestershire would die on the way to Gloucester Royal. The traffic at many times of the day is apalling in Gloucester. You seem to be considering Cheltenham as a small village when in fact it has a population of 112,700. When you include the Cotswolds it rises to 196,300. With the regular increases of population throughout the year this should surely make a difference to your decision.		
81	To keep emergency and elective surgery seperate.		
82	Similar concerns to those outlined in first answer. Access problems, insufficient parking, traffic congestion and in addition the removal of general surgery is a highly significant reduction in the capability of the Cheltenham Hospital which will in due course be used as the rationale for full closure. Having services available on two sites also provides capacity and resilience in terms of space and equipment etc if one site has to be closed due to an outbreak of norovirus or covid for example. Please don't say this won't happen as you know this is the tried and tested route taken in other hospital reorganisations that have taken place across the country.		
83	Important to patients and staff.		
84	Both centres need to provide excellent emergency surgery.		
85	Please see earlier comments,		
86	Because the majority of emergency admissions go to Gloucester so it is logical for them to have all emergency surgery. However, I think Cheltenham needs to have a 24 hr ED with a specialism in oncology, urology and colorectal.		

Please tell us what you think about our preferred option to develop:A ‘centre of excellence’ for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
87	This should be done in Cheltenham too		
88	Need these services at Cheltenham General Hospital too.		
89	Trauma units have better expertise		
90	Too far to travel for people living East of Cheltenham		
91	The establishment of a single site for emergency general surgery will lead to better access to subspecialist care. There needs to be adequate provision of beds and assessment areas. Junior doctors will be better supported. If the same staff provide emergency, elective and day case surgery surely making changes to one component will impact on the others. Why are the changes to generals not being considered as a whole?		
92	It's a rational use of limited resources. Concentration of specialist people, and specialist kit, absolutely makes sense, and research shows that it produces better outcomes.		
93	Best location and facilities in the county		
94	see above		
95	I have to travel to both hospitals, so it makes no difference to me.		
96	How would the rotas become more robust if the hospital is lacking enough trainees and junior doctors?		
97	Again one location makes sense		
98	centralised is better		
99	There should be good emergency general surgery at both GRH and CGH together wit 24 hour consultant led A&E departments at both locations.		
100	Please note I don't fully follow the options here - the short booklet seemed to refer to the longer booklet. the long booklet was too confusing as to what you really meant. A picture /diagram of the before vs after might help add the clarity required Would support measures to be seen by the right person sooner but some concerns about travelling distance for patient and/or family and friends if having to travel from e.g. the east/north of the county. Using a bus (could be 2+), particularly later in the day/evening, or having to fork out a for a taxi/persuade a friend/family member to drive further is far from ideal. Some concerns over whether there would be sufficient bed space for services to be centralised - other hospitals who have merged services from two sites relatively near to each other onto one site have experienced issues with capacity e.g. a county to the north of Gloucestershire		
101	If, as stated, you have no plans to close CGH ED, I'm concerned that transfers from CGH to GRH for emergency surgery would need to occur. What is the mitigation for this - do you commission additional resources from SWASFT or purchase additional 3rd party ambulance resource to undertake the additional transfers that will inevitably occur should this proceed.		
102	Skilled teams can provide care needed People may have to travel, but for a good outcome it is worth it		
103	More efficient use of staff. The more surgeries completed the better the surgeons become and so patient outcomes should improve.		
104	If emergency treatment is performed at one hospital, GRH, it leaves planned surgery at the other, CGH, not liable to interruption for emergency surgery.		
105	NOt a good option. The county needs flexibility for disasters and infections. Using Cheltenham fully will also mean patients are treated faster ensuring minimal complications, quicker recovery and better availability of Ambulances.		
106	The proposed solution in the Consultation Document appears sound.		
107	Service already good		

Please tell us what you think about our preferred option to develop:A ‘centre of excellence’ for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
108	I believe it is essential to have emergency general surgery at two locations in the county ie Cheltenham and Gloucester.		
109	See my previous answer		
110	There needs to be more than one center as GRH may be unavailable through a disaster, infection or overloading. Currently GRH A&E is too busy.		
111	Transport to GRH from the Cotswolds is both difficult and expensive		
112	As mentioned on previous page		
113	As before		
114	Emergency treatment should be available at both hospitals. General surgery could be centred in GRH but both hospitals should be able to save lives.		
115	Again there needs to be more access to services nearer the population rather than centralised.		
116	Emergency general surgery should also be in Cheltenham		
117	Much more favoured is spreading surgical procedures across the county's various community hospitals. It would also provide more centres of learning for the clinical staff.		
118	because of location personally I would prefer Cheltenham to have a unit too but accept the managements experience. However have they experienced as a patient/patients family having to travel from Northern parts of our county?		
119	As for Acute medicine, access to multidisciplanry team and equipment		
120	Makes sense to specialise		
121	According to the Royal College of Surgeons ""Patients requiring emergency surgical assessment or treatment are among the most unwell patients in the NHS. Often elderly, frail and with significant other health problems, the risk of death or serious complication is unacceptably high."". This means the increasing unacceptable the risk to patients of making them travel from east of Cheltenham travel through the town and a further 10 miles to GRH		
122	It makes sense to concentrate expertise at one hospital, and GRH has already road tested this approach.		
123	As mentioned this sort of service MUST be available at both hospitals. Frankly I do not understand why it should ben centred at one hospital. It appears to be a cost cutting ploy		
124	will it mean no surgery at other hospitals and will they then be less of a centre of excellence. Assume not so need care with wording and implications		
125	Need to provide theatres with the most up to date equipment, drugs and staff		
126	Forerunner to removing emergency from Cheltenham		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.		
	Response Percent	**Response Total**

127	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.
128	For my reasons under Acute Medical
129	See my previous answer. All Emergency services should be excellent. The fact that many who come aren't emergency is another matter and requires more education and awareness raising to also not put those off that really should seek emergency help.
130	There should be 2 full A&E services. Cheltenham should be full A&E not just sprained wrists.
131	Having all your 'specialist' staff in one area may be better and more cost effective for you but as always it's the patients who suffer. Traveling to and from Gloucester is not easy for those without their own transport. Even if the patient is transported to Gloucester by ambulance, once discharged they have still got to find their own way home, probably still feeling very unwell. They may not have friends with a car or have sufficient funds to cover the cost of a taxi, which leaves the bus, if it is running and if it is not full - not very good for infection control following surgery. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.
132	Concentration of key resources in one place to reduce duplication and wastage.
133	It is a good idea, except again that as we are on the edge of the county Gloucestershire is further away
134	As before all emergency services should be centralised
135	As above
136	GRH simply does not have the capacity with all of the counties A/E cases medical & surgical. the ICU is only rated good & has poor patient flow due to lack of beds in the service. CHG has the beds, the staff, the theatre space & an outstanding CQC rated ICU. emergency surgery has been carried out at CGH with excellent outcomes & no compromise to patient care. keeping everything at GRH simply isn't the safest or the best outcome for the patient. east side of the county considerably at a disadvantage
137	Makes absolutely sense to centralise and link in with the 24/;7 emergency care concept. It is simply not feasible to deliver across two sites and making GRH the site fits with the 24/7 emergency pathways.
138	Smaller A and .e with nurse practitioners would lessen the load on the big hospitals
139	Concentration of emergency team in one place means
140	Again, it makes sense to have one very well equipped and staffed hospital rather than 2 close but less well resourced units
141	Right to co-locate this with the A&E centre of excellence.
142	Yes but the risks of additional transfer time for patients. Waiting times are already considerably higher. Can this be mitigated by keeping 'much less urgent cases away'? Strain on Ambulance Service. How does this all impact the other Gloucestershire Hospitals?
143	Benefits patients outcomes to have a centralised service, that will strive to become the centre of excellence

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
144	The key word is Emergency. All emergencies should be treated as close as possible to the point at which the emergency was recognised. Unnecessary travel is best avoided and may introduce stress to the detriment of the patient.		
145	in line with evidence, a well equipped unit with expert doctors, nurses, pharmacists, physio and other AHP is associated with better outcomes; travelling further is a hard but worthwhile price to pay		
146	Travel visiting and carers		
147	As I live in the northern tip of Gloucestershire, the extra distance to Gloucester for many of these services worries me		
148	Mocking all emergency services to GRH site logical I terms of collocation and impact on ambulance services		
149	Again would like CGH to be able to continue to provide this to local residents and not all centralised at GRH.		
150	It is important to have have the acute services on one site so people can receive the emrgency care they need quickly and easily		
151	Separate emergency services from elective services completely		
152	As long as theatre space would increase in line with the need		
153	Please see my comments on the previous section regarding capacity and my support of the proposal IF the level of service is maintained to ensure that full and effective delivery, commensurate with the population of the area, can still be provided (or this proposal makes the service delivery more efficient).		
154	Better to have emergency care in one place with a full team of experts . Planned surgery can then take place at Cheltenham		
155	Why should we have a hospital in our town but only offering limited services		
156	Same as previous question - it's creating an even greater imbalance in the emergency care at the two hospitals.		
157	Full AE needs to be at both sites to cope with capacity		
158	Again reduce duplication of doctors. Allow prompt senior review by team. Again sufficient senior staff must be on shift. One team operating and one reviewing pts. Busy team (CGH & GRH worth of pts at GRH) with only one team available will mean operating or reviewing not both. NEED BOTH. Also if this is to happen more GRH emergency theatre space will be needed so that other surgical specialities can do their cases promptly too!		
159	Better care for the community		
160	Essential for the county		
161	This leaves too much dependancy on the Ambulance Service to deliver services in a timely manner. It seems ludicrous to have ambulances criss crossing the county with all the attendant traffic delays that seem to be on Gloucestershire's roads. Are there any Service Level Agreements iwth the Ambulance Serviced to ensure timely tarhgets are met. What happens if (as seems to happen often) there is no availability of ambulances.		
162	One would hope a centre of excellence would deal with patients quickly - I am aware of patients who feel the waiting time is too long and go aboard / different county for treatment and often end up worse		
163	Gloucester closer to M% for post accident care and emergency admissions		
164	Agree with any proposal to avoid unnecessary duplication		
165	Emergency general surgery should be available at both hospitals		
166	It seems sensible and more cost effective to centralise services		

Please tell us what you think about our preferred option to develop:A ‘centre of excellence’ for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
167	The current system, with surgery at both hospitals, is better for anyone who: has money issues lacks transport has complex needs of any type I understand the desire to group services together for the NHS' logistical sake, but for anyone who struggles, in any way, being themselves in another town or having their loved ones in another town creates complications and unhappiness as mentioned in my previous answer. By doing this, you prioritise those with money, time and head space to cope with these extra complications, and disadvantage anyone who struggles in any way.		
168	A centre of excellence at Gloucester Royal would detract from the service at Cheltenham General		
169	Anything that improves capacity, reduces cancellations must be good. I prefer option 2		
170	Reducing waiting time, planned surgeries that are preformed on time contributes significantly to the health and wellbeing of patients and their families reducing stress and unnecessary waiting times		
171	Ditto for reasons of building great teams, having all the equipment you need on site, better patient experience.		
172	Too one centre focused for large county. Means relatives and patients taken a long way from their home area and support network. Foreign strange environment therefore better if more local based		
173	Lessen impact on planned surgery		
174	Again, although this would be less convenient in respect of a present home the benefits would seem to outweigh the convenience		
175	This presumably will ensure connection with acute medical care		
176	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at iether site pose difficulties and high costs.		
177	It is best to concentrate acute unselected surgical admission to one site which will also house acute medicine as well as ED and Critical care.		
178	As previous question.		
179	Glos Royal needs to improve.		
180	Pressure eased on gaps in surgery and better for consultants and trainees. Shorter waiting and being messed about.		
181	As previous		
182	Specialist staff and equipment in one location. Saves on time and money.		
183	As stated before about transport links.		
184	Same as Acute Medicine comments Experienced qualified staff centralised More opportunities for shared learning and research Intensive care facilities on one site High tech imaging facilities...		
185	Because it makes best use of all resources		
186	The other options are more suitable		
187	Being seen by the right specialist, not going through several appointments and being re-directed		
188	Gloucestershire royal already has good facilities and several operating theatres with experienced staff		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
189	Recent months have shown that the shutting of A&E in cheltenham and the removal of emergency surgery/planned surgery from Cheltenham has negatively impacted on patients and their experiences when previously having it on both sites worked due to the available DCC beds and the larger capacity. Raises questions of who is to blame for deaths when emergency surgery is not available on one site and someone dies on route, that is negligence where those that have made these decisions do not bare the blame, no family or patient deserved to go through this. Plus as gloucestershire is continually expanding with a rising population having one center for emergency surgery is simple foolery as it will not be able to cope with the ride in demands on already under funded and under staffed wards that receive no reprieve or help of any kind regardless of what is passed around internally or via media outlets		
190	Larger teams with a range of skills should give better outcomes.		
191	Good communications hub.		
192	If its an emergency, the worry is that you would arrive at CGH and time would be wasted going to GRH because its 5:55pm.		
193	Quicker, more direct access for patients to the right specialist. A 'centre of excellence' will be an attractor for young doctors. Concentration of the right staff cover. Concentrated and improved learning opportunities for junior staff. However, resources, including beds, nursing staff and theatres, will need to be increased at GRH accordingly.		
194	I would fully support the concept of Centre's of excellence for all the reasons documented in your summary document ' Fit for the future'		
195	I do not think that Gloucestershire Royal is a large enough site and believe that patients should have the option to choose which hospital they are treated at and I believe the system works as it was before the shake up of services due to the Covid pandemic. It is blatantly clear that GRH cannot cope with being the only 24hr A&E unit as evidenced by the numerous complaints and concerns that have been raised about this.		
196	Again only if you will continue to have services available at Cheltenham Hospital		
197	Cheltenham is a General hospital and should have surgical beds, including emergency surgery. What sort of hospital would Cheltenham become if medical patients and surgical emergencies were transferred to GRH. This is exercise is about downgrading Cheltenham, which currently has the facilities to offer high quality care. This will have an impact on the A&E department, essentially turning it into a minor injuries unit.		
198	The term 'Centre of Excellence for General Surgery' is meaningless and is a smokescreen; what on earth have the services that currently exist been aspiring to if not 'excellence'? There has been no evidence disclosed to illustrate this contention and it is quite plain that the 'detailed' consideration performed internally has been deliberately configured to yield a predetermined outcome. The only area where there has been any relative underperformance on the CGH site has been the surgical management of acute biliary disease. This has been brought up repeatedly by the Gloucestershire Royal surgeons over the last six or seven years whilst the general surgical service at CGH has been deliberately and unnecessarily run down. If this deficit was so significant an issue, why wasn't something done about it years ago? Simple solutions were readily available but were ignored by the Trust because they rather inconveniently did not fit with the centralising narrative. If this was genuinely a significant deficit, harming patients, then there is real culpability on the part of management not to have addressed it a very long time ago.		
199	We prefer Cheltenham - see page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
200	As above Because I live in Gloucester		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.		
	Response Percent	**Response Total**

201	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.
202	The facilities can be enhanced at less cost at this hospital
203	Distance from North Cotswolds
204	This would be a more efficient use of resources.
205	It seems that this is working well in the temporary changes that you have made
206	Surely access to care should be of primary concern to a hospital? Any solution should not have a negative impact? I query your statistics? The positive benefit for this change is for the homeless and people fro deprived areas (why what is the number of these that have general surgery) You quote 25% of Gloucester are from deprived areas but how many of these have emergency surgery? What is the proportion from the deprived and homeless areas around cheltenham? The negative benefit is for 40% of patients! So you already know that 40% of your most vulnerable are over 65 and these are the people most affected? So you are negatively affecting almost half your patients?
207	I can see the advantages of the proposal but I am concerned GRH's capacity to provide the capacity and service levels proposed.
208	Again, involves removing important services from Cheltenham. Calling something a ""centre of excellence"" doesn't actually mask the fact that it's an excuse to cut services elsewhere.
209	Central to county for all
210	Unsafe, inadequate beds, chaotic, not essential to be on one site, worked very well on both sites. Poor bed flow inadequate ICU. Poor service for east side of county.
211	Focus of resources on one site
212	It makes sense to co-locate emergency medicine and surgery at GRH
213	The creation of a General Surgery Centre of Excellence, would provide the best fit with Emergency Surgery. Therefore the first option.
214	I would prefer to go to Cheltenham Hospital.
215	Improved dr cover including a review by the correct sub specialty
216	Again Cheltenham should not be downgraded by taking away, not only medical beds but also the capacity to perform emergency general surgery. This will have adverse effects on the A&E, because patients will be directed to GRH, essentially downgrading Cheltenham A&E to a MIU. If I was pushed to decide on the two option - because I would not want Cheltenham to lose surgical services then I would choose the second proposal of making CGH a centre for pelvic resection etc.
217	I like the idea of concentrating the expertise in a single location
218	In line with acute medicine and A&E focus
219	The risks mean that this should be with the Acute provision.
220	The preferred option would mean that people living in the east of Gloucestershire would have to travel further for treatment in an emergency. This may mean people will die en route to Gloucester.
221	Mental health at Cheltenham Good centre
222	Yes I would like this to stay in Gloucester I am bias I live just outside Gloucester I like the benefits to staff members and staff retention.
223	There is a need for general surgery services at CGH otherwise patients would need to be moved in an emergency situation.

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.			
		Response Percent	Response Total
224	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
225	Better building and access		
226	Because of the increased local population both sites should be used.		
227	I don't think GRH has capacity now or planned		
228	A specialist unit such as this makes sense.		
229	These cases can develop for the Acute Medical Take, so continuity in treatment, assessment and rehab will flow more easily. Confidence for patient.		
230	For the same reasons as above To concentrate the necessary skills in the centre of the catchment area		
231	No General Surgery beds at 1 hospital could impact badly on some patients.		
232	As mentioned on the previous page, I am concerned about the perceived downgrading of Cheltenham. Gloucester is difficult to reach from the Fairford end of the county and parking is difficult. Also (as mentioned previously) it takes longer to get to GRH than it does to Cheltenham hospital and the travel time varies depending on the traffic on the A417 (particularly at the Air Balloon).		
233	As with previous question, centralising acute services on the GRH site will allow CGH to be a major elective surgical centre with patients following, on the whole, a relatively fixed pathway allowing for optimal flow and best use of the existing critical care unit at CGH which otherwise risks being mothballed.		
234	Ensure the facilities are set up with adequate space to assess patients in a timely manner. The current temporary changes are working well with more patients seen in a shorter time frame. However, limited space and beds in assessment rooms impacts on the the ability to deliver a truly first class service.		
235	Nothing in the proposals that says emergency general surgery is better here than anywhere else.		
236	Same as the comment on the first page. If I were requiring this service, the hospital location wouldn't matter, but the level of service would. If merging meant a world class service, then be difficult to argue against it.		
237	as per commentary in last page; fear over increase travel times		
238	I have no objection to the siting of specialist services on one hospital site. If this allows the particular hospital to improve its services in that field so much the better. I am, however, concerned that too much emphasis is being placed on GRH. This concerns me because I do not believe that GRH has the facilities or space to cope with extra work.		
239	If ALL emergencies are taken to Gloucestershire Royal Hospital it means the A&E Department at Cheltenham would no longer be a Type 1 A&E Department.		
240	Taking away this service from Cheltenham GENERAL hospital, where patients receive as the National Audit shows, good or excellent care, is a very short-sighted and poor decision. More patients will suffer and die needlessly because of lengthier travel to GRH. GRH will require to increase it's capacity of beds to cope with the extra demands. This will impact Cheltenham A&E department as surgical emergencies will be redirected to GRH. What sort of unit will CGH have then?		
241	Please note my previous comments the journey from FoD especially for older people is worrying and expensive. Hospital transport has failed badly and causing long delays in returning home. I am 90 years of age		
242	Look at the appointment systems and make the phone system shorter.		
243	see previous comment		
244	A centre of excellence is essential and you shouldn't spread your resources. The hospitals are close enough that no areas should be disadvantaged.		
245	you are sucking the life out of CHG all hospitals should have these specialties.		

Please tell us what you think about our preferred option to develop:A ‘centre of excellence’ for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
246	It is probably best to divide the centre of excellence status for best use of available expertise		
247	Your second option		
248	Specialisation usually leads to higher quality service and the attraction of most able doctors		
249	always needed - Will specialist staff really be available or too busy elsewhere? How practical will this be or is sit just a hope		

Please tell us what you think about our preferred option to develop: A ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).		Response Percent	Response Total
1	Strongly support	44.59%	239
2	Support	34.51%	185
3	Oppose	4.66%	25
4	Strongly oppose	3.17%	17
5	No opinion	13.06%	70
		answered	536
		skipped	88

Please tell us why you think this, e.g. the information you would like us to consider (216)

1	If it means fewer cancelled operations and less disruption in the busy winter months then it has to be a good thing.
2	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
3	Or???? Which is it?
4	Cohorting patients and clinical expertise leads to better patient care from a highly specialised team. We have seen the benefits of this through Vascular and Trauma networks.
5	Less bed issues for elective cases if away from emergency pathways. Fully staffed DCC at CGH barely used currently.
6	for planned work we need to avoid the emergency site so the work continues despite emergencies - needs to be based at the non-emergency hospital cgh
7	It makes sense to consolidate planned care at either site, but does an emergency service need to remain at the other site?
8	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
9	Again it would make sense to have all GI surger on one site as patients don’t always fit nicely into one speciality . So, GRH.
10	Elective services would benefit from single site 'centre of excellence' but with the capacity to transfer from Acute medicine/surgery at both sites.
11	If the ward is staffed properly, it could work.

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).			
		Response Percent	Response Total
12	I think that all planned colorectal general surgery should take place at Cheltenham General Hospital. If I was a patient I would know my operation is less likely to be cancelled, that the ward would be clean and CGH is currently the 'green' site. I would not want to chance being put in a bed next to an emergency surgery patient who has not had a covid swab results prior to admission.		
13	As stated previously it is sensible to separate the acute and elective work in the current pandemic. There are not enough beds in GRH to have all the acute work + elective GI surgery.		
14	care of all patients in the trust has deteriorated in the last few years due to lack of access to specialist services that used to be on both sites. Patient discharge is often delayed by days awaiting review by specialities based on different sites. This is frustrating for Staff, patients and their relatives		
15	You should be able to go to nearest hospital for treatment, staff should be split between the 2 hospitals if necessary so this can be done		
16	Centralising planned aspects of care could take pressure off these being cancelled due to emergency procedures taking precedent.		
17	If it's planned, why not just go to Oxford and build a bigger unit there?		
18	Absolutely no way, Gloucestershire is way to big gloucester hospital can't cope with what services it so so provides, so sending colorectal patients to gloucester shouldn't happen. Cheltenham should keep all of the surgery especially colorectal.		
19	I think it should be bk in Cheltenham		
20	GRH surgical bedspace already limited; conversely beds available at CGH for increased surgical work. Transfer to all planned colorectal work to GRH would increase already high pressure on surgical bed availability. Centralising lower GI at CGH would make use of existing surgical cover and surgical nursing staff with less bed pressures than at GRH. Benefits to be had from concentrating all colorectal lists at a single site - CGH the obvious option as currently has less bed pressure than GRH but still has required surgical and nursing expertise. Gastroenterology already at CGH which would benefit those patients who need input from gastro medics whilst under care of Lower GI surgeons.		
21	Unless there is a shortage of staff with the correct expertise I do not see why a single centre of excellence in Gloucester is a fair option for Cheltonians. It's a long journey and a real challenge for elderly patients - visiting and collection of discharged patients becomes far more challenging especially for those restricted to public transport.		
22	There aren't enough staff to go around, so we need to make best use of those we have.		
23	as previous		
24	Planned care still requires experts and equipment, its unreasonable to expect the NHS to be able to fund this on two sites that are so close to each other		
25	I think planned surgery could be better placed within CGH so that GRH can focus on the emergency general surgery.		
26	The service needs to be split across the county with two centres of excellence. A dedicated stand alone day case unit in CGH will enable the vast majority of Goucestershires' patients to have their elective surgery in a protected cold unit. Resectional surgery needs to be co-located with emergency general surgery for safety and staffing reasons.		
27	Making Cheltenham a centre for elective surgery makes sense if you are wishing to centralise emergency at GRH, especially with covid. However patient choice does not seem to factor in your decisions.		
28	Based on my support for emergency care at Gloucester, presumably it would make room at Cheltenham for this area of non-urgent operations.		
29	Silo'd services appear much simpler to locate on a single site.		
30	It has been mooted for some time, so that GRH would become the 'hot' hospital, while CGH would take 'cold surgery'. This seems to have been an accepted version of things to come, so it is no surprise, and for me, there is no good reason to oppose		

Please tell us what you think about our preferred option to develop: A ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).		Response Percent	Response Total
31	Lower GI at CGH is already considered excellent within the surgical community and so this could be built on		
32	as above		
33	Major colorectal surgery should be on one site		
34	It should be CGH, because you want everything to be easy and understandable not only for the patients, but also for the workforce. I mean try to close the cycle within one medical field. Get Endoscopy, Theatres at one place.		
35	Far too far away from Fairford to be a good option for patients from that town/area		
36	planned surgery in a centre of excellence is nothing but good, but the site needs to be fit for this and to be able to accommodate patients staff and services alike		
37	Better than at Gloucester but improve parking		
38	GRH cannot cope with the surgical requirements, especially if they take all the elective surgery too.		
39	Better care due to expertise and less chance of cancelling operations		
40	Gloucestershire Royal is the most modern of the two hospitals and parts of the Cheltenham Hospital are 200 years old and unsuitable for 21st century health care provision. The most recent blocks in College Road Cheltenham could be used to complement the services provided at the Gloucester base		
41	As above		
42	Planned surgery can be dealt either in cheltenham/Gloucester. But ideal would be in 2 different hospitals. so more cases can be conducted.		
43	Planned at CGH Emergency at GRH.. It would be a neat way of organising activities		
44	Main reason as before		
45	A unit at CGH would be the best option as if at GRH then the patients would be at risk of being mixed with emergency surgery and all the problems that can cause.		
46	If some cases would follow on from an a & e visit it makes sense to have it where the larger a & e capacity is		
47	It's limiting public access to one site.		
48	I support this but I don't have much opinion about it.		
49	Planned care may be beneficial to site at CGH		
50	There is an increasing population in Cheltenham and we are in danger of being forgotten.		
51	Patient choice		
52	Too narrowly focused to meet the needs of the whole county. Vulnerable to cuts in staffing and funding		
53	means that elective patients are less likely to be cancelled for emergencies.		
54	Improve patient outcomes, enhance quality of care, improve patient flow, improve staff retention and accessibility of the service.		
55	Cheltenham General should remain a major hospital together with great in the area		
56	As I mentioned before; it is important to reflect the importance and value of CGH in any plans going forward - seeing the two sites as a split site, rather than prioritising GRH. Something like planned surgery would be a good fit for CGH		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).		Response Percent	Response Total
57	Having experienced this service, I know that the present set-up works well. CGH is already a centre of excellence for cancer, colorectal surgery is integral to that service, it makes common sense to fully embed this at CGH. Further, I am aware that moving this service to GRH is not popular with staff and could result in the loss of crucial expertise. Staff retention is a critical issue at all times - conserve what you have.		
58	CGH can do this just like they used to		
59	This is an 'either or' question without giving an opportunity to vote for either. It is nonsense.		
60	Makes sense if centralising other GI services.		
61	It will benefit local people needing this type of surgery		
62	essential to attract good specialists and perhaps in time take on childrens so we dont have to travel to Bristol		
63	This is also at the forefront of healthcare and we should try to learn all we can about this deadly problem.Centres of excellence are important because we give patients the best care possible.		
64	It would be good for the hospital to specialise in this field, however the colorectal ward is at GRH		
65	I would support this if CGH was the 'centre of excellence' for lower GI. But again not GRH. There are not enough beds at GRH for emergency surgery and planned surgery. If it was at GRH alot of planned surgery would be cancelled because the beds would get used up by Emergency surgery and medical patients. As alot of this is cancer surgery it needs to be in a hospital that is clean and where the Oncology service/support services are.		
66	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion as we are having to do an increasing amount of work overnight yet have no funding for extra staff! 1 person that covers the whole hospital at GRH is dangerous.		
67	Both hospitals should offer an equivalent standard of care		
68	Specialist staff in one place should mean collaboration in terms of quickly dealing with patient problems. Quick treatment/ diagnosis of Crohn's can reduce the need for surgery, less time off work and a better quality of life!		
69	A sensible rational approach		
70	Yes it soulnds fine but surely Gloucester Royal will want their own as well!		
71	As a sufferer in this speciality I consider it to be of great importance to provide the best possible service.		
72	I would support this to be at CGH.		
73	Cheltenham needs to become a centre of excellence for colorectal surgery, urology and oncology, both planned and emergency		
74	Both Cheltenham and Gloucester need to do general surgery, I was released from hospital in gloucester at 11.30pm and as I was taken there by ambulance I didn't have my car, thankfully I have a son that drives but many people would be stranded, I could of walked home if I had been taken to Cheltenham		
75	What is the evidence for specialist bowel surgery ?		
76	Combining the service will provide greater scope for subspecialist practice within colorectal surgery. Training will be enhanced and a concentration of resources including medical and nursing will make the service run more smoothly		
77	Diagnostics are ok at Cheltenham, but specialist surgery needs to be where specialist surgery is based...		
78	But Cheltenham would be easier because of my disability and needing wheechair accessible transport which cost more if I am required to go to Gloucester Royal		
79	CGH		
80	Higher standards and expertise can be employed centrally		
81	I would prefer it to,be at Cheltenham generL as it is a better hospital than Gloucestershire royal		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).		Response Percent	Response Total
82	Prefer Cheltenham for reason quoted earlier		
83	experienced good service/care at CGH		
84	But on both sites		
85	I support a centre for excellence.		
86	Again slightly confused as to the proposal here - a before/after diagram might have helped. Would support measures to cut risk of operations being cancelled at the last minute / being able to be seen/treated by the right person sooner. Again this needs balancing with the risks of insufficient bed spaces if centralised on one sight (e.g. county to the north of Gloucestershire. In addition there are the same travel concerns - if one is not well, coming by car may be the most practical method of transport, however unpalatable it may be. Hence adequate parking facilities are a must e.g. a dedicated carpark with more short term spaces say of up to 45 minutes		
87	Being able to have all services on one site is cost effective with equipment best outcome for patients if staff are experts		
88	I agree with the center of excellence approach in principle. I think it will improve patient outcomes.		
89	I think it would be beneficial to have lower G.I. consultants operating or based at Cheltenham. Often other specialities such as Gynae-oncology and urology doing pelvic surgery require assistance or advice from lower G.I. surgeons.		
90	I presume GRH would be a spoke and therefore provide back up.		
91	The relevant proposals in the Consultation Document appear sound.		
92	Need specialist services		
93	It is probably more efficient to concentrate resources at one dedicated hospital.		
94	Cheltenham is quite far enough for us to travel		
95	This would be with the proviso that other hospitals are secondary but still have abilities.		
96	see previous comment re transport		
97	With elective surgery the distances to either hospital are manageable and can be planned. It the A&E that needs to remain available at both sites.		
98	As before		
99	GI is already at CGH why change it, rather expand on it		
100	Again single centres are taking care away from local areas		
101	all planed surgery should be subject of a centre of excellence, at both hospitals, not just Lower GI		
102	As above		
103	Personal preference Cheltenham but would support either or shared		
104	seperating emergency from planned services should prevent cancellations and create the right number of beds for the planned procedures. Co-locating with other pelvic services makes sense as I suspect they often need to work together		
105	I accept it is no longer practical/affordable to have all specialisms at both sites		
106	Again, this is about providing the best patient service by locating staff at one centre.		
107	Again have services available at both Cheltenham and Gloucester		
108	dont know enough about this problem but previous comments would apply		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).		Response Percent	Response Total
109	Having undergone colorectal surgery for cancer of the lower bowel in March 2020 I was confident that any complications would be dealt with		
110	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
111	We need to establish strong bases in Cheltenham. Naive perhaps to suggest centres of excellence should be visible fairly equally in both hospitals, but there could be a tendency otherwise for one of the two (probably CGH) to have lesser standing, lesser research/funding potential		
112	Don't understand. Talking jargon.		
113	If it is planned surgery the patient will have had time to plan how they will get to and from the hospital, and anyone who wishes to visit can factor the distance into their preparations. There is still the question of the exorbitant parking fees on the GRH site. Although CGH also charges stupidly high parking fees, Cheltenham based patients being treated in Cheltenham and their visitors might not need to use their cars and could avoid these phenomenally high charges. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
114	Concentration of key resources in one place to reduce duplication and wastage.		
115	It is a good idea, except again that as we are on the edge of the county Gloucestershire is further away		
116	this will allow the trust to develop a service which will be second to none. it will link in with gynae / urology & a centre of excellence for oncology too. the bed flow / capacity is there. CGH has an outstanding ICU and staff who are specialised in pelvic surgery to provide excellent care. patient flow & discharge will improve. patients will get an improved service so not mixed with emergency care & can maintain a green site especially if future pandemics as per recommendations		
117	Support the concept of having centralised services. From clinical delivery stance, staffing and financial.		
118	Team work is vital to good patient experience and outcomes - fragmented teams cannot provide this and do not attract the best to come and work in them.		
119	Again, it makes sense to have one very well equipped and staffed hospital rather than 2 close but less well resourced units		
120	One world-class centre looks ideal to me.		
121	As per previous comments		
122	Good to have a centre of excellence. Attracts staff and makes good effective use of both equipment and staff.		
123	but only in one centre		
124	Personal experience of my life being saved this last May when admitted through A&E at CGH with Fournier's disease for immediate operation to deal with gangrene and sepsis from infected scrotum.		
125	Please try and keep all acute specialities on one site.		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).		Response Percent	Response Total
126	Same reasons do not oppose a centre of excellence for Gloucestershire but do oppose strongly the lack of operations at either hospital		
127	Support options where there is access to both sites so this is good		
128	Again the principle of centres of excellence is a good one - I would site it at the most appropriate site - if other planned surgery is at CGH then this should be there too		
129	I strongly prefer this to be at the CGH site as this will ensure elective care for surgical patients will not be affected by the emergency admissions and operations, as is the case now. Also, the ITU at the Cheltenham site can be used solely for elective surgical patients.		
130	It doesn't matter which site, so long as the service is there and available.		
131	Obviously to split up centre of excellence means less pushing people from one A&E to somewhere everything is not to hand		
132	I can't support that being at Cheltenham since you're proposing it in exchange for an inferior emergency service.		
133	Elective care should be split from emergency where clinically appropriate / demand exists - which it does in GS		
134	centre at cheltenham		
135	It can only be a good thing for the people of Gloucestershire		
136	ensure up to date medical procedures are available		
137	Planned surgery at least gives patients time to make suitable travelkarrangements		
138	Pros and cons here but overall would support		
139	Agree with any proposal to avoid unnecessary duplication		
140	CGH would be the better location		
141	Again it seems sensible to centralise resources and staff		
142	Please bear in mind any treatments taken prior to appointments which may make a long journey very difficult		
143	I can't find any notes on the current vs planned systems for this, but if you mean ""all services being in EITHER CGH or GRH"" then my previous comments apply!		
144	We would prefer this service to be available at Cheltenham where my husband had excellence care		
145	As above		
146	Ditto.		
147	Again with population sizes, distances to travel, time of travel, means and ease of travel/access, away from home area and family support better if services are nearer the target audience than a large single centre. Or vide services for both Cheltenham and Gloucester as well as surrounding regions......Mickleton is a long way to Gloucester		
148	Centre of Excellence required at both hospitals		
149	The proposal would seem to make more effective use of staff and facilities		
150	Planning the priority for hospitals makes sense		
151	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at iether site pose difficulties and high costs.		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).		Response Percent	Response Total
152	I I support this service to be placed at Cheltenham General Hospital. Having worked there I know they have a good record of care in this specialty.		
153	Likely to dilute service and so negatively impact patient outcomes.		
154	This should be on the same site as non-surgical oncology as the two have to work very closely together.		
155	Confused!		
156	Not sure about this as people from the Cotswolds need the nearest place yet Gloucester is better for people from that area.		
157	Single centre would be preferred.		
158	Focussing a specialism in one location makes the most sense providing value for money.		
159	A good way ahead.		
160	Same comments Experienced qualified staff centralised More opportunities for shared learning and research Intensive care facilities on one site High tech imaging facilities...		
161	A single centre makes best use of sataff and resources		
162	COE will benefit Patients and Staff, and make effective use of existing resources		
163	Often have to go to Cheltenham for appointments so makes sense to do it at Cheltenham		
164	At Cheltenham General without a doubt, this has been in place for years and has worked without failure to a high standard. I, my family and friends have received care on this ward to a fantastic degree and then have unfortunately been subjected to GRH due to current events this year, to say that we were disgusted by this change would be a vast understatement. Why change what isn't broken, why ruin a system that has supported so many for years with such a dedicated team that is being picked apart and why support such an idiotic decision to shift CGH to a more medically acute when GRH does not have space for all this surgery and that has also been proven and found this year		
165	Lower GI surgical provision impacts on other surgical specialties including gynae oncology. Gynaecology is linked to Obstetrics, an acute specialty based in Gloucester. Acute gynaecology, including acute gynae oncology admissions, is based in Gloucester hospital. It is not possible to move this acute provision as the registrars cross cover Gynaecology and Obstetrics when on shifts. Moving gynae oncology with Lower GI to Gloucester would provide better training and ward safety for patients.		
166	Not qualified to judge.		
167	If its excellent, who cares where it is?		
168	Concentration of a specialised team and the necessary resources.		
169	Would prefer this option to be at Cheltenham General Hospital		
170	I really dislike the term 'centre of excellence' as it implies that one or the other hospital is somehow failing to provide good quality care. Gloucestershire is a big county with a growing population and a large number of homes being built. Even the new Cybercentre is coming to Cheltenham so it would be very short sighted of the Trust to make permanent changes at a time when Covid is changing the way people want to live and work, particularly bringing more people to live in rural areas. Planned surgery should be located at both hospitals.		
171	CGH already has oncology expertise on site and most colorectal surgery is concerned with malignant disease.		
172	Near both		
173	If it is at GRH		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).		Response Percent	Response Total
174	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
175	This hospital specialises in this area		
176	Again, it must be best to have all the specialists in one location.		
177	Concentrating the service presumably means that I will be able to see a subspecialist all the time.		
178	Centralising upper GI seems to have been beneficial, presumably the same will happen with colorectal.		
179	I believe that CGH is the optimum site for such a centre of excellence - to maintain quality and patient experience CGH would serve the purpose better than an overstretched GRH, which is already struggling currently with a very high volume of emergency cases.		
180	In this case, though I'm based in Cheltenham, this would again seem to be downgrading services to be only available at one location instead of at 2.		
181	Not central to county. Parking nightmare, travel time - hours away		
182	Available beds, less likely to be cancelled calmer safe green site. Excellent ICU linked to essential other services to make centre of excellence. Oncology onsite national recommendations.		
183	Focus of resources on one site		
184	Need to locate the planned specialties into CGH if emergency medicine and surgery are going to GRH		
185	I am a strong believer and advocate of specialised services at one hospital, my choice is Cheltenham General Hospital.		
186	At Cheltenham		
187	This should be at GRH for EGS to support. Everyone together in the same place		
188	Both are GENERAL hospitals, and as such should have the capacity to offer these services at both sites. But if I was to choose, based on my previous answer, it would make sense to have planned lower GI general surgery at Cheltenham to match with the idea of making it a centre for abdominal and pelvic surgery.		
189	Again, I like the scntre of excellence approach and likelihood of fewer cancellations		
190	Public perception and access focused at one hospital for one type of heath issue		
191	A centre of excellence would be good for everyone!		
192	It is easier for elderly, disabled, and very sick people to travel to their nearest hospital. Some of the people in this category will not be able to either drive themselves or travel on public transport. An unfamiliar environment may be distressing for them, and it may be more difficult for their families to visit if they are further away. Therefore, all procedures should be available in all hospitals, not in one centre.		
193	For Chelt		
194	I think there would be lots of advantages to keeping all the planned lower colorectal general surgery in Gloucester. Everything and every member of staff present.		
195	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
196	As above Better building and access		
197	It needs to be Gloucester for access from the forest of dean		
198	In all cases time must be allowed to talk between medical staff and patients. Sufficient staff levels should be attained 24/7 of 'centres of excellence' comes into being.		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).		Response Percent	Response Total
199	To help spread skills to other major assets		
200	It would help provide rotas for the appropriate surgeons.		
201	Again, I understand the logic but I hope Cheltenham will not be downgraded. However, I do understand the issues raised in the booklets about staffing.		
202	Strongly support PROVIDED that site is Cheltenham		
203	Combining expertise will enhance surgical training and allow us to offer tracing in sub specialist areas of colorectal surgery. There will be greater standardisation of care. Also enhanced nursing care.		
204	Makes more sense to be at Cheltenham.		
205	It makes sense to have this at CGH where the gynaecological oncology is carried out. (Pelvic surgery)		
206	As previous questions. But I have had fantastic service and a colorectal resection at GRH. This started with the Bowel Cancer Screening at Stroud Hospital, and two operations at GRH, with follow up care. The care and dedication of all the staff at GRH has been exemplary, and I am so grateful to them! Of course if CGH was chosen, as long as the staff moved also, then the service would be just as excellent. A slight fear I have that when I think merge and provide an ever better service', the accountants hear 'merge, provide the same service, and cut costs'. The latter really would be a betrayal of trust.		
207	lose of this type of surgery would result in doctors/other specialists relocating hence would be unable to support A&E dept		
208	I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH which would eventually put the future of services at that site in question		
209	General Surgery is not really a 'surgical specialism', as it relates to many different conditions. In order to justify centralising General Surgery the Hospital Trust appears to be attempting to redefine it as a specialism relating only to colorectal surgery.		
210	Cheltenham already has the Cancer Centre so it would make sense for it to have the above service.		
211	See my previous answers on GRH but more so to travel to CGH. My wife is desabled hospital transport is a joke. I wrote to MP Mark Harper about this. I pay for transport and it is expensive		
212	CGH has always been a centre for excellence for this surgery - let it stay so!! Don't change		
213	The plan seems to be to downgrade Cheltenham GH despite the wide catchment area and substantially increased population in the rural parts of North Gloucestershire		
214	Parking and the use of public transport enabling the general public to use buses from Waterwells through to GRH		
215	CGH is the preferred option		
216	To build expertise at CGH for this speciality		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?

			Response Percent	Response Total
1	Cheltenham General Hospital (CGH)		50.76%	268
2	Gloucestershire Royal Hospital (GRH)		20.27%	107
3	No opinion		30.30%	160
			answered	528
			skipped	96

Please tell us why you think this, e.g. the information you would like us to consider: (238)

1	A strong case has been made for both. On balance I think CGH.
2	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
3	Crucial item for me is that there is an equal balance between what is in Cheltenham and what is in Gloucester....with equal numbers of essential services in each. It must not be Gloucester is the centre with bits in Cheltenham
4	I believe that no one site can cope with providing the service for people who usually attend two sites. The waiting times increase, the staff are stretched and patients feel that they are suffering as a result. Gloucestershire is too big to have one site for a speciality.
5	this would support gynaeoncology surgery
6	Because I think that elective or planned procedures should run from the site with a lease amount of emergency bed pressures. I believe that this will lead to fewer patient cancellations and overall a better experience post operatively where wards are full of elective patients all receiving appropriate post operative care rather than mixing with other non-surgical patients who are placed there because there is no other room.
7	As above.
8	Insufficient bed base of acute medicine, let alone medicine plus surgery. Certainly no possibility of a centre of excellence for planned care in a hospital with insufficient bed capacity for acute services.
9	because it's not the emergency site and patient flow can be better managed
10	I don't know enough about existing surgical set up, but you would think the site that is currently best set up to house surgery would be the most sensible choice.
11	Wherever you feel it is easier and safer to provide this from. Where other support services are on hand.
12	As above so the specialists are on one site , can cross cover be available.
13	I think it is best placed where the post op care is- I am not sure if they routinely require ITU admission. If they do, I would suggest keep at CGH to free ITU beds for unscheduled admissions.
14	Lower GI is currently at CGH, and in general works well with a v.dedicated multidisciplinary team.
15	I think this fits in with gynae and urology planned surgery and often these patients may need two consultants operating at a time. It will also mean that planned surgery is centralised. This will make it more appealing for staff working at CGH knowing they work on a site that is considered a centre of excellence.
16	It is a ""no brainier"" interns of bed base, pandemic planning, and protection of our elective cancer patients from cancellations peak periods to have this service in CGH.
17	There are not enough beds in GRH to have all the acute inpatients plus the elective work. During the pandemic the elective patients should be protected and kept separate. There needs to be adequate surgical resident cover in CGH to deal with any postoperative complications and also provide surgical support to the oncology service.

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
18	I		
19	Just because it is the nearest hospital to where I live, I should imagine anyone living near to Cheltenham would choose the Cheltenham one as their option		
20	If the 24hr A&E is at GRH, then the planned surgery to be at CGH.		
21	Why should people from Cheltenham go to Gloucester when they can go to Oxford? If it's planned...		
22	Both hospitals should have their own colorectal services.		
23	Bed space available at CGH for increase in existing colorectal work; patients requiring transfer or input from gastroenterology would benefit from existing presence of gastro services on site in Snowshill at CGH. Available bedspace for colorectal patients (alongside gynae oncology) currently being used as medical overflow with associated reduced and unsafe medical cover, loss of experienced surgical nursing staff and reduced quality of patient care.		
24	To remove it from the impact on bed capacity of the seasonal variation in medical emergencies.		
25	Both should offer excellence I don’t agree with either/or as the geographical region is huge and large populations will be disadvantaged. Surely these services should already be offering excellence or is this an acknowledgment that you are currently offering sub standard services?		
26	Elective and CGH and emergency at GRH		
27	CGH should be the site for all planned activity		
28	I believe it would be sensible to try and ensure that CGH takes on planned / elective surgery with lower risks involved, and that GRH is responsible for caring for emergency surgery. However, I also appreciate that this could result in specialist surgical cover required across both sites rather than just covering one and could be confusing for the public if there is general surgery offered at both sites.		
29	Elective days-case/short stay surgery in a dedicated unit in CGH. Resectional lower GI surgery co-located with emergency general surgery in GRH.		
30	a cold, elective hospital allows access to beds, ITU, and allows all the relevant surgical specialities to work closely together to deliver excellent care. The removal of colorectal surgery from CGH would mean that urology and gynaeoncology may not be able to stay, which would put more pressure on GRH		
31	Oncology centre		
32	Oncology centre.		
33	Oncology		
34	I think that the 'reputation' of Cheltenham Hospital needs to be preserved if emergencies go to Gloucester, even if in a new way, so putting excellent planned operations in Cheltenham would be good.		
35	Which ever site has best capacity of operating theatres and staffing for this proposal		
36	What will there be about CGH to attract anybody to work there, if surgery is removed from Cheltenham altogether?		
37	This builds on already established reputation and allows other interdependent excellent services to continue to flourish because they have ongoing on site, immediate lower GI surgical support. Removing lower GI surgical support from CGH would diminish urological, gynaecological oncology, gastroeneterology and oncology services. Specifically gynaecological oncology simply could not operate in the same way and all ovarian cancer surgery would need to move to GRH to facilitate appropriately supported radical surgery within any governance framework		
38	It makes sense to have as much major surgery as possible in CGH for the pandemic, and also for usual winter pressures in GRH. This also applies to elective vascular and upper GI surgery.		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
39	1. co-located with other pelvic cancer services (urology, gynae-oncology) 2. co-located with oncology 3. co-located with gastroenterology inpatient care 4. Protected bedbase from emergency admissions (if going with the emergency hub in GRH) and allows screened admissons only in the covid era 5. Ease of access to HDU / ITU for all planned major resections 6. Separated (geographically) elective v emergency care as recommended by a) GIRFT, b) Current President of the RCS Eng (Prof Neil Mortensen) c) external senate review		
40	wherever the facilities allow best at minimal cost and upheaval		
41	Needs to be co-located with the emergency general surgery service.		
42	I can see benefits to both hospital, GRH because of workforce but for patients which may also involve other organs in the pelvis, CGH seems more appropriate		
43	It is easy to get all GI surgeries in one place closer to Endoscopy.		
44	I don't support your preferred option at all		
45	CGH would make sense as there is the oncology dept is also there. The dots are joined up in that respect		
46	Calmer atmosphere. Better patient experience.		
47	Is Great Western Hospital Swindon a better option for those living on The Cotswolds, perhaps a joint venture with Glos NHS		
48	Consultants and staff are fed up. Colorectal worked at Cheltenham before stop fixing things that aren’t broken. Wasting good theatres, what’s the point in not using something we already have. And you have amazing nurses and HCA’s with colorectal experience in Cheltenham that will not go to Gloucester.		
49	As above, the premises at Gloucester are superior and those at Cheltenham have fallen way behind. In my view Cheltenham should have constructed a new hospital to replace Cheltenham General in the hospital building boom of the 1990s and early 2000s when a large number of towns and cities constructed new hospitals, such as Worcester, Swindon, Birmingham, Stratford -on-Avon, Hereford, Taunton, etc, etc. Cheltenham missed out then and a new replacement for Cheltenham General is unlikely now		
50	both sites.		
51	As this is intimately linked to gastroenterology (which is being focussed at CGH), it makes sense for this to be at CGH too.		
52	As it is planned surgery the patient can arrange transport beforehand so I don't see any issues		
53	BOTH HOSPITALS. STOP PUTTING PRESSURE ALL ONTO ONE SITE		
54	I have no views about which hospital should be the site - this is clearly a matter for the best use of resources - both physical and staff - and I am in no position to take a view on the information provided		
55	Planned surgery at CGH would reduce likelihood of patients operations being cancelled. Staff would be trained to manage all types of pelvic surgery and therefore give better service and earlier discharge.		
56	It should be available on both sites.		
57	Its slightly less crowded in Cheltenham.		
58	See above		
59	More opportunities to expand the service inclusive of A&E, surgical assessment unit and expand and develop wards.		
60	Don't like the single site option		
61	As above; CGH needs to be valued and acknowledged as a centre of excellence (alongside GRH)		
62	Please see the previous answer.		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
63	What CGH can do GRH can do the same		
64	Makes sense to continue the planned trend at CGH.		
65	I don't think it matters where the provision is. I cant see that one site has more benefit that the other.		
66	we live in Stroud - now my son has transitioned into adult IBD services we have had infusions in GRH, consultant appointment in GRH and MRI in Chelt - the travel relatively easy for us so wherever means staff travelling less.		
67	I am the governor of the forest of dean and it's even further for people to travel when it's at Cheltenham.Its also newer and more easily accessible than Cheltenham.		
68	The colorectal ward is at GRH		
69	As above		
70	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion as we are having to do an increasing amount of work overnight yet have no funding for extra staff! 1 person that covers the whole hospital at GRH is dangerous.		
71	Neither site should take priority.		
72	We have two major hospital sites in Gloucestershire. It makes better sense to have single site consolidated approaches to medical units		
73	I believe that you are wrong in trying to decide one place against the other hospital. Gloucester Royal is full to capacity and often difficult to reach because of its situation. The best solution would be to build a new hospital at Staverton and put any ""centres of excellence"" there. This idea, whilst not likely to ever be considered, would be a perfect solution. There is plenty of space at Staverton and the surrounding land. Sites at Gloucester and Cheltenham could be then be sold at a huge profit		
74	As already said emergency and elective surgery needs to be kept separate as they require differnet sorts of treatment. Keep CGH clean and where there ae more beds to keeps elective particually cancer surgery running no matter what the emergency take is		
75	Cheltenham must be the planned care centre if the Emergency centre is going to work		
76	It would appear logical to have all cancer services on one site and given Cheltenham's preeminent role in cancer treatment then all related services should be located there,		
77	At present I am not familiar with either Hospital.		
78	My personal experience ,choice.		
79	Cheltenham already deals with urology and it would make sense for ALL lower GI surgery, planned and emergency		
80	Both need this		
81	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH.		
82	If the benefit of the emergency changes is to provide immediate subspecialist care why would you consider something different for elective patients? You propose to locate elective upper GI surgery on the same site as emergency surgery, it seems incongruous to propose that another group of general surgery patients should be treated differently. If the two sites could be staffed equally there would not be a need to change. You need to ensure that the level of cover out of hours for patients undergoing major colorectal operations is the same irrespective of their mode of presentation (emergency vs elective). Specialist nursing input eg stoma nurses, cancer nurses will be facilitated by being on the same site as emergency surgery. Will a unit on a separate site have sufficient patients to be a specialist ward or will it be overrun by other specialties? Would such an arrangement really enable specialist nursing care? How do the other components of the general surgery changes impact on colorectal surgery?		
83	See previous question		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?			
		Response Percent	Response Total
84	For reason given previously		
85	It is a better hospital than cheltenham, providing better care. Although, it too has rude staff !		
86	As previous		
87	Surgical team availability. Easier to set up cell salvage, if needed during the oerations.		
88	To co-locate with urology and gynae-oncology. By taking elective lower GI from GRH space would be freed up for other needs.		
89	Only those involved with actually doing it and the rersource implications can make this decision. Whatever is done must take into account the time and travel implications for the whole County and the environmental impact.		
90	At the moment, both CGH and GRH seem to have a Planned Lower GI general surgery facility. I think the decision on which location to invest more excellency should mostly be focused on statistic and medical opinion, such as estimated time of arrival from one location to the hospital; percentage of local and not local patients who come to the hospital; accessibility to the yard; transportation accessibility etc. While Cheltenham could be more easily accessible, in my opinion, GRH offers facilities on Upper GI general surgery, which could contribute to the treatment of exceptional patients who may need assistance with both.		
91	Ensure services are split more equally between sites & prevent all the eggs being put into one basket. If at Gloucester, could lead to capacity problems and there is only a finite amount of space to build on, if indeed funds can be found to pay for construction/re-figurement. By locating in Cheltenham, seems to sit/align with other services to allow a more wholistic treatment service		
92	Where the best service can be provided. Ensuring correct equipment, staff & space.		
93	I think it makes more sense to have surgical units for upper and lower GI surgery in one location		
94	Cheltenham is a significantly better run and more pleasant place to be than Gloucester. However, smaller hospitals such as Cirencester would be a welcome addition.		
95	Due to other specialities already doing pelvic surgery in this hospital. Surely a 'centre of excellence' would allow surgeons to assist and advise each other when required.		
96	Important that each hospital has the ability to raise its reputation by having a centre of excellence. It must be ensured that Cheltenham is not regarded as a second choice.		
97	GRH is currently too busy. I presume GRH would be a spoke and therefore provide back up.		
98	I have no relevant technical knowledge to offer an informed view		
99	Either would do.		
100	See above		
101	Wherever the space is available and where the necessary ancillary departments are. Which will have the capability to ensure bottlenecks do not occur - scanning, X-ray, theatres, outpatient capacity.		
102	Both		
103	Both hospitals should be aiming for all surgeries,		
104	As above		
105	personal preference only based on my location. Accept entirely that management team must consider a much wider criteria		
106	as previous question		
107	Hard to have an opinion unless you are a user		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
108	Although my own experience has been of having colocrectal surgery at GRH, I think location for this is less important than concentrating the expertise at one centre.		
109	Keep both hospitals operating as hospitals for all services. This centre of Excellence "" concept"" is in my opinion RUBBISH. Stop pretending that you are offering a better service when you are diluting what is already available		
110	not qualified to judge which would be best. Access, free parking other facilities to fit around this would need to be thought through		
111	Happy with the Cheltenham hospital cancer care teams		
112	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable. I cannot determine which site I would prefer this service to be provided on without the information referred to above as this becomes merely a geographical preference rather than an option considered as to what is right.		
113	I understand that there can some crossover between Upper and Lower GI* and this suggests to me that collocating them would be wise provided that the is sufficient space and facilities at GRH. *Last year I had emergency Lower GI surgery carried out at CGH by an Upper GI consultant (excellent outcome!)		
114	As both centres do this now, just in terms of equalising the two hospitals as mentioned above		
115	GRH is a larger site, has better facilities and is more accessible for visitors. I have had surgery in CGH in the past and felt the facilities were poor and the care was lacking. It is also very difficult for visitors to find somewhere to park.		
116	If it is planned surgery the patient will have had time to plan how they will get to and from the hospital, and anyone who wishes to visit can factor the distance into their preparations. There is still the question of the exorbitant parking fees on the GRH site. Although CGH also charges stupidly high parking fees, Cheltenham based patients being treated in Cheltenham and their visitors might not need to use their cars and could avoid these phenomenally high charges. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
117	I live in Stroud and find it easier to get to GRH and easier to park the car.		
118	From our point of view it is nearer		
119	Less chance of cancellation as less pressure on beds Gynae oncology and urology based at CGH - makes sense to have a cancer centre of excellence at CGH where oncological services are based.		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
120	this will allow the trust to develop a service which will be second to none. it will link in with gynae / urology & a centre of excellence for oncology too. the bed flow / capacity is there. CGH has an outstanding ICU and staff who are specialised in pelvic surgery to provide excellent care. patient flow & discharge will improve. patients will get an improved service so not mixed with emergency care & can maintain a green site especially if future pandemics as per recommendations		
121	There are pros and cons for both sites.		
122	As I have mentioned, public views will revolve how location, for example, will affect the individual. CGH is closer to me than GRH so this is obviously my choice. That is naive and there are many many far more important factors that should determine the location. I really don't understand how public consultation on this matter assists the process.		
123	Most of the surgery might involve a cancer and Cheltenham is the cancer centre		
124	This is major surgery and should be carried out in fully staffed hospital having access to all facilities 24/7		
125	most of the issues are probably cancer related so it makes sense to put this in Cheltenham with the existing unit - although the buildings at Cheltenham are in dire need of refurbishment and modernising		
126	the main center for this type of surgery is already in Cheltenham - so why would you wan t to move it ?		
127	Don't really mind but feels appropriate to co-locate with the cancer (oncology) centre in Cheltenham. Nb. I have a family history of bowel cancer so take particular interest in this area.		
128	To make a decision about this, there must be many other holistic factors about the sites, capacity, etc which I am not aware of.		
129	Either site so long it is centralised at one or other site. It would be advantageous to have both upper and lower GI planned surgery at one site. Staffing and equipment availability should be considered.		
130	I am not fullt aware of the different skills between GRH and CGH but roughly would like to see a 50/50 spread of centres of excellence over the county's two leading hospitals.		
131	the centre should be close to GI medicine, specialist inpatient care (as in ITU) and imaging		
132	The emergency detailed above meant I had minutes to live, my kidneys had already failed . My family were called to the hospital soon after the operation as I was given about two hours to live. Living in Hewlett Road, Cheltenham meant a speedy access to A&E which ironically closed about a week or so later. If the timing of my illness had occurred two weeks later I would not be filling in this form.		
133	It seems likely that management of complications would be best on the site with the most robust emergency cover		
134	As above		
135	Having benefited from this excellent service, and still under their care, I would really like the service in Cheltenham to be bolstered. I live at the extreme Northern tip of the county, and Gloucester Hospital would have been a nightmare for family visits, and for me getting home from the multiple operations I have had. Given the fantastic care I had at Cheltenham, I would be keen for it not to be moved		
136	Ability to protect beds and theatre capacity		
137	Separate emergency services from elective services completely - Cheltenham must be the centre of planned excellence		
138	As long as the support services match the need.		
139	Again, it doesn't matter which site, so long as the service is there and available and ensure capacity and effective care for Gloucestershire residents. In my mind it would make sense to have a particular specialist treatment at both sites i.e. GRH is centre of excellence for XX and CGH is centre of excellence for YY. So that one or other site does not become defunct.		
140	This should be based at the site with emergency theatres.		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
141	Because should I or my neighbours need it, it is within easy reach for local transport. GRH in rush hour can take at least 1.5 hours		
142	Whichever site the clinicians feel is most appropriate		
143	This closet to me and the family		
144	It makes sense for all GI (lower and upper) services to be in one hospital		
145	Care needs to be taken in assessing the user demographic to make a suitable choice. Ideally it would be in the centre of the most common user base.		
146	Greater diversity in Gloucester		
147	Gloucester seems the preferable site to develop. Far better access by public transport.... crucial for many people and their families		
148	Cheltenham and Gloucester hospitals should be equally recognised for their own specialisms and resources. Gloucester Hospital cannot have it all		
149	Obviously Gloucester is the closest to me, for same reason stated above. Cotswold residents would almost certainly disagree		
150	Obviously, given what I've said, I'd choose Cheltenham. Gloucester residents would presumably prefer it there!		
151	Which option is most cost effective		
152	Greater Diversity in Gloucester - some longer term health conditions higher with minority ethics Ease of access and family support as communities live close together		
153	Cost, population refevance (obviously). Less obvious: parking availability for patients and staff, bus routes from different areas and related departments.		
154	More central to the area, better parking facilities and better transport links		
155	I've put no opinion because transport is about the same for both, and planning a service is a complex task that looks at a wide range of information. I trust One Gloucestershire to make a good choice.		
156	Remain with both sites as both large populations. Travelling to either site difficult if not in either town/ city. Keep both therefore quicker and more local access. Helps reduce carbon and, safety) health risks involved in traveling		
157	There is an air of calm efficiency and care at Cheltenham General Hospital which leads to a more rapid recovery time whereas at Gloucester Royal Hospital I feel that the wards seem to be under more pressure.		
158	A good match with other services. Also seems too much at GRH which could lead to conflicts of staff time		
159	Both		
160	Ideal in respect of our place of residence		
161	As before; it is better not to centralise unless and until provision is made for transport between the sites. This is vital for the elderly and less financially secure. (Frequently these are the same.)		
162	I have already stated why above,		
163	Best for outcomes and workforce with limited negative impact on travel/access for those living east of Cheltenham.		
164	Cancer surgery and non-surgical treatment (radiotherapy an systemic therapy) need to be one one site in order to ensure seamless cooperation for patients who develope acute conditions requuiring surgical intervention. I have worked in London centres of excellence for non-surgical oncology where there was no surgical cover on-site for emergencies. This did not work well and treatment was sub-optimal.		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
165	Either. But a Centre of excellence makes sense.		
166	Would keep at both		
167	If the majority of this department is located in GRH, it makes sense for all of it to be located at GRH.		
168	Better parking for staff and visitor options more mid way for Forest patient and visitors. Near to train links.		
169	A very confused layout that could be fixed easily.		
170	Quality of patient experience much improved if planned surgery is separated from emergency activity.		
171	Make effective use of existing resources		
172	To colocate it with Gynae and Urology for a pelvic oncology surgery centre of excellence		
173	Cheltenham should be the centre of excellence for all impatient planned care		
174	Very important to have separate sites for emergency and elective surgery for better patient experience and outcome		
175	Important to keep services separate for patient experience and outcome		
176	Better on-site facilities and car-parking at Gloucester. Not sure where there is adequate space in Cheltenham		
177	As above		
178	At Cheltenham General without a doubt, this has been in place for years and has worked without failure to a high standard. I, my family and friends have received care on this ward to a fantastic degree and then have unfortunately been subjected to GRH due to current events this year, to say that we were disgusted by this change would be a vast understatement. Why change what isn't broken, why ruin a system that has supported so many for years with such a dedicated team that is being picked apart and why support such an idiotic decision to shift CGH to a more medically acute when GRH does not have space for all this surgery and that has also been proven and found this year Please consider the fact that whichever higher up or suited monkey has been trying to shut cheltenham A&E for years due to funding and the arrangement of doctors across sites. This is bad in practice and paper, especially when the current state of affairs in CGH due to some of these measures already being in place has slowed down patient care because their is no one on site available to offer the urgent care that is needed or they are being rushed off to see to someone in a supposable MIU that continually blue lights patients to gloucester only for them to come back again as their is no capacity or available beds		
179	The department already exists together with the oncology unit at Cheltenham General.		
180	Not qualified to judge.		
181	If its excellent, who cares where it is?		
182	Would seemingly make best sense to locate this at CGH to create a centre of excellence for pelvic resection; and to keep this surgery service entirely separated from the pressures of the Emergency General Surgery at GRH (as suggested in the consultation booklet)'		
183	I would support the decision made by those individuals directly involved in the provision of this service at both hospitals. Is that information available ? I assume that is being considered in any final decision and it would have a significant impact on any final assessment.		
184	Very important to have emergency and elective surgery on separate sites to improve patient experience and outcome		
185	I do not support your option. The size of the population here in Gloucestershire with the growing numbers wanting to live in this beautiful country, warrants both hospitals having this facility.		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
186	CGH already has oncology expertise on site and most colorectal surgery is concerned with malignant disease. It would be madness to make an exception for this major (in terms of numbers) malignancy by locating it anywhere else and makes a mockery of the notion that Gloucestershire has an ‘oncology centre’. Outsiders consider the notion of siting it elsewhere as bizarre. Add to this the dismantling of a very successful existing partnership between the gynaecological oncologists and the colorectal surgeons that already exist on the CGH site, to dismantle it by moving the colorectal team elsewhere would be criminally irresponsible. But when outsiders, even when invited by the Trust, suggest this, their contributions are dropped from further discussion.		
187	Suits us better - see page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
188	Gloucester is MUCH easier to travel to		
189	Proposals for either option appear to be well thought through.		
190	This hospital specialises in this area		
191	It is important not to concentrate every resource at one location, e.g. Glos, as this would increase the possibility of a single point failure.		
192	On your facebook live session the consultant said that 12 out of 15 consultants supported this model, shouldn't you be listening to what the experts think as they provide the service and should know how it works.		
193	If you think upper GI surgery needs to be on the same site as emergency general surgery, surely the same should apply to colorectal surgery. If you are struggling to run the general surgery service on two sites at the moment why would you want to set a a service that continues to run general surgery on two sites?		
194	GRH is too busy, to stitched and too stressed with the increased volume of emergency surgery it has absorbed recently. Conversely, CGH is well placed to deliver such a role, with teams in place, surgeons and anaesthetists, HDU/ITU cover and dedicated elective wards.		
195	All the requisite components - surgeons, anaesthetists, dedicated specialist wards and ITU/HDU are already in place. CGH is ideally positioned as the transfer of emergency services to GRH has left a residual capacity with teams in place to fulfil the functions of a CofE. GRH conversely is essentially too busy, too stretched and too stressed to meet the need.		
196	I don't support it		
197	Again central		
198	As above		
199	If the plan is to have the Day Case focussed at CGH it would seem to be sensible to have the rest of the GI provision on the same site		
200	see previous response		
201	It would be sensible to co-locate with other pelvic area specialists.		
202	Having experienced prostate cancer surgery at CGH, I know it is well placed with excellent Consultants and support staff to provide a first class service service.		
203	Cheltenham has a better reputation in area.		
204	As above		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
205	I would like to know, that if you make GRH the centre for emergency general surgery, what would happen in the case of an emergency following a planned abdominal/pelvic operation at Cheltenham? Does that mean a patient would be transferred to GRH as it would be the hospital receiving surgical emergencies? Planned day cases may become more complicated and require emergency surgical intervention as all surgery comes with risks, that is why patients have to sign a consent form. Will surgeons operating on planned cases have the ability to care for patients who have a surgical emergency? Will they have the experience?		
206	I like the link with the gynae cancer treatment at Chetenham to form Pelvic Resection centre of excellence		
207	To align with the upper colorectal service at CGH		
208	All major General surgery located with acute services makes common sense.		
209	I do not support your preferred option. I think that procedures should be available in all hospitals. However, of the two I would marginally prefer Cheltenham as it is marginally nearer to those of us in the east of Gloucestershire.		
210	I think a centre of excellence, a single one would benefit the local and wider community by being situated in Gloucester.		
211	Happy with move towards CGH as an elective site predominantly and more emergency focus at GRH, as oncology centre at CGH indicates more elective treatment. But not to strip all emergency services away		
212	Strongly support the idea of single site excellence for all and any hospital procedures		
213	Ditto Better building and access		
214	Its more central for Gloucestershire		
215	Which ever hospital has the space and facilities for development. CGH has very little space but other specialties can move. I leave to planning team!		
216	It would make the centre of excellence and help maintain Chelts specialism to attract staff.		
217	This is my biased opinion, as Cheltenham is so much more convenient to reach from the Fairford area.		
218	As above, allows for best patient flow and maintenance of elective work with the backup of a fully functioning intensive care unit.		
219	Ask why 12 of 15 consultants support this model. The consultants work in the system and know the details. This is the only option that will deliver sub specialist care seven days a week for emergency patients, complex UGI patients and complex colorectal patients. Why would you want to treat one of these groups differently and provide care that does not match up to other aspects of our service? The consultants know that the linkages to oncology, gastroenterology, urology and gynae are tenuous. A greater linkage is between upper GI and colorectal: the same junior staff, development of the service eg robotic surgery, same theatre staff, shared patient groups eg hernias.. This option is also the only one that allows us to develop the whole of our service. The model is actually about more than just colorectal and by moving complex colorectal to GRH it will create the theatre capacity to allow us to develop short stay surgery (not just day case) at CGH for both upper GI and colorectal. Why as an organisation have we not described the model that the majority of GI consultants have put forward?		
220	Fits in with above.		
221	I know the GRH team are fantastic, but have had no dealings with CGH.		
222	north of zone seems to be where population will grow (housing plan) and south activity would likely be split between gch & new forest of dean hospital		
223	I am concerned that too much emphasis is being placed on GRH. This concerns me because I do not believe that GRH has the facilities or space to cope with extra work.		
224	If this is centralised on one site, it should be on the site where the existing Centre of Excellence for Cancer is based, because of the close relationship between Lower GI Colorectal Surgery and cancer.		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?

		Response Percent	Response Total
225	See above.		
226	I am willing to provide a contribution towards the cost of a new hospital in FoD. Monmouthshire Council I am sure would also contribute instead of having people travelling to Cumbran		
227	It doesn't make sense to have a centre for excellence across 2 sites but transport needs to be available and affordable for those that need it		
228	Seems like a lot of specialist services are at GRH so good to have this one at CGH		
229	It has always fulfilled. This need - leave it as it is		
230	See above		
231	More information about ones operations		
232	To fit in with the other related specialities at Cheltenham		
233	access to GRH is almost impossible for day patients and for visitors to in-patients if they reside in the north cotswolds		
234	Family orientated at Cheltenham and more friendly, smaller pods.		
235	So that centre of excellence status is not all centred at GRH		
236	Appears that more facilities are already there		
237	Prefer something at both sites		
238	Once again if only one centre and there are issues is there a back up service?		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).

		Response Percent	Response Total
1	Strongly support	38.07%	201
2	Support	35.42%	187
3	Oppose	5.11%	27
4	Strongly oppose	3.41%	18
5	No opinion	17.99%	95
		answered	528
		skipped	96

Please tell us why you think this, e.g. the information you would like us to consider (188)

1	Ring fenced facilities at CGH make sense to minimise disruption.
2	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.

Please tell us what you think about our preferred option to develop:A ‘centre of excellence’ for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).		Response Percent	Response Total
3	As per my previous response I think splitting the acute general surgery take out from the elective demand is sensible and will lead to improved clinical outcomes, better patient experience and increased clinical skill development.		
4	See previous answer		
5	planned = cheltenham		
6	Presuming it will be here as the service and supporting team are already in situ at CGH?		
7	The same as previous it is easier to manage and better cost savings for the trust, tax payer.		
8	If there are enough surgeons to cover this service , my concern is if an emergency service is also working how will the oncology patients be managed in an emergency situation		
9	As per previous		
10	I know that the Day Surgery Unit at CGH is expanding so this would be the ideal location for day case surgery for upper and lower GI cases.		
11	All elective work should be on the same site.		
12	I think it should be at both hospitals, leaving it easier for people to go to hospital nearest to where they live		
13	If the 24hr A&E is at GRH then to have this option at CGH would be good.		
14	Why go to Gloucester when you can go to Oxford?		
15	Cheltenham and Gloucester should have their own elected and day surgery cases.		
16	Existing surgical teams at CGH; centralising all day case GI work at CGH would reduce pressure on GRH to focus on emergency general surgery		
17	The co-location of daycases with emergencies makes more sense as day cases are much less likely to be impacted by the demands of peaks in emergency patients.		
18	As per your previous question the region and population mean this is not an either/ or answer BOTH hospitals with their significant budgets should offer centres of excellence.		
19	There aren't enough staff to go around, so we need to make best use of those we have.		
20	new day surgery unit planned for CGH that will be able to facilitate day case surgery and provide a centre of excellence		
21	If planned surgery is on the same site then you keep a cohort of skills in that location		
22	Once again, I believe that there would be less breaches in waiting times for elective surgery if they were on one site and therefore protected from issues such as lack of staffing the rotas and access to resources		
23	would be better to have day cases on your site where A&E is, which would allow your theatres to be used, and put your inpatients at CGH		
24	As per previous answers - if Gloucester starts taking more of the emergency stuff, Cheltenham's position/prestige needs to be maintained for non-emergency stuff.		
25	Make absolute sense to create an elective surgical oncology resection service at one site ; i.e. colocated with the oncology services and away from emergency services with their greater and unpredictable demands on beds which leads to the cancellation of cancer operations when the two are co-located		
26	I understand that the plans are in for two new day unit theatres to be built in CGH so hasn't this decision already been made		
27	Good idea. Protects the beds from emergencies so reducing need for last minute cancellations		
28	It is far more important to move major surgery urgently, before mass cancellations inevitably happen this winter		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).		Response Percent	Response Total
29	Day case can be done anywhere		
30	as previous		
31	Separates short stay surgery from complex elective surgery and emergency surgery. Best use of beds, minimal cancellations.		
32	I have already said that in my previous answers. Try to concentrate in one place all cases related to GI interventions. It is better for the workforce too.		
33	I don't support having only one centre for anything, given the size and demographic of Glos.		
34	as previous question located in the best site alongside the supporting departments such as Oncology. the imaging services also need to be there too		
35	As before		
36	It is obvious that some services will have to remain in Cheltenham for the time being as Gloucester is not large enough to accommodate them all		
37	Why spend more money when there are already perfectly adequate hospitals		
38	Prefer a surgical unit in cheltenham as it can take pressure away and enhance smooth running by carrying out more cases through which more profit is available.		
39	In my view clearly better that this should be on one site.		
40	Keep low-risk surgery away from the acute site to improve (reduce) cancellations		
41	Should be available on both sites.		
42	located on one site, ensure specialism is located in one area - time effective for clinicians, day case parking for patients on site or near		
43	I feel that Cheltenham should be considered as Gloucestershire Royal Hospital is stretched to the limit		
44	Safeguarding elective procedures so that they are not cancelled for emergencies		
45	Don't like the single site option, would like both hospitals to offer as many treatments as possible		
46	As before		
47	Again, I have experience of this and know that the process is well embedded in CGH, with highly skilled specialists. Further, this type of surgery is usually directly associated with colorectal surgery e.g. stoma loop reversal, it makes sense for the surgeon who created the loop to reverse it thus maintaining continuity.		
48	Benefits local people.		
49	I agree with this and centres of excellence give people faith in the NHS		
50	Excellent idea, leave the longer cases at GRH where the ward is there to offer support for the patient after		
51	Would these beds be ringfenced for day surgery and not have patients put in them overnight? as is the usual case.		
52	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion.		
53	Specialist equipment in one place, more efficient use of resources and specialist staff.		
54	Rational, straight forward, clarity for patients in terms of where their care will take place.		
55	Cheltenham is the obvious choice for the planned care centre		
56	moving to a planned care centre of excellence can protect access from being hindered by urgent care demand; Using Cheltenham for this is more practical that CGh given the site, the existing status of GRh as Major trauma unit and A&E status overnight at CGH		

Please tell us what you think about our preferred option to develop:A ‘centre of excellence’ for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).		Response Percent	Response Total
57	Very important to develop high quality standards whatever the length of visit or stay in a hospital		
58	Really can’t imagine what day case GI surgery would entail .		
59	See first comment re planned surgery being able to go ahead without theatres being needed for emergencies.		
60	It needs to be clear that if you have a centre of excellence, it is in one place. GU/GI at Cheltenham - Totally! along with oncology. Everything else to GRH		
61	Both Cheltenham and Gloucestershire need this		
62	Don't care as long as 24/7 type-1 consultant-led A&E services are restored to CGH.		
63	Does this have potential to be expanded to include short stay patients? Many patients undergoing gallbladder surgery stay overnight. The same is true for patients undergoing colorectal surgery. Would a facility to accommodate these patients be better than pure day case? This might allow increased numbers of patients to have their surgery in CGH and help maintain a vibrant hospital. How do the other changes to general surgery affect the ability to deliver either day case or short stay services in CGH?		
64	Helps to manage an appropriate split between hot and cold sites		
65	Easy access and close to carers who need to visit me and don't drive		
66	Would require better facilities at Cheltenham general in my opinion hospital dated and tired in appearance		
67	I support the idea of one team on one site locally		
68	I think Cheltenham does deserve a comprehensive GI surgery facility as it is a reasonably large town which hosts national and international visitors every year. The capacity of the town to provide extensive health assistance, alongside Gloucestershire Royal Hospital would also likely relieve the stress sometimes found in waiting rooms. The availability could also assist patients who are needed to stay longer in the hospital under supervision, allowing the medical team to have sufficient equipment in the event of an incident or emergency. GI conditions can be debilitating at times and the circumstance of having to travel could risk worsening, especially if no preventative methods were ever applied in their case.		
69	Now very confused - how is this different to the previous two questions? Answers are as previous - support measures to cut last minute cancellations & being able to be seen & treated by the right person quicker. however this needs balancing with concerns over travel distance and reaching capacity at one site		
70	Planned day case surgery should have no impact on emergency care pathways and can be provided at any site.		
71	Proposals in the Consultation Document appear sound.		
72	As above		
73	As before		
74	see above.		
75	Spreading scarce resources around the county is a preferred method.		
76	have experienced it and was impressed		
77	as before		
78	Biased. Nearer me!		
79	As per my previous answer. Concentration in one centre is the most important issue.		
80	see earlier comments		
81	previous comments will apply to this		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).		Response Percent	Response Total
82	Shorter theatre times with staff on the same site in addition to longer operations and emergency post operative complications after colorectal surgery		
83	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
84	Have just received attention at Cheltenham and Gloucester.		
85	For planned day surgery it makes no difference to where I travel to within an hour. Parking seems much better at Gloucester.		
86	Although I support the idea of a 'centre of excellence', I do think that CGH needs some significant investment in order to become this and it's not the easiest place to travel to/park at due to the limited facilities. I like the idea of specialist care and if this is more readily available at CGH than GRH, then I am in support.		
87	As mentioned previously it is obviously better for those living in the Cheltenham area for as many services as possible to be fully delivered at CGH. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
88	Concentration of key resources to reduce duplication and wastage.		
89	Less risk of cancellation due to less bed pressures		
90	day case can be done either site		
91	Having a excellent readily available service that treats me even if I have to travel is preferred to waiting and perhaps getting a second class service because of a dilution of resources/service simply to accommodate operating on both sites. It is 7 miles not travelling to the moon.		
92	As before		
93	This type of surgery is at most risk of cancellation when emergency pressures are high. We should have access to protected facilities so these operations are not cancelled. This will be good for CGH as more planned surgery will be performed there than in GRH		
94	as previous answer		
95	This is already in Cheltenham. I have had to use it and found it excellent.		
96	I like the emphasis of removing emergency from CGH so that all the planned can proceed without interruption by the obviously unpredicability of emergencies.		
97	Planned surgery in one location does make a lot of sense, as long as the wait times do not increase and also operations are not cancelled due to other factors.		
98	Good idea, for all the reasons previously given.		
99	But for day cases, there should be one at GRH as well.		

Please tell us what you think about our preferred option to develop:A ‘centre of excellence’ for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).		Response Percent	Response Total
100	is there sufficient IT resource so paper records can be consigned to history and all relevant clinical information is available on both sites		
101	My personal experience detailed in previous page and previous personal observation of the Chichester Hospital whereas friend of ours son is a senior Consultant specialising in this area. He was able to advise my family on my predicament, which he only comes in contact with about once a year. I would like CGH to have this sort of level of skill set.		
102	Should’ve at both units if Gloucester hospital and Cheltenham hospital are Gloucestershire hospital service why not at both.		
103	Ability to manage beds and theatre capacity. Support to staff.		
104	Personally this suits me but appreciate that Glocs residents may not want to come all way over to Cheltenham		
105	Again you can develop excellence and proceess for suport services to create the ideal environment for this		
106	Separate emergency services from elective services completely - planned at Cheltenham		
107	It would make sense that both upper and lower should be on the same site as support services and staff would have similar skill sets		
108	So long as patients can access the location where their surgery is taking place.		
109	Facilitate throughput of these cases - ideally including a short stay model with low acuity 1-2 night stays.		
110	One hospital for emergencies and one for planned surgery. As long as the hospital for emergencies has enough OR.		
111	This is valuable facility essential for the area		
112	Seems sensible to keep upper and lower together - otherwise in the middle might slip through the space inbetween		
113	Staffing levels		
114	Agree with any proposal to avoid unnecessary duplication		
115	If planned centre of excellence for lower GI general surgery will be in Cheltenham it is only sensible for day cases upper and lower surgery to be there also		
116	See previous 2 comments		
117	See previous.		
118	The journey to Cheltenham from Winchcombe is far better than Gloucester Royal when you are unwell		
119	Too much dependence upon centralising services at GRH is, in my opinion a mistake. Gloucestershire needs to use its two mains sites fully		
120	See previous I believe Glos is a better location		
121	As before - economies of scale vasically		
122	More convenient from a personal point of view		
123	As long as we know what we can expect from the two hospitals I think the sharing of responsibility for medical disciplines will ensure scrutiny		
124	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at iether site pose difficulties and high costs.		
125	Key to this is ""Planned"" which increases Trust's capacity without negative workforce impact.		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).		Response Percent	Response Total
126	As above. This will also benefit us interms of cooperation in research hwere both surgical and medical treatment are being evaluated e.g. in cancer studies.		
127	Single centre of excellence preferred as above providing transfers are swift and well planned.		
128	Transport to CGH needs improvement		
129	Same comments as planned general surgery Experienced qualified staff centralised More opportunities for shared learning and research Intensive care facilities on one site High tech imaging facilities...		
130	Separating Planned surgerty will reduce cancellation and improve patients waiting times		
131	As stated		
132	A smart decision as these teams are set up and in place already with exemplary experience as well as the chances to expand on these services as their is adequate space		
133	Fewer last minute cancellations and better throughput.		
134	Not qualified to judge.		
135	Concentration of expertise and dedicated staff in one location will improve patient care and efficiency.		
136	I support the basis of 'Centres of Excellence' and would assume that the decision to base a particular function at each hospital is based on building up the core competency that already exists at the chosen hospital		
137	I think further investment in CGH is very desirable		
138	General surgery even planned can go wrong. Abdominal surgery is major surgery and that's why everyone has to sign a Consent form. There should be facilities on both sites. What happens in an emergency, does that mean patients transfer to Gloucester where surgical emergencies will be located as your preferred option? It is utter madness to put patients at such risk. What will happen to the day surgery performed at local community hospitals, such as Cirencester and Tewkesbury. I presume the next step will be to close these hospitals in order to save money!		
139	This proposal is another way of saying that CGH becomes a hospital for day case surgery only, chiefly benign conditions, i.e. not a proper hospital in the sense that is understood by most people. Since there is not room for all inpatient gi surgery on the site, to embrace this option is a sure fire way of ensuring that the malignant bowel surgery would have to be moved elsewhere (GRH), which is probably why it has been packaged up this way. Is CGH envisaged as a proper cancer hospital or not? If it is, then the malignant bowel surgery should take place there and not benign day case procedures instead.		
140	N/A		
141	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
142	This hospital specialises in this area		
143	As there may be possible overlap between the two treatments it would be best if there were all located in the same site.		
144	One of your consultants proposed a model for low risk patients which included patients staying in hospital for one or two nights having their operation in Cheltenham to reduce the risk of cancellation. This sound like a good idea as long as there is capacity.		
145	If I need my gallbladder removed with an overnight stay would I be able to have this done in CGH?		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).		Response Percent	Response Total
146	CGH is well-placed for this role, which would function more efficiently and with better patient experience in an environment away from emergency pressures.		
147	Why not at both, this involves improving Cheltenham at the expense of Gloucester		
148	Not central to county		
149	Not essential on single site		
150	See previous comments		
151	Need more emergency slots at GRH, ambulances queuing		
152	keeping planned activity in CGH if emergency services are going to GRH makes sense		
153	Reduces the potential for cancellations due to emergency surgery		
154	I think it is a good idea to separate out the emergency and planned cases, so having the day cases all at CGH makes sense along with other planned general surgery and the emergency cases in GR.		
155	If you have the best and most experienced medical staff at one hospital site, it follows they can provide the best medical outcome.		
156	Cheltenham has a better reputation.		
157	To avoid cancellations		
158	I cannot understand why all this has to be divided up, it is quite complicated.		
159	GPs' recommendations		
160	Alll skills and staff for GI health issues in one location. Single point of contact in Trust for GI		
161	On the focus of Cheltenham General Hospital as an elective centre this fits well. The pelvic centre of excellence with the arthroplasty, gyno and urinary would all work well together although it may reduce the General Surgery pool slightly at GRH.		
162	It is easier for elderly, disabled, and very sick people to travel to their nearest hospital. Some of the people in this category will not be able to either drive themselves or travel on public transport. An unfamiliar environment may be distressing for them, and it may be more difficult for their families to visit if they are further away. Therefore, all procedures should be available in all hospitals, not in one centre. However, Cheltenham is marginally better for us than Gloucester, so I have ticked no opinion.		
163	At Chelt		
164	This would work well because it is planned surgery instead of emergency surgery. Not so much of an issue around transport and time scales		
165	Links with earlier point		
166	As above Strongly support the idea of single site excellence for all and any hospital procedures		
167	Makes sense to spread workload		
168	Because of the increased local population both sites should be used.		
169	It needs to be Gloucester more central for Gloucestershire.		
170	Which ever hospital has the space and facilities for development. CGH has very little space but other specialties can move. I leave to planning team!		
171	To centralise the entire colorectal skills		
172	Help develop skills of junior surgeons and provide good support for them.		

Please tell us what you think about our preferred option to develop:A ‘centre of excellence’ for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).

		Response Percent	Response Total
173	Cheltenham is easy to reach. Also, my husband has been treated in Cheltenham for bowel cancer and an emergency hernia and I was very grateful for the good treatment.		
174	I would support routine day case surgery being done on the CGH site but this needs to be in a dedicated unit separate from the main building which cannot then be used to treat in-patients. This would also allow main theatres to be used for major elective surgery.		
175	This is intimately linked to the other changes that are being proposed. Movement of complex colorectal out of CGH will help create the theatre capacity required to allow us to deliver this in the short term before other theatres are built. The model supported by the majority of surgeons proposes to expand this to short stay cases in both upper and lower GI surgery.. This needs to be taken in to consideration.		
176	What does 'centre of excellence' mean? This is a ridiculous phrase. Who wouldn't want a centre of excellence. As opposed to trying to frame the question for your desired answer, you could try phrasing it the question in more balanced way. E.g. admitting that it means focussing resources and personnel in one or both of the sites, so those taking the time to engage with your questionnaire, do not feel manipulated.		
177	Same as previous answers really. However, although the sites are close, transport links between them should be free, and green. A sort of very frequent campus type shuttle, perhaps with a couple of pick up points en-route.		
178	if there does need to be service better where county housing plan will put most new housing/greater need.		
179	I have no objection to the siting of specialist services on one hospital site. If this allows the particular hospital to improve its services in that field so much the better and consider that GRH is already overloaded.		
180	It makes sense to focus planned surgery on one site, but this should not only be ""planned day case"", it should also include more complex elective surgery and not merely 'day case surgery'.		
181	Cheltenham already has this function so it would be sensible to maintain this service.		
182	See my previous comments. This is a bad decision and the people of the forest of dean and Monmouth deserve better.		
183	It is very good as is		
184	N/A		
185	Keep Upper GI at Glos		
186	CGH is convenient GRH is useless for day patients		
187	Yes for centre of excellence and yes for Cheltenham.		
188	Helpful to split areas of excellence		

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.				
			Response Percent	**Response Total**
1	Strongly support		32.69%	170
2	Support		33.85%	176
3	Oppose		8.85%	46
4	Strongly oppose		6.54%	34
5	No opinion		18.08%	94
			answered	520
			skipped	104

Please tell us why you think this, e.g. the information you would like us to consider (184)

1	I support this on the basis that fewer people would need to travel outside of the county for treatment. We need to start thinking 'Gloucestershire' when considering these matters. If people are having to travel further beyond county boundaries then it makes sense to centralise some services here. That said, good to see there would be an IGIS spoke at CGH to support specialties there.
2	I suspect more money has gone into coming up with the terms / logos for hub and spoke than into IGIS. Both places should be equal and more money should be invested and the CCG shrunk to release the funds.
3	Image guidance needs to have services in both locations
4	both hospitals should have it
5	IGIS should be concentrated on the site receiving the acute take for both medicine and surgery. It is as illogical to split the IGIS service over two sites to offer a compromised service as it is to split either acute take over two sites with poorly manned rotas.
6	strongly support the concept but if this is elective work wouldn't it be sensible to base it at cgh and have a spoke at grh?
7	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
8	Makes sense as the oncology services are at Chet=ltenham so would need support
9	Provided there is emergency cardiac interventional capacity at CGH also. It would not matter if this was at CGH considering the trust's stated aim of reopening ED at CGH post pandemic and it already exists there.
10	There is a state of the art interventional theatre in CGH, and no similar facility in GRH - nor are there plans or budget for one.
11	There is a state of the art interventional theatre in CGH and no such facility in GRH and it therefore makes sense to have the hub in CGH and the spoke at GRH to cover any vascular emergencies.
12	I think it should be at both hospitals so people can go to hospital nearest to where they live
13	If this means that this service is available 24/7 at GRH then I would support this, especially if this stopped delays.
14	Extreme nature of emergency IGIS means the time delay going from Cheltenham to Gloucester would be far too risky re. loss of life to a patient who may, for example's sake, live just across the road from CGH.
15	There needs to be 24/7 cardiac intervention! This has been needed for years & should all be on one site!
16	Centres of excellence should be at both hospitals!
17	The spoke is a 'gesture' and perceptibly will be seen as something to sacrifice at a later date to move all services to GRH....
18	if this is the same type of procedure then use just one site (either) to reduce costs/communication
19	this will tie in with previously mentioned improvement in medical and surgical acute care by concentrating resources on one site and allowing patients to access this ground breaking/ cutting edge service

A 24/7 Image Guided Interventional Surgery (IGIS) ‘Hub’ at Gloucestershire Royal Hospital and a ‘Spoke' at Cheltenham General Hospital.		Response Percent	Response Total
20	It is not clear what this actually means.		
21	Cheltenham with a functioning a and e needs 24/7 imaging		
22	Cheltenham needs a functioning A&E and will need a imaging		
23	I feel like this could fit the idea of GRH being for emergency care and CGH for elective care. I understand that there are already vascath labs at both sites so one could assume we already have the staff / resources to cover both sites if necessary.		
24	Imaging is essential to remain in CGH, Unsure as to why their is a need to transfer everything to GRH when there is a perfectly good working hospital with skilled staff members at CGH.		
25	Even if only elective at CGH, there can still be emergency interventions needed. Moving them across site whilst unstable is dangerous.		
26	Assuming this fits with the 'Gloucestershire emergency / Cheltenham planned' route, this makes sense, if this IGIS work is used a lot in emergency situations.		
27	Should be colocated with maternity and emergency services		
28	Emergency interventional procedures should absolutely be where the main ED is - primary PCI being one of them. It is completely unacceptable that patients, in the throes of having a heart attack are driven across the A40 or down the M5. This is a dangerous practice.		
29	Requirement exists at both sites. Urology is a high user and based in CGH. Vascular (elective) ought to be in CGH.		
30	Needs to be located with acute services.		
31	State of the art equipment in GRH		
32	It should be on one place. But I have not estimated the premises that we have available at CGH even if we have to build up a new building it is going to be far more better for the service than the service to be scattered.		
33	Grudging support since something will be offered at both sites		
34	making sure that the supporting staff are enough to provide this		
35	Cheltenham or Swindon		
36	This is a very important part of present and future health care and will greatly increase in the coming years		
37	re opening CGH ED as we have perfectly good imaging equipment and needs to be used.		
38	Any		
39	On balance on the information provided GRH seems the more appropriate site		
40	Again, we need to concentrate our resources on a single site to make best use of staffing and e.g. radiology		
41	this question is not really explained to the average person 'spoke'?		
42	Emergency Interventional Cardiology needs the resources to operate as a modern up to date facility, and should be where the acute medical take and full ED is located.		
43	A spoke will still split the vital staffing groups but in reverse.		
44	Reluctantly support, again would like both hospitals to offer as many treatments as possible		
45	This makes sense.		
46	Heart attack patients need treatment at closest hospital this would be better than using Bristol but should be available on both sites		
47	what ever GRH can do Why cant CGH do the same		

A 24/7 Image Guided Interventional Surgery (IGIS) ‘Hub’ at Gloucestershire Royal Hospital and a ‘Spoke' at Cheltenham General Hospital.

		Response Percent	Response Total
48	As long as this allows radiology to expand and develop. Be bold and invest here, this could be a real jewel in the crown for healthcare in Gloucestershire.		
49	Will provide a better health care service for local people.		
50	espensive kit and specialist staff - makes no sense to try and run 2 sites		
51	This is a good thing because it's a preemptive surgery to catch problems before they get worse.		
52	Good to have two sites will it be possible to staff them effectively?		
53	As vascular and cardiology are at CGH then this service needs to be based on this site.		
54	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion as we are having to do an increasing amount of work overnight yet have no funding for extra staff! 1 person that covers the whole hospital at GRH is dangerous.		
55	Need this to be on two sites to ensure no delay in treatments		
56	aligns to centre of excellence for vascular at GRH, including IR move from CGh to GRH		
57	again more pressure on centralised service further travel for people from the Cotswolds and Forest		
58	In view of the distances patients are required to travel, I strongly support this proposal		
59	Image Guided intervention main hub should be alongside ED		
60	Both hospitals need this		
61	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH.		
62	Best located with the main emergency work		
63	It's a rational use of limited resources. Concentration of specialist people, and specialist kit, absolutely makes sense, and research shows that it produces better outcomes.		
64	This will reduce the need for patients travelling out of count out of hours and increase the ability to recruit high quality staff		
65	Reasons given previously		
66	I would not support anything being moved from cheltenham to gloucester		
67	Such specialised intervention should be centralised		
68	The way ahead if all the needed skill sets are in place.		
69	This would presumably mean that there could be more appointments available.		
70	I think investing in IGIS is a fantastic action. To my understanding and experience, IGIS provides an alternative to what could be a very invasive surgery and allows patients a safer and quicker recovery. It seems to me that it is something that should be evaluated to possibly be instigated in other areas of the country, if they so need it.		
71	Being a more modern hospital having the hub in Gloucester makes sense		
72	Appears to be specialist treatment needing expensive specialist equipment operated by experts. Given this seems better to centralise as one service - some people may travel a little further but far fewer would need to travel out of county at evenings/weekends. Going to hospital unexpectedly (or even planned) is not a good experience so removing a longer journey with some of the complications this can lead to seems a beneficial step		
73	How will you managed the inevitable transfers from GRH to the 'spoke' at Cheltenham without impacting on SWASFT's current operating model?		
74	Need more info on this reason, ie is it staff, facilities or something else?		

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.		Response Percent	Response Total
75	I believe it is good to have different hospitals with different specialisms. This will also promote inter hospital information exchange. I presume Cheltenham would be a spoke and therefore provide back up.		
76	Proposals in the consultation document appear sound.		
77	This would limit Cheltenham's A&E capacity and ability.		
78	Should have equal amounts at both hospitals		
79	In the AI age this can be shared between both hospitals		
80	what do you call Hub and Spoke? Cheltenham does not want to become a second class hospital		
81	seems sensible in view enormous cost of equipment		
82	updating equipment and locating in one site is more cost effective		
83	As long as the tech is good enough this is fine. But the tech has to be up to this task		
84	see earlier comments		
85	use of one set of very expensive equipment - no duplicated expense		
86	Imaging is already at Cheltenham, why move		
87	I do not understand why, following the presumed logic elsewhere in this consultation why the IGIS service needs a 'hub and spoke model'. There is no convincing argument made for this on any rationalisation, financial, staffing or any other basis. Just create a centre of excellence based on sensible criteria and get on with it		
88	This makes sense. I assume the Spoke would deal with geographically favoured patients who are non urgent		
89	I am not sure why it is that CGH always seems to get the second best option of anything being considered, but as I have not needed treatment of this type I am not in a position to make further comment.		
90	Concentration of key resources to reduce duplication and wastage.		
91	it would be good if people could go to the nearer one if possible		
92	with major pelvic surgery we need interventional surgery which will also tie in with oncology		
93	Having a service that operates in the main where the acute take is makes the most sense.		
94	More central for the county		
95	Would prefer all in one place to maximise use of resources but accept probably a need at Cheltenham for a smaller unit in support of other services based there		
96	Centralised approach is good. The equipment needed to undertake these investigations are often expensive, particularly the imaging equipment. Staffing levels are often difficult to maintain and are often difficult to recruit. State of the ark equipment will help to attract highly trained staff.		
97	It is unclear to me what the difference between a Hub and a Spoke in this context. The best of treatment should be available in both locations.		
98	Interesting to see the hub and spoke concept. Will this leave the hub as a centre of excellence? Can there be other spokes such as Forest of Dean or smaller hospitals such as Cirencester?		
99	more details are required to ensure both are adequately resourced (people and equipment) and overnight care available on site if needed; a waste of resource if personnel spend time travelling between centres		
100	It depends what you mean by Spoke.		
101	This would support the acute medicine and emergency general surgery services best		
102	Should be at both		

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.		Response Percent	Response Total
103	Help with recruiting and developing a centre of excellence good for population of Gloucestershire		
104	I prefer it to be offered at both		
105	This set up should be in the best site for the overall plan. IGIS is an increasingly import part of urgent clinical care so it makes sense to create a hub and spoke approach.		
106	As long as there is suitable staffing to support this arrangement, eg. Radiologists, nursing staff, radiology staff, physiology staff.		
107	I have put 'oppose' because I feel neutral about this proposal (so I do have an opinion but not either way at the moment). My reason is as follows: as long as patients attending both have the same access to the surgery/treatment they need e.g. so that those patients attending a non surgical centre are not disadvantaged by this model/proposal.		
108	Needs to be linked to Emergency Gen Surgery		
109	IGIS & vascular should be on same site		
110	essential facility important for the community		
111	Probably necessary due to availability of technology and equipment.		
112	Reducing risks and stays in hospital and manual intervention is always good. Anxiety of carers and family is minimised as patients return home quicker		
113	Important to rationalise and make optimum use of very expensive and latest equipment		
114	Staffing levels		
115	Agree with any proposal to avoid unnecessary duplication		
116	Provided the spoke at Cheltenham is accessible and operational		
117	See previous		
118	We have the excellent cobalt centre in Cheltenham		
119	Makes sense to have a provision at both sites and reduce need for out of county travel by patients		
120	Often with services / treatments there is a lot of confusion where to go Cheltenham or Gloucester? a centralised hub offering as much as possible at one place would provide a ""comfort zone"" for the patient without having to travel to different places. Doesn't have a feeling of disconnect		
121	Provide services at both hospitals, provides for the two large population sites and better for outlying areas. Provides back up for either place. Better for patients requiring emergency support		
122	This could have been a centre for excellence in cgh ?		
123	We've invested in Cheltenham already, make Cheltenham the Hub.		
124	Seems to make sense		
125	These services are at present sited at CGH and I believe should be supported there and aging equipment replaced.		
126	This is a very specialised service and heavy on equipment costs so centralisation makes sense.		
127	Bringing the hub into one location makes sense, as staff and equipment can be focussed on one place not split over two sites.		
128	Good choice based on current buildings		
129	It is more effective to provide a hub at GRI but a spoke allows more freedom for management		
130	This Provide the Best Option - and will mean patients can be seen locally.		

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.		Response Percent	Response Total
131	Less likelihood of being transferred to other hospital sites. Retention of staff is paramount		
132	Availability re transport and parking for patients and carers		
133	If this helps people and their is space on sites then definitely as delays in scans are detrimental to patient safety and outpatient urgent appointments		
134	There should be one main centre as this should lead to improved patient outcomes.		
135	Vascular services currently at cgh with IGIS,, alongside urology, cardiology and cancer services. GRH is run down with tower block wards which are not suitable for all these services		
136	Seems effective.		
137	The staff who maintain the LINACS (at CGH) would be best to carry out emergency repairs and maintenance, surely?		
138	If EGS and Acute Medical Take are located at GRH, then it makes good sense to make GRH the hub for IGIS. It would also seem sensible for there to be a 'spoke' at CGH to work alongside oncology, urology and other specialisations there.		
139	Much of the reason why patients have to go outside the County for image guided surgery is that Gloucester is not in the centre of the County and certainly for people like me living in Chipping Campden it is a long way away		
140	No the main hub should be Cheltenham after all it has more to offer with it's current services. Most of the procedures are done in Cheltenham so it would be a poor decision to downgrade this facility.		
141	N/A		
142	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
143	Combine the two centres to get maximum benefit.		
144	It would seem that more patients could be treated in this way.		
145	Concentrating the service presumably mean better access to specialists in the field		
146	It looks as though this makes it more likely that i would be able to have my treatment in Gloucestershire		
147	Such a move would avoid duplication of expensive equipment. The proposal refers to a 24/7 hub, my support is conditional on this meaning availability 24 hours a day 7 days a week.		
148	see previous answers		
149	GRH should be main site		
150	Meets most eventualities		
151	This type of system is going to expand rapidly might need a target spike at Chelt.		
152	This depends where the activity is required - in emergency surgery or planned		
153	However, I do believe that more surgery will head in this direction and thus equipment at both sites to cover a range of specialities will be required.		
154	I think this will allow the best use of equipment by having the main hub at GRH but still maintaining some of the spoke services at CGH.		
155	IGIS is the technology and service that will become more important in the future. Cost will dictate that only one hospital can invest in this equipment and reluctantly I have to chose GRH, with a "spoke" at CGH.		
156	If we can choose where we go.		

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.		Response Percent	Response Total
157	There is a 2.5 million centre that has not long been built at Cheltenham. To move this hub to GRH is a waste of money when the service is already functioning well at Cheltenham.		
158	Gloucester Royal is best for me		
159	Key point of focus at GRH. It is unclear to me why you would want a spoke at CGH. Resources staff and equipment would be split. Imaging equipment requires on going maintenance programme better focused at one location		
160	The major IGIS is acute related often so should be with the trauma and stroke unit. However, Cheltenham General Hospital as a spoke would allow elective investigations and pelvic and oncology to occur.		
161	Support encourage people to come to hosp a more quicker turn around		
162	Yes I would like IGIS Hus at Gloucester and a spoke at Cheltenham General Hospital, I like the fact you do not have to travel between sites and outside of the county.		
163	There is a need to support the oncology unit at CGH		
164	As above - is the 'spoke' necessary? Strongly support the idea of single site excellence for all and any hospital procedures		
165	Because of the increased local population both sites should be used.		
166	This makes sense with use of 'on call' specialists. CGH 'cold' centre for elective procedures.		
167	Explain why this can't just be at Gloucester		
168	Sounds sensible. Emergency cases coming into either unit may need IGIS - so good back up for A&E.		
169	It is the logical place		
170	Having read the information in this booklet I think it would be better to have 1 place for IGIS at GRH.		
171	I understand the rationale so would have to accept the proposals. GRH is difficult to reach but, on balance, the centre of excellence is more important.		
172	Emergency interventional radiology should be on the acute site, supporting emergency vascular surgery in particular. The 'spoke' could then be used to support daytime work at CGH and this will make optimal use of the existing hybrid theatre.		
173	This will provide a better service for general surgery patients. A significant number of elective patients undergo interventional radiological procedures which is another reason for locating complex upper and lower GI patients on the GRH site.		
174	My quick thought is spoke detracts from the economies of scale argument.		
175	I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH		
176	Image Guided Interventional Surgery appears to cross a variety of other specialisms, but seems most relevant to Cardiology and Vascular Surgery, which should be located in the first-class facility that was only created at Cheltenham three years ago.		
177	Most cases are already performed in Cheltenham and it should be the main Hub because it already has a new purpose built facility costing several millions. It would be hugely wasteful to remove this service from Cheltenham.		
178	See my previous comments. The people making the decisions have not had to journey from the FoD to Glos and Chelt 4 or 5 times a year as we have and paid for the privilege		
179	While I have no set of opinion on this I would nevertheless prefer such a service be provided at CGH. To the best of my very limited knowledge this is a not an exceptionally urgent procedure. A planned procedure???		
180	Good idea		
181	patients can be taken to/from GRH by ambulance, access problems are therefore left crucial.		

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.

		Response Percent	Response Total
182	Have had heart surgery and this would have helped me at the time and taken away the need to attend Oxford. Great for bringing the specialists to Gloucestershire to work. Open up the service to more charitable funds.		
183	Single location		
184	Need to be able to meet the demand and provide the highest quality of service		

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
1	Strongly support	29.26%	151
2	Support	31.01%	160
3	Oppose	9.50%	49
4	Strongly oppose	10.47%	54
5	No opinion	19.77%	102
		answered	516
		skipped	108

Please tell us why you think this, e.g. the information you would like us to consider (174)

1	both hospitals should have it
2	Vascular is predominantly a service where patients can be suffering from a life threatening event (AAA) that requires immediate intervention in a theatre designed for this type of surgery. I think splitting Vascular across two sites will provide a sparse clinical cover across two sites rather than strong cover on one site. I can see the intrinsic link between IGIS and Vascular and therefore wherever the IGIS hub is, Vascular should be centralised to and vice versa.
3	Theatres less suitable compared to IR theatre at CGH. Major urology surgery has needed a vascular surgeon immediately at CGH in the past 10 days.
4	I would like Glos population served as a consquence of this. Currently patients from outside the county have skewed access to aligned services as a consequence - mainly radiology.
5	probably unless we split acute and elective
6	Renal services are at GRH. This would support renal service well.
7	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
8	Vascular surgery should stay in Gloucester, however there is increasing amount of t&o outliers.
9	Cardiology and vascular services should be on the same site to service emergencies.
10	It depends where other surgical specialties are cited
11	The current location of this ward is totally unsuitable-i.e not enough space between beds, and only one bathroom that a wheelchair can fit into.
12	This should be in CGH where the available beds are, and where there is the state of the art interventional theatre

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
13	The interventional theatre is in CGH and there are not enough beds in GRH to cope with all the acute medical patients, all of the acute surgical patients and trauma and vascular.		
14	I would support this if GRH were able to provide vascular surgery with a ward that was fit for purpose! Vascular patients are currently on a ward that does not have the space or capacity for the patients. Wheelchair patients have 1 accessible toilet and shower for 21 patients. This in not good for rehabilitation of patients post amputation and impossible for all patients to access shower facilities. This is adversely affecting patient care. Lack of space around beds make life hazardous for staff and patients as we are often transferring patients from bed to wheelchair with hoist and moving furniture around to make this possible.		
15	Again it should be at both hospitals so that people can go to hospital nearest to where they live		
16	Centralising of this service, improved staff availability, expertise and ensuring this prevents delays and wait time.		
17	Again, why not just go to Oxford if you live east of Cheltenham?		
18	Bedspace constraints at GRH reducing efficiency of vascular care; current ward for vascular patients at GRH unsuited to patient type and care required		
19	Hybrid theatre set up and a bigger, dedicated ward at CGH		
20	This seems like an enormous waste of previous investment in facilities such as the hybrid theatre.		
21	Centres of excellence are required at both hospitals- the region and population support it - you are reducing Cheltenham hospital to a first aid centre by stealth. Offering centres of excellence is merely a ploy to reduc3 services in Cheltenham which remain badly needed!		
22	This service was previously being managed well at CGH but if it not possible to split elective e.g. IGIS and emergency vascular surgery then I believe it would be preferable to keep it on the GRH emergency site and then consider the ""spoke"" option at CGH for the elective surgery. Splitting this service will have an impact on the intensity / quality of Therapy those patients will receive unless additional funding is provided to support splitting this service across sites.		
23	Multi million pound interventional radiography theatre built in Cheltenham, consultants still wishing to do hybrid cases in IR resulting in transferring patients post major surgery across site, emergency list overwhelmed in Gloucester Royal as battle for specialities to operate		
24	Too many operations at CGH have the potential to cause life threatening bleeding from major vessels (pelvic, aorta, IVC - renal, gynaeoncology) for it to be safe to have no available vascular surgeons immediately available at CGH.		
25	1. there is a redundant state of the art IR theatre in CGH 2. Winter pressures and COVID in GRH make it non sensical to keep elective vascular there		
26	Emergency vascular should be in GRH, elective should be in CGH - bespoke IR theatre already exists there and same arguments for bed base, HDU / ITU etc as for elective colorectal apply		
27	Vascular surgery can be a stand alone speciality		
28	Other services such as renal medicine, diabetes which have a strong link to vascular surgery are largely based in GRH		
29	Because is not GI surgery. Every surgery not related to GI can go in GRH.		
30	Far too far away from Fairford to be a good option for patients from that town/area		
31	its already there		
32	Speciality doesn't really have elective admissions. They have urgent emergency type patients		
33	Too Glos central		
34	Vascular has already moved to gloucester		
35	Urgent care site status will mean operations may be cancelled		

A ‘centre of excellence’ for Vascular Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
36	This should be concentrated at Gloucestershire Royal and it is not asking too much for patients needing such procedures to have them carried out at Gloucester		
37	I prefer vascular surgery in one hospital either cheltenham or gloucester.		
38	vascular surgeons will mainly be based here for acute interventions		
39	as above		
40	Vascular surgery worked well for many years at CGH and the ward environment was much better than the present situation at GRH. Patients travelling from Swindon have much further to go for treatment so it is better situated in Cheltenham.		
41	Should have vascular surgery where acute services are and e.g. renal, stroke		
42	This is something that needs to be covered at both sites		
43	keep potential more acute care on one site		
44	Should be where the full ED is located for emergency patients		
45	See my previous answers, Great getting too busy with parking and accessibility problems		
46	This, too, makes sense.		
47	Heart attack patients need treatment at closest hospital this would be better than using Bristol but should be available on both sites		
48	What ever GRH can do , CGH should do the same		
49	Hard to have IGIS at GRH and vascular at CGH so makes sense.		
50	I think it is an interesting area of surgery and will provide excellent provision for local people.		
51	Agree		
52	Ties in with cardiolgy		
53	Again the wards at GRH are not fit for practice. They are overcrowded, beds too close together increasing the infection risk. The tower block appears generally dirty. Your report reads that if you live in a deprived area(25% of Gloucester population) you will get preferential treatment on your door step and blow the rest of the county. Given that most vascular issues occur in the over 65 age group and these people are spread out across the county if you live at Morton/Bourton area East Gloucestershire, you wont stand much chance of survival.		
54	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion as we are having to do an increasing amount of work overnight yet have no funding for extra staff! 1 person that covers the whole hospital at GRH is dangerous.		
55	Once again rationalised approach to medical unit		
56	aligns well with emergency provision for vascular / stroke etc		
57	An important part of medicine that needs a Centre of excellence		
58	As above,		
59	Keep Cheltenham as centre of excellence for everything GU/GI and oncology and all other surgery at GRH		
60	Both hospitals should do this		
61	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
62	Supporting evidence required		
63	Ideally it would be located with the IGIS hub. Needs adequate provision of beds and and appropriate theatre.		
64	It's a rational use of limited resources. Concentration of specialist people, and specialist kit, absolutely makes sense, and research shows that it produces better outcomes.		
65	Access to skilled medical staff in the right location		
66	Ditto		
67	I would not wish to be treated for any reason at Gloucestershire Royal hospital		
68	see above		
69	One team working closely together		
70	Same as the above		
71	Again confused - suggest you need to engage some communications experts to put the proposals AND link them to the survey in plain english/language understandable by non medical persons. Appears to be specialist treatment needing expensive specialist equipment operated by experts. Given this seems better to centralise as one service - some people may travel a little further but far fewer would need to travel out of county at evenings/weekends. Going to hospital unexpectedly (or even planned) is not a good experience so removing a longer journey with some of the complications this can lead to seems a beneficial step		
72	Support if planned & elective care.		
73	Whilst I support this, I believe there needs to be a vascular consultant available to cover CGH at all times due to the major surgery that CGH provides. In an emergency situation in theatre a vascular surgeon could be needed very quickly!		
74	Would seem to complement IGIS		
75	Proposals in the consultation document appear sound.		
76	As before - transport is a serious worry for us		
77	Transport difficulties for patients from the Cotswolds		
78	Centres of excellent remove local services		
79	See above, I do not believe in splitting services between the hospitals		
80	Might use this		
81	see earlier comments		
82	Would fit with plans for all cardiac care		

A ‘centre of excellence’ for Vascular Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
83	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No reference to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and follow up, health education in primary care, transfer of services into community settings, conversations to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
84	I am not sure why it is that CGH always seems to get the second best option of anything being considered, but as I have not needed treatment of this type I am not in a position to make further comment.		
85	Concentration of key resources to reduce duplication and wastage.		
86	Theatres at GRH currently not suitable for vascular surgery - too small to accommodate equipment for EVAR procedures. Urology surgery (open nephrectomy) can potentially need help from vascular surgeons immediately- this is not possible if vascular based at GRH		
87	Again reducing Cheltenham		
88	I think Vascular should remain at CGH. Only a relatively short time ago much investment was made to establish a centralised service at CGH. Going forward with future phases of FFtF there will be a need to have established services at CGH and this is one that could fit and not compromise safety.		
89	Again more central for the county and transport links		
90	Again, the same point of view. Maximise the use of resources in one place rather than try to do everything everywhere		
91	As per previous observations		
92	Same reasons as above.		
93	This should be true of CGH too		
94	as with GI surgery		
95	As before services should be at both to ease travel for elderly who do not drive		
96	Should include mechanical thrombectomy for LAO strokes		
97	Meets best practice requirements		
98	I think it should be offered at both sites		
99	I support the whole concept of of centres of excellence		
100	Planned care should be at Cheltenham General - that's the Centres of Excellence model		
101	As long as there is suitable staffing to support this arrangement, eg. Radiologists, nursing staff, radiology staff, physiology staff.		
102	Please read my earlier comments regarding capacity, service delivery and my reservations that moving particular services to GRH alone must not lead to the closure of CGH (based on the assumption that GRH alone cannot service the whole catchment community).		

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
103	Needs to be linked to IR		
104	If Gloucester is the best hospital then yes but don't overload it.		
105	Most vascular surgery is urgent, however the vast majority is planned so it seems daft to move too GRH. especially when a lot of resources and planning went into developing an excellent service at CGH.If it is moved to Gloucester Royal then it is essential for the accommodation to be fit for purpose. eg: large bed space, assessable showering/bath facilities to meet the needs of patient demographics. Vascular surgery inpatient and outpatients and vascular lab should be in close proximity		
106	IGIS & vascular should be on same site		
107	Essential facility important for the community		
108	It would be good not to have to go out of county for this		
109	Agree with any proposal to avoid unnecessary duplication		
110	See previous		
111	Seems to make sense		
112	Provide services at both hospitals, provides for the two large population sites and better for outlying areas. Provides back up for either place. Better for patients requiring emergency support		
113	As above		
114	Needs to be at both hospitals		
115	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		
116	Why change sites when you have this service functioning at CGH.		
117	As above		
118	Very good choice		
119	One excellent speciality		
120	I Struggle to see the Justifcation for the move - other than to be Closer to Trauma unit.		
121	Planned care at Cheltenham		
122	Better facilities and car-parking at GRH		
123	Good parking, already has a good unit at GRH		
124	This team have been in place and excelled in gloucester as majority of admissions of this type are sourced from gloucester. Also the equipment and resources required for this are centered in Gloucester with years of practice		
125	As above, wards not suitable for vascular patients, due to limited mobility, cgh has cancer centre of excellence, these patients would have to travel to grh if igis not working. Theatre in cgh could be upgraded as service there already		
126	Not qualified to judge.		
127	As I said before, as long as it is excellent, who cares where it is?		
128	Patients and clinical teams will have continual access to other acute speciality services, and these can operate in a more efficient linked-up manner.		

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
129	Vascular Surgery had a very good set up at Cheltenham General Hospital with the IR theatre being built and utilised. The theatre sessions at Gloucestershire Royal Hospital are inadequate and the ward is literally a joke, not fit for purpose and the ward is dirty and the bed capacity is severely lacking. The service works perfectly well at Cheltenham General Hospital and would be costly to move on a permanent basis and even the consultants in the department are strongly opposed to moving on the grounds of patient safety and capacity issues.		
130	I appreciate that these skills cannot be shared between too sites but for emergencies people living in many of the remote parts of Gloucestershire they need quicker access to a hospital and Gloucester is far from us		
131	There is a state of the art facility at Cheltenham being built only 6 years ago. To take away this service is wasteful and nonsensical. It is highly regarded.		
132	N/A My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
133	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
134	This site has more suitability for these operations		
135	They seem ton work closely with the radiologists so doesn't it make sense for them to be on the same site?		
136	It seems that this is closely linked to the IGIS hub		
137	Vascular surgery has brought a heavy and unpredictable emergency workload to GRH since its recent transfer from CGH. This has impaired access to emergency operating for all specialties, despite extra emergency theatre and consultant anaesthetist provision. CGH has a well equipped and recently provisioned IR theatre, which is currently lying fallow much of the time, and which is superior to any similar facility in GRH. CGH should welcome vascular surgery back.		
138	Vascular surgery carries a burden of heavy emergency list use, often at unpredictable times. This has impacted the emergency theatre provision at GRH such that, even with an extra emergency theatre and consultant anaesthetist on site, access to emergency surgery in a timely fashion has deteriorated for all specialties. CGH would be well placed in terms of facilities and aftercare provision to re-accommodate vascular surgery after the recent experimental transfer to GRH. The fully equipped and recently provisioned IR theatre at CGH is currently lying fallow much of the time and is superior to anything available in GRH.		
139	see previous answers		
140	Main site		
141	Focus of resources on one site		
142	Having Vascular surgery at GRH will mean that vascular surgery will be able to support the emergency services better.		
143	If the investment in IGIS is at GRH, it follows that "A Centre of Excellence for Vascular Surgery, should be at GRH.		
144	I would like to make sure that we get best care not sure which hospital is best.		
145	Again the facility is already at CGH and working well, make the hub at Cheltenham and the spoke at Gloucester, as it makes sense as this is the way it operates at present. Why put all that money and energy into building a purpose built facility at Cheltenham only for it to be downgraded.		
146	In line with decision to locate the IGIS primarily at GRH		

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
147	I believe that some thought should be given to maintaining some 'low risk' non urgent vascular capability for some elective vascular surgery at Cheltenham General Hospital		
148	Keep it has it is ensure a good quality service		
149	I appreciate the fact less invasive surgery would be needed and reduced travel time for some procedures, so that would be a bonus.		
150	As above Strongly support the idea of single site excellence for all and any hospital procedures		
151	Because of the increased local population both sites should be used.		
152	As long as there is critical care support e.g. for aortic aneurysms		
153	It needs to be Gloucester central for Gloucestershire		
154	Why not? The importance is that the unit exists and is available 24/7 as and when.		
155	This and IGIS should be in the same location		
156	Single specialist centre would enable better and timely patient care.		
157	I understand the rationale so would have to accept the proposals. GRH is difficult to reach but, on balance, the centre of excellence is more important. Regarding concerns about going out of county, Gloucester is no more convenient than Bristol (although I accept there may be budgetary considerations).		
158	I feel emergency and elective vascular surgery should be split so that emergency work is aligned with the surgical take whilst elective work continues at CGH. This will ensure there is critical care capacity available to support the elective work otherwise there is likely to be an ever increasing pressure on ICU beds at GRH.		
159	Concentrating resources provides better care		
160	Is there not a new vascular theatre in Cheltenham?		
161	Hasn't millions of pounds recently been spent on a vascular theatre in Cheltenham!!		
162	As previous answers.		
163	as noted earlier CofE reduces resourcing supporting A&E from other hospitals		
164	I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH.		
165	There is an excellent, nearly new Cardiovascular Unit at Cheltenham General Hospital, which the Hospital Trust spent £2.3m or more on. This is one of the best facilities of its kind in the South West, if not the whole country. It makes no sense to relocate this to the Gloucestershire Royal, especially since, according to six our of seven of the Consultants involved, the facilities there are not nearly as good.		
166	The Trust commissioned a new facility at Cheltenham which cost several million. It is regarded as the very best in the South West. It would be hugely wasteful to take it away. Most cardiology and inpatient vascular surgery is already performed at Cheltenham, it should stay.		
167	Se my previous comments and reverse you decision. My wife is disabled and I am 90 years of age and her carer. Traveling to Chel and Glos 4 or 5 times a year is traumatic.		
168	I support this option since I recognise that resources have to be used to the very best effect so if this is the Trusts preference I would support it.		
169	Another very good idea.		
170	CGH already does it		
171	You need the technology to do this and therefore would be good to be in Gloucestershire. Need to have the wards set up for this close to the theatres. Will pull in staff and money by having a centre of excellence. Increase the number of specialist nurses.		
172	The need to create the centre of excellence for specific specialisation over the 2 hospitals		

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
173	Single location		
174	BME communities have higher rates as diversity to Cheltenham and Gloucester - GRH is perfectly placed		

A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

		Response Percent	Response Total
1	Strongly support	39.41%	201
2	Support	32.55%	166
3	Oppose	3.92%	20
4	Strongly oppose	2.75%	14
5	No opinion	21.37%	109
		answered	510
		skipped	114

Please tell us why you think this, e.g. the information you would like us to consider (148)

1	Good to see this could be made permanent. It appears that a lot of progress has been made since the pilot scheme was put in place. Good clear proposal.
2	Gastroenterology experience has been demonstrably improved by the recent pilot. Less violence and aggression on the ward, less non-gastro (general medicine) patients using specialised beds and better staff satisfaction from cohorting our clinical capacity onto a single site.
3	better to avoid the emergency site
4	Despite gastro inpts being at CGH currently, gastro inpts are still seen on GRH wards and do not get the care they need from the gastro team. Patients either need to be moved promptly so the care of the patient is not impacted, or have a service at both sites.
5	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
6	Provided there is some gastroenterolgy presence at GRH also.
7	I feel that this ward is located on the wrong site and should move to GRH where the other acute medical care is taking place. Many patients need regular access to Endoscopy but there are not enough gastro patients at CGH to warrant an inpatient list each day or weekend access to services. By moving this ward to GRH patients would have improved access to endoscopy services 7 days of the week on dedicated inpatient lists. They would not have to be transported cross site either
8	It should be at both hospitals so people can go to hospital nearest to where they live
9	Everyone will know where it is and again centralising services and insuring expertise, experience and staffing is available.
10	Gastroenterology at cheltenham is the best. Keep it in cheltenham.
11	Both hospitals need a centre of excellence due to the size of the population and the location of the services .
12	This fits with separating surgical and medical divisions across each site.
13	as long as colorectal surgery is also located there - without this it will leave gastro very exposed

A permanent ‘centre of excellence’ for Gastroenterology inpatient services at Cheltenham General Hospital.		Response Percent	Response Total
14	Only if lower GI surgery is colocated - rapid senior surgical review with alacrity ensures that decisions for surgery are correctly timed and that non surgical interventions are not pursued too long ; if all one has is a hammer then everything looks like a nail		
15	It is closer to Endoscopy Unit. Patients can be easily transferred to it.		
16	I would also like to see continuing support for Gastroenterology services at Cirencester hospital. I have had excellent treatment there.		
17	Better for patients from Fairford, but not good for patients living at the west edges of Glos.		
18	If GI surgery is at CGh this needs to be too		
19	Consider Great Western Swindon for Cotswold residents		
20	Nothing wrong with snowshill, Again don’t fix what’s not broken just make it bigger		
21	Some services will need to be continued at Cheltenham as Gloucestershire Royal will not be able to accommodate them all		
22	Should be in Gloucester with the rest of medicine		
23	prefers a medical unit in cheltenham which helps all people		
24	Having one of the sites be the centre of excellence makes absolute sense. As the pilot has been at CGH - this should continue. However, having had personal experience of the CGH provision both in 2019 (in December) and in 2020 (May/June), some work is needed on this provision. My brother was in CGH for over 8 weeks in 2019 and for over 11 weeks in 2020 - and the care was poor. There was lack of continuity of care, and rarely saw a gastroenterology specialist on each day. While I appreciate that this might not be the 'norm' for most patients - I am aware of two other patients that have had this experience. At the moment, the continuity of care and plan for patients being discharged is poor and needs to be improved.		
25	This has been piloted successfully and seems a sensible balance between the two hospitals		
26	See all my previous answers		
27	Save me travelling to Gloucester and pay expensive park fees for long visits and bus fares		
28	As the pilot has been seemingly successful then makes sense.		
29	I think if gastroenterology is going to be based at Cheltenham then the surgery should be carried out there too so that all gastroenterology services are under one roof. I don't like departments being split between the different sites.		
30	Excellent idea provides a focal point and links in neatly with spoke and other services provided		
31	Emergency Gastroenterology patients should also be admitted to ED at CGH once its reopened other wise you dont have a 'centre of excellence. You will have patients on both sites.		
32	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion.		
33	Efficient use of resources, access to specialist staff at all times, no waiting for them to travel from GRH to CGH and vice-versa. The total patient capacity must still remain the same (and hopefully higher!), not reduce as a result.		
34	It makes total sense to be clear which of the two sites is the centre for excellence and not to have activities on two sites		
35	This goes along with the idea of a centre of excellence in planned care		
36	I have concerns that the underlying message of specialisation does not take into account issues of resilience, access, critical mass or community. The approach being taken is "standard" nhs review practice to downgrade one site to the benefit of another. In effect closure by instalments: Why does the Senior Health Management in Gloucestershire look at closing both hospitals and locating a new one just off J11 or 11a of the M5?		

A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.			
		Response Percent	**Response Total**
37	got to move something to CGh to balance the shift to GRH. aligns well to elective services generally centralising to CGH		
38	Again, important to have these services readily available		
39	I fully support the Centre of Excellence principle and am happy to leave the 'where' to those more qualified than me to make that decision.		
40	If you want to have a centre of excellence EVERYTHING to do with that area of medicine needs to be there, no half measures and aahh but this bit goes to Gloucester. You need to keep things simple and easy for Joe Public to understand as well as your HCP partners.		
41	Both hospitals need this		
42	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		
43	Describe centre of excellence as this term is being overused in the survey		
44	There needs to be an outreach service to GRH. Interaction with emergency general surgery is still possible - need to ensure this is not affected. Interaction with elective surgical patients is principally on an outpatient basis		
45	Easily accessible		
46	The data presented strongly supports not reverting back to the old model		
47	Reasons given previously re: buildings		
48	prefer location of all specialist resources at GRH, Gloucester City site		
49	experienced excellent care re gastro at CGH		
50	Already in place? One stop shop.		
51	Expertise and resources at one site.		
52	Seem to be wanting to move all other services away from Cheltenham - might be an exaggeration but that is what is coming across, whether intended or not. The shorter booklet was understandable until it referred you to the longer booklet - that just descended into more confusion Again support measures to have less last minute cancellations & being seen/treated by the right person sooner. Need to balance this against over centralising and leading to capacity constraints & greater travelling time for those in the west of the county, particularly at the start/end of the day & at weekends		
53	If no gastro inpatient services at GRH, how will you manage the inevitable additional transfers required without impacting on SWASFT's operating model? What are the considerations for additional travel time and public travel routes for those that will subsequently need to travel to CGH that do not have access to their own transport?		
54	if teams are on site to support patients		
55	Would compliment other specialisms		
56	Proposals in the consultation document appear sound.		
57	Need specialist services		
58	As above		
59	This would seem to be a similar specialism to upper and lower GI		
60	centres of excellence remove local services		
61	simply accept the judgement of the people making the recommendation		
62	co-locating with planned day cases with specialist staff and contact points for inpatient and long-term ongoing care		

A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.		Response Percent	Response Total
63	Yes both hospitals should be capable of offering all services		
64	Would work well with a planned centre at CGH for colorectal surgery		
65	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No reference to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and follow up, health education in primary care, transfer of services into community settings, conversations to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
66	Bias on my part. No real rationale to be honest		
67	Again, makes no difference to me as a patient where this is based		
68	I am in support of this if it means that all the specialists are in one place. I do have concerns about the lack of parking facilities at CGH - especially if patients are being asked to travel from further afield to attend this site.		
69	As mentioned previously it is obviously better for those living in the Cheltenham area for as many services as possible to be fully delivered at CGH. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
70	Concentration of key resources to reduce duplication and wastage.		
71	will tie in with colorectal making patient experience & expertise seamless		
72	The evidence supports this remaining and expanding at CGH.		
73	I have a potential gastroenterology condition, so Cheltenham suits me. That should not be the criteria, when professionals have studied the situation extensively and come to a conclusion.		
74	One unit to maximise use of resources but tempered by the fact that Cheltenham hospital is in drastic need of refurbishment.		
75	But not only at CGH.		
76	Gastroenterology services should (at least in my view) be in close proximity to GI surgery. Optimal care of such patients often involves close collaboration between the two arms		
77	Keep all acute services under one roof. Cheltenham seems better suited for planned, elective services.		
78	I feel this service could be led from either hospital and the service continue I the hospital why change for change sake . Save money and develop leadership on either site and share good practice online		
79	As long a there are support services, equipment and staffing to support this		
80	As long as it meets patient need, is accessible and effective. My responses are based on the assumption that this proposal will deliver better efficiency and improved clinical outcomes than the current model/service provision in place.		
81	Balance of services between the hospitals.		
82	This will only work if medical beds are managed by the specialty teams, when pressure increases in GRH this is always lost.		

A permanent ‘centre of excellence’ for Gastroenterology inpatient services at Cheltenham General Hospital.			
		Response Percent	Response Total
83	Whichever the clinicians think is best		
84	Essential facility important for the community		
85	GI and gastroenterology services should all be at the same hospital		
86	These are common aliments and overall benefits outweigh the negatives		
87	Can see reason to concentrate into a single centre of excellence but accessibility of Cheltenham a problem eg public transport		
88	it depends on staffing levels		
89	Agree with any proposal to avoid unnecessary duplication		
90	This is a linked to ties in with a centre of excellence for planned lower colorectal and day case surgery at Cheltenham		
91	See previous		
92	I have received excellent care at Cheltenham		
93	If the pilot showed improvements why revert back to former arrangement Proposal sounds more efficient from hospital and patient prospective		
94	Urgent general need for many people. Reduced waiting times - quality focused attention and care for the patient is always a win win		
95	Is there the parking facilities to support this - what are the people numbers?		
96	Support concept		
97	Ideal location from a personal point of view		
98	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		
99	Proven already via Pilot.		
100	Gastroeneterology support for cancer patients needs to be improved and this move would help that.		
101	As above		
102	Focus a centre of excellence on one site, don't try to split it across two geographical locations.		
103	Layout issues at CGH		
104	The Pilot seems to indicate that this is and will continue to work well		
105	Treated more quickly by a specialist		
106	Links with upper /lower GI as well as colorectal and cancer based surgeries, this is a no brainer as it would all fit together and enable this center of excellence aim		
107	More specialist case throughput should lead to better outcomes.		
108	Not qualified to judge.		
109	Improved conditions for medical staff, and therefore beneficial for patients.		

A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.		Response Percent	Response Total
110	Suits us - see page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
111	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
112	As mentioned before this is utilising this hospitals strengths.		
113	Combining the service presumably means that there will be better access to specialist inpatient care. They need to make sure that they provide a service to Gloucester Hospital.		
114	Your pilot appears to have worked well		
115	As above, also strongly sceptical of your use of the word ""permanent"", given the constant change and deterioration that is going on in NHS services locally		
116	Not central site. Too far away for lots of people and parking a nightmare and expensive		
117	I support this if linked with colorectal surgery at Cheltenham		
118	Makes sense with plan to have centre of excellence at CGH for Colorectal surgery.		
119	If other GI services are to be at CGH then this should be too		
120	linking this with the Cancer centre streamlines care		
121	It appears that the pilot works.		
122	It is clear that reverting to the set-up from the pre-pilot stage would be worse off for many aspects. It seems to be working well, and it is fulfilling the world-wide move to centres of excellence.		
123	CGH has an enviable reputation in this field and with more investment can become the "Centre of Excellence".		
124	As this appears to be working well from the pilot then it seems sensible to keep the service as it is now.		
125	This is in line with the decision to locate the GI services at CGH but to be effective and efficient the CGH facilities, resources and staffing levels need to be expanded and improved at CGH if the CGH is to be the centre of excellence.		
126	Cheltenham General Hospital concentrating of elective support in the area is sensible.		
127	We think all procedures should be available at all hospitals, but Cheltenham is preferable to us over Gloucester as it is marginally closer.		
128	All in one place		
129	Yes, always keep anything that is excellent and working well!		
130	As above Strongly support the idea of single site excellence for all and any hospital procedures		
131	Because of the increased local population both sites should be used.		
132	Will need surgical support		
133	It needs to be Gloucester more central for Gloucestershire		
134	This probably follows on from the other gut services, so yes.		
135	Keep the gastro disciplines together		

A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.		Response Percent	Response Total
136	A centre of excellence would benefit both staff, services delivered and patient care.		
137	My husband received excellent care for bowel cancer and an emergency hernia. Cheltenham is so much more convenient for the Fairford end of the county.		
138	The current setup seems to work well. All acute admission would still need to be via GRH but once stable transferring patients across to CGH optimises flow and also helps reduce pressure on GRH DCC for patients who then deteriorate on the ward and require intensive care.		
139	Interaction with gastroenterology on a day to day basis for general surgery is either on an outpatient basis or as an emergency. The current system of having a gastroenterologist on site in GRH works well. Outpatients continues to work as before. Overall the changes do not affect the general surgery service.		
140	As before really.		
141	Cheltenham as an older demographic than other parts of the zone covered by trust however might be best not to have CofE so specialist doctors are available for A&E support at all the hospitals in the trusts zone		
142	I have no objection to the siting of specialist services on one hospital site. If this allows the particular hospital to improve its services in that field so much the better.		
143	this is a service which should, as far as possible, be located as close to the existing Cancer Centre in Cheltenham General Hospital.		
144	This could work well alongside the Cancer Centre.		
145	See my previous comments		
146	Perfect - the ideal site and facilities for such a service.		
147	CGH is best located for the whole of the county		
148	Cheltenham would do well with the long term illnesses and having a centre of excellence for this specialty. Facilities are questionable to make this a great centre excellence - the physical building.		

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

			Response Percent	Response Total
1	Strongly support		44.44%	228
2	Support		31.58%	162
3	Oppose		7.41%	38
4	Strongly oppose		3.12%	16
5	No opinion		13.45%	69
			answered	513
			skipped	111

Please tell us why you think this, e.g. the information you would like us to consider (182)

1	Fully support and it appears to reflect the wider logic of the overall Centres of Excellence approach. Supporting staff to provide the very best specialist care.
2	absolutely - this should be a number 1 priority - better trauma and A&E care at both destinations - there is NO WAY that one centre will suffice and we know this undermines public trust in CCG (who honestly now must be loved about as much as covid 19 itself).
3	both should have trauma and ortho
4	If it is a trauma case, it is quite possibly an ambulance admission and GRH cannot cope now. All ambulances go to GRH and then orthopaedics would have to be transferred to CGH, increased cost, risk, time and staff
5	Much like with previous service responses I believe that by keeping Trauma linked with Orthopaedics will inevitably lead to Orthopaedics losing out because acute patients (trauma) has to take priority for beds, theatre space and staffing requirements. This allows the massive Orthopaedics service to properly deliver aside from the constraints put on them through sharing bed and staff capacity with Trauma.
6	makes complete sense
7	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
8	There are a high number of T&O patients so both sites is good
9	Need to be on one site . Have CRH as cold , non emergency surgery and GRH as emergency. Which would protect beds at CRH
10	I agree that all trauma should come to GRH and planned orthopaedics to CGH.
11	Question is unclear, but I support Trauma remaining in GRH to protect elective surgery in CGH
12	I think it makes sense to have trauma on one site but there needs to be adequate orthopaedic cover for the other site. At the moment this is not happening.
13	This has to be fit for purpose and capacity needs to be concidered
14	Again both of these subjects should be at both hospitals so people can go to nearest hospital to where they live
15	If the 24hr A&E is at GRH I it makes sense for trauma to be centralised there. Orthopaedics at CGH again if this ensures this service is protected and trauma emergencies doesn't interfere with this.
16	Both hospitals have the population to support a centre of excellence- this is just stealing Cheltenham hospital services away which has been happening by stealth over recent years!
17	if these are similar and use the same resources then use one site (either) to reduce costs/communication
18	This makes sense to enable the more acute work to be separated from the elective lists thus enabling the latter to proceed despite other pressures in the acute sector
19	Why are these separated at two sites? Are they not related, so should be together on one site?

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.		Response Percent	Response Total
20	This is something that I believe is already pretty much established with GRH being the trauma site and CGH being the elective site		
21	trauma where A&E is, elective orthopaedics at cold site with no bed pressures		
22	Southmead is the regional major trauma centre ; it is faintly ridiculous to imagine that GRH will every be a national centre of excellence for trauma in this context		
23	this has worked well since 2017		
24	Emergency T&O in GRH and elective T&O at CGH.		
25	if this is tenable on two sites, why not? if resources do not allow this then one site will be better than none and centralises specialist care		
26	Again acute trauma is better placed in GRH because of the 24/7 access to consultant led A&E		
27	It should be everything in GRH. This is my refrain. It is logical and simple. The simpler is the better is. Perfection is in simplicity.		
28	its needed across both sites. trying to travel from e.g moreton in marsh on crutches or with arthritis to GRH isn't acceptable. there is no realistic hospital transport for these folk		
29	Trauma and orthopaedics should stay together at GRH		
30	Prefers a unit in cheltenham for orthopaedics.		
31	emergency site and planned site		
32	Again this seems to have been piloted successfully and I support the proposed allocation of services		
33	Appears to work well at the present. Not sure why spinal surgery is not at CGH too.		
34	Keep low risk elective surgery away from acute site, concentrate acute resources		
35	Both sites should be covering Trauma this would save lives!!		
36	No there should be one centre to concentrate all resources in one place, unless one is for emergencies and one for electives. Two sites would dilute this.		
37	Just what I would like, both hospitals offering service		
38	It is important not to feel that CGH is not being downgraded, so I think this is really important		
39	This is known to be good practice and the pilot has been working well. Why change it?		
40	Don't know why we need two centres. Probably better to have everyone on one site rather than spreading resources more thinly across two sites.		
41	I still think one trauma centre would be better but understand why Cheltenham seen as important		
42	Good to differentiate . Gloucester is a bigger site		
43	Each sit should cover both services due to the size of the county.		
44	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion as we are having to do an increasing amount of work overnight yet have no funding for extra staff!		
45	Trauma at Gloucester and Orthopaedics at Cheltenham makes total sense		
46	because this would be an excellent idea		
47	In view of the large numbers of traffic accidents that seem to have been taking place recently it works appear that the service is essential		
48	For similar reasons as already explained, orthopaedics more likely to be planned.		

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.		
	Response Percent	**Response Total**

49	Trauma and orthopaedic need to go together. It would be VERY confusing to split them. You've GOT to start treating this as one hospital over 2 sites; not 2 different hospitals. EVRRYTHING trauma and orthopaedic at Gloucester. Coronary Care also needs to be centralised wherever PPCI is.
50	Glad both are being considered
51	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH
52	Not sure about separate centres for orthpaedics.
53	Only makes sense if full A&E restored at Cheltenham
54	If elective T&O operations are low risk then basing them on a site away from emergencies makes sense as there will be a reduced chance of cancellation. Trauma is best location near the main A&E.
55	It's a large specialty and it makes sense to share across both sites, assuming that complex and/or higher risk cases are at Gloucester.
56	Separating out trauma surgery increasing the likelihood of planned activities going ahead
57	Agree need in both locations
58	both equally important and necessary
59	Best idea for the specialist teams. Already happening. personal experience.
60	Because the two are so closely linked, why not have one Centre of Excellence in one place?
61	This would seem to imply that services could be maximised.
62	There seems to be a lot of opportunities on time management, however not much information around patient care, consideration of harm, preventative measures or long-term future routine checks. The prevention of further complications could be also considered in the new plans.
63	Given the nature of these services it makes sense to have in both locations
64	Seems to be 'mainstream' treatments/services - in a county of Gloucestershire's size, two centres seem to balance travel times for patients etc vs having enough staff/wards/capacity for treatment. Also avoids needless over centralising and the risks of having insufficient capacity / something happening at one site meaning all treatment is affected
65	If data shows that it is needed at both sites & provides best patient care
66	I went to Gloucester A&E on 2 Jan this year with a comminuted, displaced fracture of my elbow. I was assessed by a nurse and sent home with a box of cocodamol, in shock and terrible pain, to await a phone call to arrange an operation. I was operated on 5 days later. I feel that my treatment that night, and subsequently was appalling.I have since been left with nerve damage affecting my right hand. A centre of excellence approach would hopefully mean that patients such as myself would have prompt, consultant led assessment and treatment, which would lead to better outcomes and less stress and suffering for patients.
67	If this is practicable and possible.
68	Excellent for response times and flexibility to cope with peaks in demand, disasters and infections.
69	One centre would be better, but the Consultation Document identifies insufficient Theatre capacity on a single site.
70	Always a need, for all age groups
71	I have experiences emergency treatment for a broken wrist at Cheltenham last December. The treatment was outstanding. It was delivered, I leant (after the successful manipulation), by a wonderful Nurse Practitioner. My follow-up consultation at Gloucester was frankly disgraceful - the consultant's treatment was appalling and I complained about him. Excellence must be analysed, and all staff must be tutored to deliver excellent outcomes.
72	Gives flexibility

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.		Response Percent	Response Total
73	Two centres are better than just one		
74	keep specialisms together for better access and equipment		
75	Everyone needs trauma services nearby		
76	Yes both hospitals should be capable of offering all services		
77	Increased demands for these services across a rural county need 2 sites		
78	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No reference to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and follow up, health education in primary care, transfer of services into community settings, conversations to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
79	Can't answer. You're once again going down the route of 'Cheltenham or Gloucester '.		
80	As mentioned previously it is obviously better for those living in the Cheltenham area for as many services as possible to be fully delivered at CGH.		
81	Concentration of key resources to reduce duplication and wastage.		
82	Long waiting lists currently for NHS. GPs really just prescribe anti inflammatory drugs and until your condition deteriorates badly before referral process is even initiated.		
83	cant decide as pilot study not complete & compared nationally		
84	Support that the pilot be made permanent.		
85	To shore the load between hospitals		
86	Tie in with need to keep A& E open at both locations		
87	Transport for staff who currently work at one or other of the hospitals who have to travel by bike / walk / bus etc be supported having to then travel further?		
88	Reasons the same as previous answers		
89	This is needed in both locations		
90	orthopaedics and trauma should be in close proximity so personnel can collaborate and reduce need to duplicate equipment		
91	Most sensible response to needs of this large community although leadership could be in either hospital		
92	Separating trauma and planned surgery proven model,elsewhere, in terms of bed base, theatre capacity and managing infection rates.		
93	Again this principle is sound - to concentrate emergencies on one site and orthopaedics on the other and it will help the ambulance service to direct patients to the appropriate site		
94	This is another example of why planned - elective things should be at Cheltenham General and Emergencies at Gloucester Royal		

Two permanent ‘centres of excellence’ for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.		Response Percent	Response Total
95	As long as there are support services, and staffing to support this		
96	Please refer to my previous comments, I support this if it will service the community more effectively and if it will lead to improved clinical outcomes.		
97	Orthopaedics can usually hang around and be given pain killers for a certain amount of time.		
98	Again, despite some weasel words, you're clearly proposing to focus emergency/trauma care at Gloucester, with Cheltenham remaining second fiddle. Both hospitals need full emergency capability.		
99	As long as orthopaedics can provide adequate cover to the inpatient wards in CGH. The cover is very poor currently. If you fracture as an inpatient in CGH you are worse off then if you fracture in the community.		
100	Again splitting elective and trauma sensible if demand / need exists.		
101	This an essential facility important for the community for accidents		
102	I think this is necessary because of what people are constantly being told about the ""Golden Hour"" for successful outcomes. It seems useless in trauma cases if a large part of this period is used in travelling to the necessary hospital		
103	Urgent need for excellent, quality, immediate support when there is a need. Quality of services is literally a balance between life and death		
104	Ok, need to give county spread. But Cheltenham not so easily accessible and very difficult for family and visitors without a car.... Cheltenham has a very limited evening bus service eg from stroud		
105	Presume there is sufficient workload to justify 2 similar services. CGH is closer to us, so of course I'm having to have anything that may be needed urgently as close as possible		
106	Again sensible and more cost effective to locate particular areas of expertise and resources in specific places		
107	Why would you not make one orthopaedic department in one hospital. would that ensure specialist care available always		
108	See previous		
109	We have an ongoing population in Winchcombe and Cheltenham General is very much more convenient for everybody. This is very important when you are unwell. A&E, MRI and scans, Orthopaedics, Oncology all provide an excellent service for us and or course surgery as well		
110	Once again if the pilot arrangements provide improvements, use this model as the way forward		
111	Needs no words to say this is a critical service and needs to have all the positives. Better care and attention and help out at the outset reduces issues developing later		
112	As above		
113	Having had a very successful hip replacement at Cheltenham eighteen months ago, I can only say that every aspect of my treatment was excellent, the surgeon was informative, the nursing was brilliant, even the food was good, and the outcome has given me my life back. It is working really well there, so perhaps Cheltenham is a good place for it to be based.		
114	makes effective use of resources		
115	That makes sense		
116	Proven via Pilot already.		
117	Patients with pathological fractures or spinal cord compression should not require moving especially when delay might be induced due to lack of beds in the acute hospital (GRH).		
118	An excellent idea.		
119	Common injuries from all over the County will benefit from 2 sites.		
120	We need a 2 point disperstion for this		

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.		
	Response Percent	**Response Total**

121	The divide between the two disciplines is required given the extra resources for orthopaedics
122	The results of this pilot indicate that the proposal is and will continue to work well
123	Trauma surgery has long wait times and increasing number of patients for hip, knee surgery can only be of benefit particularly the age demographic in Gloucestershire
124	Parking and general access for patients
125	Rising admissions of this kind every year and shortages of community rehab placements means that this is needed now more than ever especially as this is lengthening inpatient stays which slows down admissions rates especially when both hospitals are running with only one A&E
126	Should lead to less last minute cancellations of planned surgery. Planned cases should be treated quicker.
127	This is going against all your saying about centre of excellence by having two
128	Not qualified to judge.
129	Trauma needs unambiguous and fast treatment. I've no idea where/when I can go to CGH so I'd call an ambulance rather than go by car. What a stupid waste of resouces.
130	It suggests a more efficient and effective division of labour, building upon the existing specialisations in both hospitals.
131	These are widely required services and so it makes sense to share them between the two hospitals
132	The pilot study in Trauma at GRH has not established whether this is the place to continue this service. To take away trauma from Cheltenham will have an impact on it's A&E department. This will mean all accidents including road traffic collisions will be directed to GRH, leaving Cheltenham operating as a minor injuries unit.
133	See onwards to page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.
134	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.
135	Perfect for both hospitals strengths
136	Best to have two centres as this creates redundancy to allow combined work in the event of failure at one site without affecting the other.
137	This seems to be working in the temporary changes that you have made. If it is better than it was, why change it back?
138	Your pilot seems to have worked well
139	The separation of Trauma and elective orthopaedic surgery has been a success story and has enabled CGH to concentrate on high quality enhanced recovery pathways, which can develop more easily in an environment away from emergency pressures.
140	Seems to be the first area that recognises the need for quality services at both sites
141	One centre of excellence at GRH. Reduce travel time for medical staff etc.
142	As someone who is on the waiting list for a knee replacement and living in Cheltenham being able to keep a permanent 'centre of excellence' at Cheltenham General would be good.
143	Not seen enough evidence as pilot

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.		Response Percent	Response Total
144	Seems very complicate. What happens to a trauma case requiring orthopaedic in patient treatment?		
145	I don't see the need to split resources over two sites.		
146	Important to have pre op at the place of operation		
147	Separating out emergency trauma and elective orthopaedics makes sense as it again puts the planned care in CGH which will be a calmer hospital and more suitable for that type of services, and the emergency services can have their centre of excellence at GRH. Again, having the centres of excellence is a sensible way forward, and the pilot seems to have worked well.		
148	If in the opinion of all medical staff the present system is working to a high standard, then both hospitals should continue operate in tandem.		
149	Having Trauma at one site (GRH) reduces the function of Cheltenham A&E department. As with medical and emergency surgery, the proposal to send emergency trauma cases (road traffic accidents for example) to GRH will make CGH A&E department less viable and will it then become a MIU?		
150	Suggest the trust review the statistics to determine how much of the trauma cases are orthopaedic related before deciding on this. Moving orthopaedic patients from GRH to CGH for treatment post trauma triage at cause significant pain and discomfort.		
151	All major Trauma at a single location makes sense. Most orthopaedics are less urgent and straight forward or even elective so Cheltenham General is the logical choice co-located with the arthoplasty.		
152	It is a much better model to have expertise available at different hospitals, than to have it based only in one location. However, we would prefer all procedures to be available at other hospitals in Gloucestershire too.		
153	Yes keep as it the county is increasing with people living in areas FOD, severn vale, Tewkesbury, Cotswold etc		
154	Yes I agree with this, this can be needed at anytime, having two centres of excellent is very comforting. Reduces travel, retention of staff , waiting times		
155	CGH would be left with no trauma support go back to pre-pilot arrangement		
156	As above Strongly support the idea of single site excellence for all and any hospital procedures		
157	Because of the increased local population both sites should be used.		
158	I think insufficient capacity on the site		
159	It needs to be Gloucester more central for Gloucestershire		
160	Would like to see both under one roof. Trauma can often lead to cold orthopaedics. ie. RTA - to joint replacement. Rehab via physio and occupational therapy can be used by both.		
161	I have no support or opposition		
162	Trauma is a very immediate service and i helpful for patients.		
163	Seems sensible to have two options.		
164	This scenario has been in place for some time and seems to work well. Keeping elective patients away from acute admissions is vital to minimise the risk of prosthetic joint infections.		
165	Elective orthopaedic patients are at low risk of major complications post operatively and offering them surgery in an environment with a reduced risk of cancellation makes sense.		
166	What happened to the pilot of trauma surgery in Gloucester?		
167	This is an ambiguously phrased question. I thought the move of trauma to GRH a few years ago was a pilot and we have never seen the results of that pilot.		
168	I think one centre of excellence is the way forward.		

Two permanent ‘centres of excellence’ for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

		Response Percent	Response Total
169	Trauma will in many cases also require Orthopaedics support so it seems best to have both specialist available in both hospitals		
170	I am concerned that having these two sited at different hospitals will result n increased patient transfers due to the overlap of specialities.		
171	From things I have heard about Trauma & Orthopaedics I am not convinced the T&O Pilot study has gone as well as the Hospital Trust has claimed. I should like to see the full report of the Trial, before forming a judgement on this. I am not opposed to most elective orthopaedic surgery being done on one site and most trauma orthopaedics being done on the other, to minimise disruption to elective orthopaedic procedures, but Trauma Orthopaedics is fundamental to a fully functioning A&E Department, not least because it is not always obvious until x-rayed whether an injury is a broken bone or a soft-tissue injury. At least some trauma orthopaedic capacity should be retained on both sites.		
172	The pilot study at GRH regarding Trauma has not been publicly scrutinised. I gather it has not been successful due to pressure on beds and operating time, consequently causing delays to surgery. It would not be sensible or responsible to continue this service at GRH. Orthopaedics at CGH on the other-hand has performed better.		
173	as long as a streamlined service can be provided at both sites consultants, ultrasound etc need to be available. Registrations are fine but it duplicates appointments. If you could see a consultant sooner service would be slicker		
174	Fits both communities with respective ages of those communities		
175	I recently had a 2 week stay in Gloucester hospital after I had a trauma to my ankle (I completely shattered all the bones in my ankle and required 4 hours of surgery under general anaesthetic to mend it)		
176	Convenient for residents of both areas		
177	Yes very well needed		
178	The 2 centres provide good coverage but CGH has to provide the facilities for trauma patients.		
179	Yes, have the planned events at Cheltenham as this is the direction of travel and would work well.		
180	These will not be planned procedures - some instances and being able to receive treatment at the nearest hospital therefore an advantage		
181	Maintain present pilot scheme		
182	Anything that reduces waiting times and ensures quality of surgery would be good		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	285
1	All proposals. There could be more travel for patients depending on the proposals, but clearly the aim is for people to have world class care and I personally would be prepared to travel a bit more and not be so territorial. It's your health that matters at the end of the day. Also, some of the proposals like IGIS should mean fewer people having to travel out of county which is a good thing.		
2	extra travel time, costs and difficulty if services are required.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
3	I think more efficient working by having majority of specialist services single site is in everyone's best interest.		
4	Although not explicitly mentioned, I worry that the A&E department at Cheltenham hospital will have a reduced service, particularly for children, as part of the proposal. Having to travel to Gloucester for emergency treatment would have an adverse impact, it is a long distance and we would struggle to get there, and in a severe emergency I worry that the extra time to get to the hospital could adversely affect the outcome. It is bad enough that children cannot be treated at Cheltenham A&E after 8pm.		
5	Both hospitals should have centres of excellence and provide all facilities - the catchment area for Cheltenham is very large and such services should not be transferred to Gloucester Royal		
6	If the only option for a certain appointment or procedure was in GH, I would not attend and know from discussions that my family would not either. We have had relatives in GRH and the experience has been unsatisfactory both fr them and for us whereas CGH experiences were much better.		
7	All proposals would have a positive impact on me and my family. I don't care where I or my loved ones are treated. If any one of us had an extremely unusual condition requiring us to travel to London for treatment, we would do it. It therefore makes no difference to me whether I have to travel to Cheltenham or to Gloucester for treatment, as long as the service is good, well staffed with enough of the right staff and capacity available is all I care about.		
8	I am concerned that any developments are a short term solution which does not address the fundamental issue of either site having a sufficient bed base to run an acute take for medicine and surgery (plus O&T, Gynae etc). We need a new hospital based an a different site to achieve. The suggestions are well intentioned but ultimately a waste of tax payer money.		
9	pretending we have 2 acute hospitals is the biggest potential detriment to services		
10	I live in Cheltenham. If acute medical and emergency surgical care moves to GRH, I am concerned myself or my family will have to travel further for emergency care when they are very unwell. I believe the public strongly hold this view also		
11	The proposals I think will mean better care overall for me and my family		
12	It will be safer for us to have everything in one place.		
13	AMU needs to be spread across both sites. Head and Neck ward with Gynaecology doesn’t make sense		
14	I want the best care for my family and whether we travel to Cheltenham or Gloucester is irrelevant and has no bearing.		
15	Failure to deliver emergency care in Cheltenham has already negatively impacted my family and our view of the trust's performance.		
16	These proposals would improve the care provided if myself or my family ever needed treatment at GRH or CGH.		
17	Cheltenham maybe too far to travel, public transport route to Cheltenham from the towns that are in the county are poor. Also car parking and cost is a concern		
18	The current burdening of services in GRH will have a major impact on ED care, ward care and intensive care. It is unsafe and must be addressed rapidly. I have concerns that my family will not receive adequate care in this Trust and I would take them to Bristol if possible in an emergency. I have significant concerns regarding the piecemeal junior led cover at nights for surgery in CGH at present.		
19	I am concerned that if the majority of the services continue to be relocated to GRH the hospital will become unsafe. It is not infrequently at the highest alert and we haven't hit winter yet. I am worried about the care my family will receive and if possible will travel to alternative hospitals.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
20	The Trust's decision to move services post Covid peak had a negative impact on staff morale and mental health. Working through the difficult time of March and April was stressful for all and whilst all were happy to go where needed we were working in new teams in new ways with little support in this emergency situation. Moving back to our own wards and teams meant that we were starting to share the difficulties of the previous weeks and just as we were supporting each other we were told we were to move sites, splitting the ward staff and putting all through more stress and uncertainly. I do not think management realize how traumatic this was for those involved. The priority for staff is to provide good holistic nursing care for patients and support our colleagues. I feel that we have not been able to do that for a long time.		
21	Cant answer that as no way of knowing if or what treatment me and my family are likely to need in the future		
22	I feel the benefits of services being in one place where the expertise, experience and correct staffing levels are available are huge. If these changes ensures this happens and the reduction in procedures, surgeries and appointments being cancelled is the result I would feel this is hugely beneficial.		
23	Concerns about impact on BAME communities. Concerns about bottleneck effect on Acute Medicine at GRH. Major concerns about IGIS - if a patient needed an emergency procedure in this field and had to be transported to Gloucester, when the lived right next to CGH, the difference in both outcome re. risk of loss of life is to great a difference. Concerns about funding increased Ambulance Service provisions. Flawed concept of attracting high quality staff - London, Oxford, Bristol will always leave us with the best of the rest which the proposals would have no bearing on. Political concerns that down the line (years), any improvements will result in savings related staff reductions.		
24	I live in cheltenham and like I have explained I have complex bowel needs and going to gloucester when my family live in cheltenham puts a lot of stress and strain on my husband when they come to visit. Colorectal surgery and gastroenterology. Parking is a rip off. Parking should be taken back within the nhs and monies made put into equipment or services provided. For patients relatives who dont drive and have to use public transport it not fair on them as it takes around 45 mins on a bus from chelt to glos then same on a return trip, even harder for families who have small children going to see a relative in hospital and have to travel further to see them.		
25	Gloucester hospital is very inconvenient to get to and previous experience of care there does not make me believe me and my family would not receive the same amount of care at GRH.		
26	no 24hr access to A7E at Cheltenham - transfer time to GRH - longer waits then at GRH		
27	GRH further to go. GRH already overwhelmed by acute medical take and unable to cope and provide quality care.. I have been witness to poor standards of medical care at GRH. I do not wish either my family or my self to be subjected to long waits for care.		
28	The waiting lists will be even longer than they are now. Cheltenham people will have a glorified health centre not a hospital. The journey to Gloucester is long, discharge difficult to manage and visits reduced (non covid era) due to the cost and distance involved.		
29	The travel between sites may become a problem for us.		
30	Travelling and parking. Cheltenham nearer for all services.		
31	Travel, parking, costs of parking, congestion all negative. With an ageing population with less mobility it's likely less visiting will take place the more you centralise services on a single site.		
32	Further travel to obtain emergency services and for visitors if admitted		
33	Cheltenham needs a amu and functioning a and e, plans to ship patients across country are absurd and detrimental to patient safety		
34	the removal of a and e puts everyone in the county at risk. putting people in ambulances between sites is already damaging. stop letting this continue		
35	changing our jobs yet again, nurses don't matter		
36	Completely changing my job again		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
37	negative all round.		
38	risking the health and safety of those further out in the county.		
39	cannot have one medical take, it cant cope already		
40	If this is established successfully I think it will have a positive impact on establishing better pathways with our primary services and accessing community follow up etc.. and hopefully work reciprocally with helping admission prevention / flow in the acute setting.		
41	I want myself and my family to have the best access to cancer care should we ever need it. I believe splitting the elective and emergency services allows both to be delivered in the safest possible way		
42	long waiting times and hugely packed waiting areas are not ideal when you are poorly		
43	Any emergency situations would mean a longer journey to Gloucester for us, but with two young children that's less of an issue as the emergency children's services are already there anyway.		
44	None		
45	Centres of excellence mean clinical expertise is concentrated in one area, rather than split across the county. This means better, more responsive specialist care for me and my family when we need it.		
46	I think that the advances in remote/telehealth should mean that some services currently occupying time and space within the two sites could be re-provisioned using better technology, thus freeing up resources (space and skills/people) to restore CGH to a full A&E consultant led 24/7. Anything less continues to reduce survivability of patients in the East.		
47	Removing lower GI surgical support from CGH would diminish the service which I work in and I would have to consider whether the Trust's ambitions for my service match my own in terms of where I work in the future and whether my family move. Conversely moving all GI cancer surgery to CGH would be a significant statement of the kind of cancer surgery we want to provide in the future - i.e. comprehensive, safe and cutting edge		
48	further for some patients to travel too if A and E in Glos		
49	IGIS - emergency interventional 24/7 cardiology is essential where the ED is located and would be hugely beneficial to patients. I do not think the Trust can justify having a split any longer. It is behind the times and incredibly poor clinical practice.		
50	Continuing to overload GRH with emergency services without balancing a shift of major services to CGH will cause a crisis for the community		
51	COTE. Acute take at GRH appears to have increased the number of ward moves and the number of pts MSFD being transferred to CGH awaiting discharge or for ongoing discharge planning. Both elderly in-laws recently subjected to this. A poor experience for both of them. This is not the level of service we aspire to yet sadly no longer uncommon for this demographic.		
52	both hospitals pretty much equidistant for us and are over thirty mins away, so no change for us		
53	Vital to co-locate elective major GI surgery and emergency surgery on one site. Necessary for optimum care of patients.		
54	none		
55	It is only positive		
56	In modern healthcare the only way to deliver efficient, research based and effective services is to centralise in a centre of excellence. Services cannot be diluted just because that’s the way they’ve always been. We need to keep up with advances in health care so that the current and future population benefits		
57	One major impact on having services at both Cheltenham and Gloucester, How do elderly patients get to these hospitals. Public transport is not good and Taxies are very expensive. We need more localised services!		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
58	Any move to create single centres of excellence in Glos OR Chelt is going to have an adverse impact on patients living furthest away from both hospitals.		
59	trying to access some services at CGH and some at GRH via public transport if you are unwell or infirm is frankly awful. .		
60	You need to consider access/travel time		
61	Please keep acute services at cgh		
62	I live in Cheltenham and fortunately at the moment I am not receiving any services from either hospital . I I recognize that there are issues with Cheltenham General in view of the fact that parts of the building are 200 years old and not in current use because they are not fit for 21st century health care. I favour a new facility in Cheltenham being constructed on the edge of town so that the present buildings can be vacated and the land redeveloped. In the meantime I realise that the bulk of the services will need to be provided at Gloucester or even out of the county		
63	You are making a big mistake most people want local facilities and the Cost!!!		
64	good service		
65	Will be able to get looked after by specialist people whether in Glos or Cheltenham		
66	Nothing		
67	For my family, the gastroenterology provision is the most important consideration. If I had faith that the centralised CGH provision will work - then I fully support this. But from personal experience of the centralised provision since the pilot started in 2018, it is not working as set out in the consultation document. What sort of assessment of the pilot has been done already and what is being put in place to ensure patients who are going through the treatment are being listened to and problems are addressed?		
68	-		
69	I don't drive so to get to CGH I would have to go on the bus, that's if I can afford it. Or not go at all.		
70	Only with delays getting to GRH if CGH is nearer to where it happens.		
71	For us CGH and GRH are equally accessible and the essential issue is the provision of the highest quality of services		
72	None in my case		
73	Positive - patients going across a corridor to cardiac labs from ED would be much much safer for our patients, rather than across the Golden Valley bypass or down the M5. It's dangerous to transfer them like this. I strongly support the IGIS plan		
74	IGIS information is actually not entirely accurate as from a non medical view and those lacking the insight into the interventional area its trying to broadly cohort based on superficial skills where they are entirely separate skill sets. The idea of grouping in a similar location is good but the idea that cross cover occurs easily between disciplines is completely inaccurate and actually won't create staffing efficiencies. It is in fact going to dilute a very specialised skill set within each of those specialities.		
75	Getting to GRH is very difficult for us so keeping both hospitals offering treatments best option		
76	I am happy with all of the proposals.		
77	I live in the forest of dean so any move to cheltenham will put 30 minutes extra on my journey. Maybe longer when you consider how difficult it is to park in Cheltenham.		
78	No direct on my family currently.		
79	CGH has served Cheltenham for over a 100 years Why change it		
80	Travelling to GRH		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
81	I live in Gloucester and would prefer Gloucester hospital to be able to deliver all services to an excellent standard, Cheltenham hospital is difficult to get to, difficult to park at and it is extremely annoying to be sent there for treatment.		
82	I think in general the proposals are positive and will improve the services available in Gloucester.		
83	my son comes under gastroenterology and a strong specialist team is what is important not where they are based		
84	Patients having to be cared for away from their home and families. I have no desire to be sat in a ED Department for hours on end. The hospitals have worked well as two separate hospitals for years - why change. MONEY Trauma Services need to be provided across the county not just one site. - so if you live in a deprived area or your homeless you will benefit from a single site service!! what about the rest of the population.		
85	longer ravel times are a reality, not a possible consequence		
86	Focused centres of excellence to allow for planned care at CGH and more acute/emergency care at GRH but still maintaining access to ED across both sites		
87	Nil		
88	If all services are concentrated away from CGH then patients such as myself living to the North of Cheltenham will be negatively impacted both for emergency services and for planned surgeries because of the time and difficulty in travelling longer distances, particularly difficult for the frail and elderly such as ourselves.		
89	Gastroenterology. Patient myself, diagnosed with Crohn’s at the age of 13, 27 now. Dr Shaw and the Gastro team are extremely skilled, and give good treatment to their patients. However during my latest severe flare up (2015/16) I struggled to get the medication and testing I needed, this delay of several months stopped me being able to work as a teacher for 9/10 months, eventually leading to surgery to remove scar tissue. I hope that if the proposed centre of excellence goes ahead patients would be able to access testing, medication and surgery much faster. Faster treatment would save the need for surgery in some cases, saving the NHS money if the disease can be controlled by medication as soon as a flare up occurs.		
90	As I live equidistant between the two hospitals this has no impact on me. However for those living in the outer reaches of Gloucestershire there will be more impact		
91	If you move most services to Gloucester Royal it would immediately present many problems for travelling or finding a place to park. Many older people would be distressed at being so far away from their families.		
92	getting rid of the medial intake or Cheltenham a and e is just gambling with peoples lives, Gloucester have already made so many mistake with peoples healths before all this covid happened they will only make more mistakes with the added pressure, Gloucester falsely diagnosed myself under pressure to discharge patients from ED and AMU which later cause for a big operation and then also the same with my child nearly causing her to die. this is nothing to the number of mistakes Gloucester currently make and it will only get worse, I myself would never trust the staff under the pressure to treat me or my family if it changes		
93	Please reinstore the full blood service at Cirencester Hospital - it gives an immediate, quick service. GP service will cause long delays and worries to patients, inconvenience and cost to travel to Glos.		
94	Centralising emergency surgery will make it harder to get to the hospital. Making Cheltenham general the planned centre for GI surgery will make to safer and better to have major surgery. We need more major surgery at Cheltenham		
95	The proposals to reduce services at Cheltenham will cause massive inconvenience and huge concern. A&E services are the vital bedrock of any "proper" hospital. This set of measures will reduce access, potentially harming those seriously ill due to delays in receiving expert help. The car parking problem will add to stress of both patients and families and there is real concern that this is yet another in a long line of service reductions at Cheltenham. The clear agenda being to cut the site back so far that it is unviable.		
96	none		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
97	As a Volunteer Patient Representative working directly with the NHS, all aspects of medicine concern me and my family		
98	I do not believe they would impact negatively, the distance between the two centres is not very far, if it was an emergency the patient would be blue lighted anyway. I would rather get the best possible care than decisions being made on geography. If as a plus this means that patients may not need to be sent out of county this is huge benefit		
99	You just need to have one place to go to for one SUBJECT e.g. Oncology, CVS, and GU/GI at Cheltenham and everything else at GRH. You've got to make it simple. And you need to make ED at Cheltenham 24/7 with doctors. Or you've got to double the size of ED at GRH. You've lost 2 x resus bays by closing CGH to ambulances, yet not increased capacity at GRH at all. It's ridiculous at Gloucester ED- and don't blame COVID. ED at Gloucester is not fit for purpose, being the only ED in the COUNTY!! JUST KEEP IT SIMPLE, so that everyone can understand it. You've been got to stop thinking like a person in the NHS and start thinking how the public views the organisation of the services offered. I don't believe you'll re-open ED at Cheltenham, you've been wanting to get rid of it for ages, but GRH ED is NOT fit for purpose with current demand - and demand is not going to decrease. You also need a centre of excellence for the Older Person. By 2040 , 25% of Glos CCG patients will be over the age of 65.		
100	I live in Cheltenham and work in the community, the cost of coming back to Cheltenham is high if you get taken via ambulance to glos royal, if you stay in, family find it expensive to visit you therefore your mental health deteriorates and your physical health recovery is slower, if it wasn't for my son being able to pick me up at 11.30 at night I would of had to stay in overnight, this would of caused a bed to be taken by me when I was well enough to go home but had no money to get home, a bus Journey from chelt to go's is a long time when you are travelling in pain or in recovery fir follow up appointments, we need a centre of excellence in both hospitals		
101	Any proposal that fails to deliver the full restoration of 24/7 type-1 consultant-led A&E services at CGH, will make it considerably more difficult to access emergency health care for me and my family.		
102	Travel and access to both sites for those with out cars or relatives locally		
103	Neither site is well located for people living outside Gloucester or Cheltenham. Especially relevant for critical A&E cases where time is critical. Closure of Cheltenham A&E for people like us living East of Cheltenham means significant additional delays, on top of what are already poor response times. We would be better served going to Oxford or Worcester.		
104	Access to subspecialist care across the board		
105	Rationalised services produce better outcomes.		
106	we live near to CGH and already lost our A&E		
107	Think these changes will be positive overall - they will provide clarity over what each hospital provides, reduce duplication and ensure that staffing rotas can be more robustly filled which means we will recieve a more timely and quality experience		
108	I think you are ignoring a large percentage of residence east of Gloucester not to have a full equipped center of excellence at CGH covering every eventually from A&E to full trauma situations		
109	Positive impact		
110	Removal of services from Cheltenham would make it very difficult for people of North Cotswolds who depend very strongly on Cheltenham.		
111	Additional travel.		
112	In 2019 I had a IGIS abroad, in my country of origin. I could have returned to the UK, but instead I stayed overtime in the country to have an emergency surgery for removal of my gallbladder after going through a routine appointment where I had no symptoms. My experience with the NHS is that there is not much investigation on preventative measures. I had had an ultrasound before, to follow up on my IUS, and there was no interest in verifying the state of my internal organs at that appointment. I hope that by investing in a more thorough facility, incidents can be avoided.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
113	Keeping the temporary nurse led A&E for 50% of the time rather than having 100% consultant led services at CGH for 24 hours will have life threatening consequences for a large area of the north of the county.		
114	Support measures to cut last minute cancellations & ensure quicker treatment by the right person - if staff cannot be recruited / equipment not replaced due to budget constraints / equipment not being used as e.g. staff are on the other site, something needs to change to allow people to be treated and sent home more quickly either better or with appropriate measures in place.		
115	We may have to travel further to access services, but if they provide excellent care & outcomes its worth it. Good example of this is the breast care services. As a patient if all done in one visit on one site worth the travel		
116	We are equidistant from Cheltenham and Gloucester, so the planned changes will not have any real impact on us		
117	Cheltenham and Gloucester are not that far from each other and the rest of the area is poorly served. Driving to either on a very regular basis (such as for dialysis) is gruelling and time consuming.		
118	We are fortunate to have transport, so if we had to travel to Gloucester it would not be a big deal.		
119	A&E All of Cheltenham and North of Cheltenham would benefit from A&E as response times, time to treatment would be minimised.		
120	Proposals overall seem likely to lead to better patient care and improved medical training.		
121	Orthopaedic: every age group needs this support		
122	No current impact on us.		
123	It seems that Cheltenham will become to minor centre. I'm particularly worried about trauma treatment - an accident causing serious injury in the west of the county, where we are, could result in fatality if there were delay in reaching Gloucester hospital.		
124	All service development has the potential for increasing the health service possibly needed in the future by my immediate		
125	We might have to travel further to Gloucester hospital in the event Of a certain condition as we are in Bourton-on-the-Water so neither sites are especially close but the extra distance is a small price to pay for increased expertise/ excellence and reduced cancellations of operations		
126	I think that all of the proposals will have a positive impact on everyone, as the services in the long run will be better, if certain hospitals become centres of excellence for individual things.		
127	Impact if all works well and delays in appointments are reduced will be of benefit to my family and myself.		
128	I am so far healthy therefore none of these proposals would impact me but I would like you to consider patients travelling to either hospital.		
129	Positive impact on any proposal. We live in Hucclecote and have easy access to either hospital		
130	Centralisation of treatments and procedures becomes wasteful because they lead to long waiting lists, and inevitably centralise specialist staff to the detriment of other hospitals and staff skills loss.		
131	rarely require hospital intervention in the past with only one referral to NHS Gloucestershire in 20+ years but now in mid seventies I suspect that will change. The negative aspects for me living in a rural location with little or no public transport are therefore based around access both distance and time taken and cost		
132	Gastroenterology and General surgery both needed and would be better if it is clear what service is offered where, and so that continuity of care can be improved. THe proposed changes will achieve this for me		
133	I think all these plans are terrific. Thank you.		
134	As stated above I am concerned for myself and all others like me who live east of CGH that relocating acute medical intake and emergency general surgery solely to Cheltenham may put my life at risk in future		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
135	Concentration of some services in Cheltenham may involve us travelling 8 miles further (I live in Gloucester) but I would be happy to do that as the expertise would be in one place.		
136	I can only see advantage in focussing particular specialisms on one site, as much as that is possible,		
137	Any medical treatment should be available at a local hospital. It is wrong to expect patients who are obviously ill to travel to long distances for treatment. Ecologically it is also better for a few medical staff to move between hospitals than for large numbers of patients to travel		
138	Planed lower GI - benefits patients such as myself with Cancer Diagnosis		
139	I haven't had to use hospital services so it is difficult to form a clear opinion. But access to Gloucester is easier. It's really about geography.		
140	Local and ease		
141	AS I and my family live closer to Cheltenham rather than Gloucester, everything that moves to Gloucester will have an impact on us. Realistically however the geography of acute secondary and tertiary services does not matter. I want an accessible service with low waiting lists, efficient administration, decent transport services into it/parking, fully staffed with competent doctors, nurses and support staff staff who are well looked after. I also only want to come to such a hospital when I need to and I would like to see the development of community based services (using the fine physical facility at Moreton in Marsh for example) and an integrated approach with primary care and Community services. I also want the NHS to start communicating with its customers on its strategy (not the politically motivated rubbish that is pumped out daily) get realistic about its major downfall of staff shortages(between c40 k and 84k shortfall of staff now and likely to get worse in the next 10 years with limited reality about training, limited prospect of sensible overseas recruitment and a pretty awful reputation for looking after its staff) and preparing the population for the reality of what actually is affordable. Very happy to share my thoughts on this also somewhere else if you wish.		
142	I imagine most opposition to the proposals will come from those who live significantly closer to one hospital or the other. We are fortunate in living more or less halfway between the two. Despite it being easier, therefore, for me to agree to the proposals, I do feel strongly that rationalisation of provision is important.		
143	I am over 65 and whilst in good health and newly permanent in Cheltenham the idea of access to a local hospital for potential issues related to age is attractive. This I am not referring to a particular service		
144	I am hugely concerned about the already much reduced emergency cover at Cheltenham. I feel the centre of excellence (!!) for acute medicine in Gloucester will further reduce care for Cheltenham (and surrounding areas) residents. This is not a small place but with 100000 inhabitants and an elderly population.		
145	The gastro services will have a direct impact on me. Theft that all specialists will be in the one place, and waiting lists will be lower is a hugely positive thing. My main concern is the lack of parking and facilities at CGH vs GRH.		
146	I anticipate that the most likely service that I or my family would need would be the Acute Medicine. Being dragged over to Gloucester in a crisis situation would significantly increase the levels of stress experienced by both the patient and their family.		
147	Living in Stroud, I find it harder to get to CGH and harder to park there, however I think it is still a Good idea to concentrate key resources in one place, wherever it is.		
148	Gloucestershire is a longer journey for us		
149	This would mean more journeys to Gloucester hospital which isn't easy to get to. Also bad for the environment and I wonder if there is room at Gloucester Royal over the long term.		
150	Positive impact across the board to have the expertise concentrated on 1 site for the various services allowing sensible on call rotas and adequate staffing for those services rather than splitting the expertise across 2 sites.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
151	My concern is for those living particularly in rural parts of Gloucestershire and the transport problems for reaching the two hospitals. There are implications for public transport, patient transport and for patients and carers attending hospital in their own cars, when having to travel further, or in challenging conditions. It would be reassuring to know, as in data] more about how the ambulance service has managed the extra distance to Gloucester Royal from the outlying areas of North Gloucestershire, for example.		
152	in 2020 the crucial factor should not be postcode but the delivery of excellent, safe and timely patient care. It is simply not possible nor is it safe to continue to try and provide duplicated services which in turn often compromise the quality of care. We also should not forget the enormous pressure this places on staff, in terms of staff shortages, cross site cover at short notice, pressure of always feeling there an added pressure.		
153	It is a significant journey from my part of Gloucestershire to both hospitals. So in journey terms the proposals wont impact negatively on me or my family. I believe it makes sense to coalesce the various specialties on one site to maximise expertise and capacity. I would therefore support the proposals.		
154	I believe the proposals will result in better services and improved use of capacity and resources. For those of us who live outside of Cheltenham and Gloucester we have a journey to either hospital so the proposals have no negative impact on that respect.		
155	The Report and its recommendations have been prepared by hugely professional, experienced and competent personnel. Ninety nine per cent of feedback from the public is likely to be simply based on how it affects their personal situation regarding treatment required and location, and not necessarily related to what is best for the community at large and indeed the NHS.		
156	To have the experts in one place is a positive		
157	None at the present time none at the present time q		
158	I want to have access to the best health services possible. These must be provided in the safest hospital possible - that means fully staffed and, with access to all facilities all the time. For more minor surgery, I would like to be treated in a dedicated unit away from the emergency hospital to reduce the worry of having my operation cancelled		
159	noone		
160	Have used Cheltenham when needed Colonoscopy using the 2 week wait system etc. Found the building itself confusing (easier to find from outside than inside). but the care received was excellent and easily accessable.		
161	Looks fine. We live in Shurdington so GRH and CGH and both readily accessible		
162	As someone of working age with access to independent transport, I think this is a positive move for me. However, I am concerned about the social practical impacts for people who are dependent on public transport, elderly, need support to to travel, more financially disadvantaged.		
163	These proposals I think would have a positive impact, for all services mentioned. I would like to be able to access any service that is a centre of excellence to allow my family and I to have the best outcomes.		
164	Treatment not available at CGH is less likely to be taken up - especially if it involves more than one visit. For family reasons we would prefer to look for treatment at Southmead where support is readily available.		
165	Until and unless we have the need for any of these services, I find it difficult to comment.		
166	It would mean travelling longer distances but this is a price well worth paying for better outcomes		
167	As a resident of Cheltenham I am happy to travel if it means better care. I just want the right people in the right place to look after my family if they are unwell.		
168	If the services are not at both units this would mean further travel and time. It also means for Carers there days would be more disrupted getting patients to appointments in larger units .		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
169	I would like to suggest the establishment of a 24hour mechanical thrombectomy centre in Gloucestershire with the capability to deal with LAO strokes. There also needs to be a link with the ambulance service and emergency call handlers to ensure these strokes are quickly recognised so that patients are transported directly to the centre without delay. A related issue is the use of ongoing tests for every patient "MOT-style" to determine risk factors and identify problems early - this applies to other areas too, particularly cancer detection [apart from human suffering, this has the potential to save money by avoiding cases in the first place] A significant proportion of ischemic strokes are due to LAO's with their associated high morbidity and mortality. The effectiveness of recanalisation by mechanical thrombectomy (compared with alteplase which is largely ineffective due to the high clot burden) to deal with these devastating strokes has recently been established and has led to an Implementation Guide being produced for the UK: https://www.oxfordahsn.org/wp-content/uploads/2019/07/Mechanical-Thrombectomy-for-Ischaemic-Stroke-August-2019.pdf A potential further benefit, even for later presenters, is the avoidance of edema and need for craniectomy. Err on the side of going for it. Gloucestershire would fit well geographically with the current centres at Oxford and Bristol (not currently 24hrs). Bringing the UK up to european levels. Lack of treatment is an unnecessary cause of morbidity / mortality. Overall money saver, considering rehabilitation and ongoing care costs. I am personally living in total devastation following the death of my wife aged 63 in April 2019. She was taken to a local hospital where a severe stroke was quickly identified but unfortunately she deteriorated after a few days due to edema. She was just 3 years too old to be considered for decompressive hemicraniectomy. Her stroke came completely "out of the blue", she was always so fit and well with low risk factors. She was an extremely talented person and her untimely loss is so far reaching.		
170	Find travel to GRH difficult		
171	It's a long way from the edges of the county to these hospitals...		
172	Potential impact from travel requirements depending on hospital site services centred on. Parking already challenging at sites. For planned surgery options May choose to use sites outside Gloucestershire as nearer, or through choose and book use private provider option if that is closer.		
173	I prefer it when Cheltenham residents can get access at CGH for all these things where possible. E.g. my phototherapy treatment used to be at CGH a ten mins walk for me now I have an hour round trip to GRH which is bad for the environment and a complete time waste.		
174	I am able to travel to both sites and I would be happier with centres of excellence rather than splitting expertise across 2 sites		
175	Only by separating emergency and planned care will the proposal really work		
176	No impact.		
177	Negative impact for me, if GI services moved from the Cheltenham site.		
178	difficulty in getting to Cheltenham general hospital, public transport links poor or non exsistant		
179	Car parking is an issue at CGH, assurances need to be made that relatives are able to park, to be able to transport and visit their relatives. The estate has to be able to support the changes to the centres of excellence along with staffing and support services.- all		
180	For me an my family we can access either GRH or CGH but I know that this will not be the case for all residents requiring care.		
181	No should be ok.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
182	The move of cardiology and the creation of a centre of excellence to Glos Royal makes no sense....This already exists at Cheltenham Gen and will effect me personally ......I have an existing heart condition.		
183	I think that both hospitals should be running independently like they have as not everyone can get to Gloucester royal hospital and why should Cheltenham residents be penalised for extra charges gained from transport.		
184	I accept the principle tat it is impossible to finance all services at both hospitals. I was recently in GRH for ""draining"" excess water thus preventing heart failure and was treated very efficiently. However, it was disappointing five minutes in my journey to be passing CGH and making the significantly longer journey to Gloucester. Is this ""emergency"" treatment not available from Chelthenham General.		
185	I and my family have been served very well by the Health Services - but I have had to be referred to both Banbury and Oxford hospitals in my time and was very well looked after. My husband however visiting his mother and my in different hospitals (Banbury and Chelt) went to sleep at the wheel of the car and had a slight crash		
186	I think it would adversly affect my work		
187	I am concerned that scarce resource (pathology, radiology, social work etc) is diverted to GRH leaving a second rate services that would not be able to safely support any centre of excellence (including oncology) based in CGH.		
188	Minimal impact currently - may involve slightly longer travel dependent on outcome. Applies to services that would move to GRH		
189	na		
190	The importance to me and my family is the travel to and from Gloucestershire and Cheltenham hospitals. if we needed treatment		
191	I don't see any adverse effects		
192	We live in Stroud so both Cheltenham and Gloucester hospitals are easily accessible to us		
193	Better patient care, less waiting time, easier access, better holistic care & treatment. Less travel time - better all around outcomes		
194	I think any change to trauma or emergency services will impact my family where reduces easy access to services is involved. Also the assessments seems to only produce marginal gains from a staffing point of view.		
195	Strongly favour Gloucester as so well served by trains and buses. Cheltenham hopeless for the former and very difficult for the latter. We cant all afford taxis		
196	Transport??		
197	some services will be further away if located at GRH, but when traveling by car it doesn't make a great difference		
198	Please see my comments under anything else. I would not support any services restructuring which adversely effect CGH's viability. I cannot comment on the medical proposals but Gloucestershire needs two major hospitals particularly with new settlements.		
199	Obviously because I live in the forest of Dean it would be better for my family to have all resources staff and centres of excellence at Gloucester but Cheltenham needs to have its own centres of excellence		
200	If as set out, the proposals provide quicker, more efficient service, linked to reduced wastage. I am fully in agreement. If one was in the ideal world of developing a brand new single site solution then a site between Gloucester and Cheltenham would make a lot of sense to all concerned. But we aren't. We need to make best use of what we have and some centralisation of services make best sense		
201	I need, from time to time, the need for treatment for colorectal and/or gastroenterology problems. I always feel more comfortable in Cheltenham General Hospital		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
202	As a family, I think it is better to know which hospital you will be treated at as it’s not easy for everyone if loved ones get transferred back and forth. It’s nice to know in advance of planned treatment where you will be.		
203	My wife and I are both in our 80s and moved from a rural location in 2019 as we anticipate a point at which we will not own a car. We deliberately bought a property within walking distance of CGH. We have already found it necessary to travel to Gloucester for Xray and my wife was admitted for emergency treatment late on a Saturday evening. I had to return home to collect her essential medication and was able to do so in the car. This would have been particularly difficult without our own transport.		
204	I suffer from Ulcerative Colitis and my wife has a liver condition. Whilst we have a car if I were to have to stop driving we would have real difficulty accessing Cheltenham hospital if necessary.		
205	I believe it is vital we maintain services at both hospitals. The area covered by both hospitals is vast often receiving patients out of County. Like many others living in the Cheltenham area I have seen the erosion of our A&E services as hugely detrimental as the numerous reports of long waits at Gloucester A&E, with patients being treated in Corridors testifies. I have had such an experience myself.		
206	Due to the ""Centre of excellence"" approach and optimising the logistics around 2 hospitals within 30 minutes of each other there will be an overall benefit to: 1. Patient outcomes. 2. Workforce environment and job satisfaction. 3. Improved staff retention and recruitment.		
207	Very important that Accident and Emergency teams are operational at Both hospitals as speed is essential when time is of the essence.		
208	Any proposals impact us if we have to go to Cheltenham as I don't drive. However all options have to be considered when cost is involved.		
209	Some increased travel time for some services but a specialised centre of excellence should offset this.		
210	Living close to GRH the proposals will not impact me greatly. It makes sense to use resources (staff and equipment) as wisely as possible given funding shortages, therefore the changes seem sensible.		
211	I live at the extreme edge of any area that will use these services, I need to see transport in and out for relatives.		
212	Concerns: Transport availability to both sites Can GRH accommodate more activity - car parks, visitors etc Cheltenham Hospital not become the 'poor relation' regarding investment in buildings, staff and education.		
213	I live in Cheltenham but have had both inpatient and outpatient treatment at both hospital I have no argument with proposals that lead to improvement in services and staffing		
214	I think overall there will be a positive benefits having local COE's with appropriate staffing		
215	Having a centre of excellence in planned care at Cheltenham will make it better for us to have treatment.		
216	Positive impact, we have all been treated under the NHS in the last 12-18 months and these proposals can only improve primary healthcare in Gloucestershire		
217	For either hospital it is access from the forest and other outlying areas such as Stroud. Good transport links might be essential		
218	Positive to moving all specialties to gloucester and none in cheltenham: None, on all accounts care provided is slowed down, bed spaces limited, more in patient moves and exposure risks of various infections and the disruption and unfairness that the staff are subjected to with these moves, how is this fair that their loyalty to their teams is rewarded with bitterness and unfair choices with their opinions not being heard Positive to specialties linked across both sites : better patient flow, increased admissions and faster patient care to get people home		
219	The convenience of travelling to GRH and CGH is very similar for me.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
220	Adverse as facilities would not be local, impact on non driver		
221	There needs tobe a fair balance of services available for people living in different areas of the Trust.		
222	Support the best option proposed by medics.		
223	None at present. Who knows the future?		
224	Concentrating expertise in one of two hospitals will be beneficial for staff and patients; improve the capacity of hospitals to be both centres of excellence and centres of medical training; reduce waiting times and improve chances for patients of being seen by the right specialists more quickly, with the necessary follow-up care.		
225	Additional impact would be increased travelling to GRH but this is outweighed by the benefits as described in your documentation.		
226	I started to work for Cheltenham Hospital 27 years ago when I lived in Gloucester and have since moved to Tewkesbury and then Evesham. The travel time now is almost an hour each way and moving the department I work in (and have worked in for nearly 8 years) to Gloucestershire Royal Hospital will add at least an extra 30 minutes each way to my journey. I will not be able to sustain this and will subsequently be forced to look for work elsewhere within Cheltenham Hospital, something I do not want to do as I thoroughly enjoy working in Vascular surgery. I work in Vascular Surgery.		
227	The temporary changes made to Emergency General Surgery at GRH have had a positive effect on patient care, patient experience and staff morale. Patients now see the correct speciality during admission within a timely manner.		
228	Emergency lower/upper GI surgery to stay at GRH.		
229	All - I think the most important consideration is how to provide the best services to the widest number of people including my family and residents of my Cotswold ward. Psychologically we all feel that Gloucester is a remote, far away place whilst Cheltenham is more familiar with better access - we have no public transport to Gloucester		
230	It seems that most services will be taken away from Cheltenham General hospital, particularly emergency cases. Cheltenham A&E will be essentially downgraded. That will have an adverse impact on residents. As with any emergency, whether it is medical, surgical or trauma, time is of the essence. The longer transfer time for patients to GRH will be life threatening. Gloucester A&E department has been overwhelmed during Covid with long ambulances waits for patients to be admitted and the consequences that has for patients needing an ambulance.		
231	The centralisation of general surgery at Gloucester Royal enables all patients, regardless of geographic location in the county, to receive the best possible outcomes as a result of the surgical team having both upper and lower GI specialists on call at the same site. The teams on the fifth floor are both well established and highly skilled to deal with both emergency and elective patients.		
232	Lack of choice		
233	I believe both hospitals have their strengths and as mentioned this is probably one of the better solutions to get the maximum use out of the top class facilities they would have.		
234	A possible positive impact would be an increased likelihood of a successful outcome of any treatment in the future.		
235	We may need to travel slightly further but this is a small price to pay for an improved service. Quality over convenience please.		
236	As long as the clinic appointments are in the same place I think it will have very little impact on my family		
237	By moving more acute medicine and a&e overnight to gloucester, I think it will cause problems with delays in treatment for anyone going to cheltenham.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
238	Despite their proximity, travelling between Gloucester and Cheltenham is very difficult for many members of the loca population, and can lead to delays in treatment, great stress over travel arrangements, difficulty for family visitors, etc. I have personal experience of the problem in relatoion to removal of 24-hour A&E services from Cheltenham, which should be fully restored as soon as possible.		
239	FOD is a deprived area, we need one hospital for people to travel to (20 miles) and when inpatients - family can visit one centre of excellence for county. Cheltenham too old, parking nightmare		
240	At the moment I am not in need of other services than a knee operation so do not feel qualified to comment on them. The main thing I would like to know is that Cheltenham A & E services will not be discontinued. When I had a heart attack in 2011 if I had had to be taken to Gloucester, I would not be here. I was told that any delay would have meant I would not have survived. As it was I was seen straight away and given a stent immediately. Obviously being able to stay in Cheltenham for my knee operation would suit me as it would be far easier for follow up appointments as well. Therefore I think the present arrangement works well.		
241	Major elective general surgery - I am concerned if located in GRH - COVID cancellation of operations, poor quality care, chaos not good environment for recovery		
242	We have yet to have need of any of these services		
243	As a Gloucester based family it is always easier for us to go to GRH. However, I would prefer to travel a bit further to a centre of excellence.		
244	Because we live in the very south of the county to a certain extent these changes will have very little impact on us as we are pretty much as far away from one hospital as the other. The time taken to get to either of them is about the same, and as there is no public transport to either hospital, it doesn't really matter for any of the services at either hospital. However, I know that having centres of excellence can generally improve patient outcomes, which is why I support the developments of the centres of excellence. At the moment some trauma and emergencies from our area are dealt with at Southmead, so if GRH and CGH can become superior centres of excellence, then perhaps we would be more likely to be treated in county. i would rather battle the traffic into Cheltenham or Gloucester than Bristol.		
245	I received knee surgery at Cheltenham General Hospital four years ago. My surgeon decided after opening up my right knee that I only required a half knee replacement. The operation has provided with pain free mobility. The follow up by my surgeon, Mr Aung is ongoing, this year it will be a telephone call. Friends who opted for private treatment, have not received this follow up service.		
246	The parking fees are an outrage and would stop us being able to visit, I feel uncomfortable with being in Gloucester Royal due to bad reputation		
247	We live on the border in Herefordshire but our nearest GP surgery is in Gloucestershire where we access services. Having to travel to Cheltenham is too far.		
248	I just want the best care in the right place and don’t mind a few extra miles travel in order to achieve this		
249	I think the impact this will have on all residents in Gloucestershire is a serious one. Gloucestershire is a big county that is growing. The number of homes being built and with the Cybercentre bringing new jobs to Cheltenham will mean that both hospitals will need to offer high quality services, that include, medical and surgical facilities and the ability to offer specialities, including viable A&E departments. The downsides are that both hospitals will not be able to offer basic services. There will be increased travel for many people. Surgeons will have to opt for being either trauma specialists or non-trauma specialists. Same for General Surgeons - upper or lower specialists.		
250	General Surgery at Gloucester Royal		
251	The formation of centres of excellence will provide clarity on where public can expect to be treated. CGH would require upgrading in some cases which may be disruptive. My family can access both CGH and GRH relatively easily		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
252	I have multiple disabilities and cannot drive or travel on public transport. If I ever need any of the services covered in this proposal, I want them to be as close as possible to my home. It is easier for elderly, disabled, and very sick people to travel to their nearest hospital. An unfamiliar environment may be distressing for them, and it may be more difficult for their families to visit if they are further away. I will not be the only person in this category who is not able to either drive themselves or travel on public transport. Therefore, all procedures should be available in all hospitals, not in one centre. This feedback relates to all the services.		
253	I had excellence service with my eyes op chelt covid 19. Has been await a call to staff must be needed for the future of NHS.		
254	My family and I could be affected positively by services being centralised because we would get the treatment we need in time by highly motivated trained staff.		
255	It was traumatic for my husband to be transferred to CGH at 2am because of vascular problems. It would have been beneficial to have been beneficial to have had a vascular centre at GRH.		
256	The proposals are driving towards a focus on emergency care at one hospital and planned care at another. Considering the areas covered by the Trusts 2 main hospitals, there is a need for 2 viable A&E departments.		
257	Closure of CGH A&E could lead to delays in emergency treatment to those south of the county, with potential for negative outcomes for time critical conditions.		
258	None		
259	Gloucester Royal has a record of poor patient satisfaction! To loose Cheltenham General would only increase the workload on GRH. In the long term, because of local increase in population, a new DGH should be considered! The proposed changes are just sticking plaster.		
260	I have good mobility and transport but would affect other members of my family if they had to travel.		
261	How are we supposed to travel to Cheltenham from the Forest of Dean? Have any of you ever tried it? Especially to arrive at 9am.		
262	Having had various admissions and day case appointments in the last few years I have received excellent care at both hospitals for which I am more than thankful. The locality is immaterial - the efficient and professional care are what matters.		
263	Any movement away from Cheltenham would be more difficult for us to access. This applies to all disciplines.		
264	Creating a major elective hub at CGH is likely to be beneficial to my family. This would allow good access to intensive care if needed and reduce the risk of hospital acquired infection.		
265	We'd rather have to quality care and travel further than average care on our doorstep.		
266	Having to travel further for urgent trauma surgery from Cheltenham to Gloucester could affect anyone.		
267	Any member of my family could require urgent treatment at any time and having to go to Gloucester as opposed to Cheltenham could hardly be seen as an improvement and could be dangerous.		
268	My view is that centres of excellence would be a positive proposal. Negative could be transport/parking etc issues in either getting to hospital, or for visitors. As I mentioned before a free green shuttle between the sites would help with this. But really transport issues are far down the line when compared to top class treatment.		
269	Travel / visits - for any of these services - not so much for us - we live in Chalford, away from both anyway, but for less well off people who live closer.		
270	Hope fully our only need will be A&E based and in this area I fear the proposals are negative		
271	I have no objection to the siting of specialist services on one hospital site. If this allows the particular hospital to improve its services in that field so much the better. I am, however, concerned that too much emphasis is being placed on GRH. This concerns me because I do not believe that GRH has the facilities or space to cope with extra work. I have personally seen, and experienced, people left waiting on trolleys or chairs in reception areas for very many hours at GRH. I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH which would eventually put the A&E at that site in question.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
272	I strongly believe health care needs to be delivered as close to where people live and work as possible. This is supposed to be a primary policy of the NHS, yet it seems there is a trend towards ever more centralisation and a move to more and more remote services. While some services can no doubt benefit from greater centralisation, especially where investment in very expensive equipment is concerned, administrative and clinical convenience should not be elevated above ease of access to healthcare.		
273	Taking away services from Cheltenham is not looking after Gloucestershire residents welfare. Any General hospital should have the ability and capacity to offer basic medical and surgical services. Moving emergency cases to GRH will mean lengthier travel times for residents living to the North and East of Gloucester. The consequences of this will mean more suffering and death. As the term implies Surgical or Medical emergencies require prompt action and this will certainly not happen if Cheltenham loses these vital services.		
274	As agree people this could - and likely to - have very dramatic effect on us		
275	I hope that under the new proposed services any future problems i have with my replaced ankle will be dealt with by highly trained specialists in a very well educated and informed manner kindly and efficiently. The service I received was great (the surgeon was excellent) and the consultant aftercare was brilliant		
276	Gloucester GH is twice the distance than Cheltenham GH is and there is no patient transport to Gloucester		
277	Cardiac and renal. I am 84, have had 2 heart attacks and been cared for at both hospitals. I have chronic kidney disease		
278	no opinions but good idea		
279	I live in Moreton-in-Marsh and I am not able to drive. Gloucester is a foreign country! Oxford or Worcester is easier to reach. any suggestion of concentrating services at GRH is therefore bad news. only super specialist services should be located here.		
280	Would have a centre of excellence as this would have helped me. Joined up access to medical records across the county. Would be good to have the images able to be shared with GP.		
281	Its too far to go to GRH		
282	The service I use most is eye care and there is no reference to Ophthalmology: any reduction in this service at Cheltenham would be greatly concerning for me.		
283	Should be good		
284	Close proximity to where I live Easy to travel to Gloucester hospital I like the idea of specialists in one area Centres of excellence should enable easy communications between staff		
285	Easy travel time Minimal waiting		
		answered	285
		skipped	339

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
1	Open-Ended Question	100.00%	198

1	On balance I don't think they would - on health outcomes I mean.
2	this should not be undertaken this year, if a government integrated review has to be delayed I don't see how it can be ethical that Gloucestershire CCG even have the man power to consider this - let alone spend money on making it happen. Is this a project pushed to the forefront to benefit an individuals career?
3	To protect Cheltenham A&E
4	Both hospitals should have centres of excellence and provide all facilities - the catchment area for Cheltenham is very large and such services should not be transferred to Gloucester Royal - travelling time and distance
5	Keep both sites running and share the workload between them as they are. GRH is difficult to get too, the parking is unsatisfactory and the building totally unwelcoming and difficult to navigate - i had to run to theatres ? 7th or 8th floor via the stairs because both lifts were out of action for maintenance - I had to leave on the ground floor someone who was in a wheelchair. In CGH, there are other route options so this wouldn't happen.
6	No although this will remove some services from each site by centralising to the other I think overall the experience will be better and clinical outcomes likely to be improved.
7	GRH will be full all if not most of the time. Rapid discharge (prematurely) will inevitably happen to create bed capacity.
8	pretending we have 2 acute hospitals is the biggest potential detriment to services
9	As above
10	I would be worried if resources are spread thinly if there aren't centres of excellence.
11	NO
12	I consider the effect will be positive
13	Interventional Cardiology. This should remain at CGH where it performs very well despite the trusts problems.
14	I do not think there are any negative impacts to the proposed changes.
15	Move all elective major lower and upper GI, plus vascular, to Cheltenham and ensure adequate resident surgical support.
16	Move more services to CGH. If all elective major upper and GI surgery, vascular and interventional surgery were moved to CGH there would be less pressure on the beds in GRH. It would also protect the elective patients from cancellations and also separate the elective patients from the COVID patients. There needs to be adequate resident surgical cover overnight in CGH regardless of the solution.
17	Managers need to ensure that there is the bed capacity to provide centres of excellence. Movement of patients between wards and sites is not conducive to good care. Staff need to be consulted and views listened to.
18	Cant answer that as no way of knowing if or what treatment me and my family are likely to need in the future, if services changed to Cheltenham then we would need to get there and the parking in Cheltenham is awful and the hospital is not near the actual town centre
19	The centralising of services is important, but this also relies on the availability and access to the means to get people to hospital, in the sense of emergencies and the correct emergency services on hand when needed, whether this is an ambulance or paramedic car, with the correct expertise on site.
20	Delay the proposals by a year. Engage with a private business/ management consultancy firm to determine the true long term impact of these changes, and amend proposals. Social impacts may change too - changes to the way we work in response to Covid may change the landscape such that new options become available.

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
21	Colorectal, general surgery and gastroenterology should stay in Cheltenham.		
22	Not do it.		
23	Reassess A&E times		
24	Both EDs open and Acute medical take shared across both sites.		
25	You should retain Cheltenham as a fully functioning hospital - no excuse for not offering excellence at both!		
26	Can patients utilise a shuttle bus?		
27	As above		
28	Free parking?		
29	make a fully functioning a and e in Cheltenham to protect their health.		
30	risks everyones lives. not having an acute service in Cheltenham is laughable.		
31	will completely change my job, again! lower staff morale and lose a much needed acute care service		
32	We are seven generations of Cheltonians we need to keep what we know		
33	a fully functioning A&E needs to be in Cheltenham and our ACU and AMU needs to come back. patients safety is massively compromised.		
34	risking family health by providing sub par a and e service at Cheltenham		
35	GRH cannot and does not cope. to say otherwise is incorrect. you only need to speak to staff and patients to see Cheltenham needs a medical take		
36	As long as there is data and outcome measures to reflect that this costly reconfiguration is truly having a positive impact on waiting times, avoiding cancelation of elective surgery etc.. then I cannot anticipate any negative issues.		
37	If elective colorectal went to GRH that would yet further increase the pressure on beds at GRH, meaning longer waits for patients in A&E		
38	Cheltenham needs a functioning ED with acute medical intake		
39	Better 'advertising' of which conditions and situations are for which hospital so we can make decisions without convoluted calls to 111.		
40	None		
41	See previous answer.		
42	As above		
43	Paediatrics definitely need looking at as if emergency cases for urology are still being operated on in CGH transferring them to GRH is a logistical nightmare. Its embarrassing to tell patients that we have to transfer patients , it takes ambulances away from emergencies calls, waiting times for ambulance, can sometimes be early hours of the morning, is it safe to transfer , staffing for paediatrics , its not giving the child a positive experience, could cause increased anxiety for future admissions		
44	The only negative impact is if the plans for IGIS do not go ahead.		
45	Move as much major elective surgery to CGH as possible, to free up GRH bedspace		
46	Get it Right First Time. Direct to FAS/ COTE bed. Another specialist COTE ward at CGH (although difficult to recruit to this area) Discussion with community partners: keep CH and Bed Based Rehab beds for pts needing these services to speed transfers out of acute hospital. Blocking beds in the community blocks up our ' back door' and our beds perpetuating the problem of flow.		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
47	no		
48	I don`t see any negative effect. I live in Cheltenham and had to go to GRH as a patient. I just got on the bus and was there on time for my appointment. It was fine. In emergency I can get a taxi if an ambulance car is not available.		
49	Hospital transport is only for those very unwell, not for those who cant afford a taxi - we need to support all patients not just the wealthy		
50	Needs to be more Glos central or joint venture with Great Western Hospital Swindon		
51	Not being able to access surgery at the CGH site will impact all the other services being provided at GRH. The hospital cannot cope as it is with the move of the emergency department to GRH.		
52	Keep cgh an acute hospital		
53	The proposals will have no impact on me as I am not receiving any services at either hospital at present.		
54	As above		
55	no		
56	this has a massive impact on me and my family. I wouldn't want my family member going to GRH unwell knowing what state the hospital is. patient care isn't what it use to be like unfortunately.		
57	Long awaiting in emergency department can harm the life of people and also travelling with illness is a high risk.		
58	- parking at cgh is poor		
59	There should be all services on both sites. Other wise people just would not/could not travel for treatment and they would risk death as they could not access the treatment they need.		
60	None		
61	Not applicable		
62	N/A		
63	As described above. We are meant to be aspiring to be the best in what we do and sharing staffing groups isn't the answer. Ensuring we recruit and retain is and taking pride in the quality of our work.		
64	Difficult for us to get to and park at GRH so would like CGH to keep full service		
65	N/A		
66	I feel reading and answering your question - you want to close CGH and turn it into a cottage hospital		
67	Travelling to GRH		
68	None		
69	none		
70	Talk to and listen to the local population. People prefer to have a local hospital with local services rather than 'centre of excellence' We all know that this is just about bed reductions, lack of staff as there has been a failure by the Trust to invest in its staff. Applies to all services.		
71	work with the transport services		
72	N/A		
73	N/A		
74	Retain full facilities at both sites.		
75	Capacity must remain the same or increase in totality for Gloucestershire.		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
76	See above		
77	I would like to know what suggestions you may have for the following. If my husband had strong pains in his chest in the middle of the rush hour what would be his chances of survival is he were to be taken to Gloucester Royal and there was a traffic jam due to an accident on the Golden Valley? Not great I think.		
78	keep it as it was prior to covid! theres no need to change for money peoples health and lifes come first		
79	Downgrading Cirencester Hospital blood testing service		
80	Accident and Emergency must stay open at Cheltenham even if emergency surgery and medicine is in Gloucester		
81	Do not alter or reduce A&E provisions at Cheltenham. Do not centralise general surgery at GRI		
82	none		
83	You really need to have a ""Southmead"" in the Golden Valley area. And you need to consider better bus services to both sites for general public yo reduce car parking requirements and problems.		
84	Any proposal that fails to deliver the full restoration of 24/7 type-1 consultant-led A&E services at CGH, will make it considerably more difficult to access emergency health care for me and my family.		
85	If A&E centre of excellence is going to be based at GRH, there needs to be more 24x7 ambulance provision for remote areas to compensate for additional journey time.		
86	Minor impact on travel but this is offset by the improvement in the quality of the service provided.		
87	None		
88	Mum died in GRH and my Daughter had such a traumatic time having her first baby she refused to return there to have her second baby. She was treated so badly she was traumatised		
89	None		
90	Personally at present not, but who knows as we get older!		
91	The only downside of creating centres of excellence could be that I may have two family members being treated at the same time on different sites which could cause problems with supporting them. However, this is hopefully unlikely.		
92	I think accessibility is the main key in these new proposals, such as transportation, informational and also medical - providing a knowledgeable doctor who takes the patients concern into account when making decisions on examination and treatment.		
93	See above.		
94	All proposals where treatment is being centralised - travel times/arrangements. Concern over extended travel times for patient/family/friends, particularly when someone is unwell. Relying on public transport particularly at the start of the day/evenings/weekends does not sound great. Even in the middle of the day it does not sound great when it could be 2 or 3 buses and all the hanging around that entails. Paying for a taxi is expensive & if relying on friends/family/a neighbour, it is more awkward to ask them to double/triple/quadruple the journey time		
95	Providing value for money parking on site.		
96	No negative impact, however I think that there needs to be clear communication about which services are provided by which hospital		
97	As above		
98	-		
99	N/A		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
100	See above		
101	I can think of no negative effects of adding to or developing services unless such development diminishes the value already present.		
102	Travelling by car more likely to be required to get to more distant Gloucester hospital so Additional parking provision would help.		
103	No		
104	The answer for me and my wife would be to make consultations for all but time critical issues, available at Cheltenham even if subsequently any surgery had to take place in Gloucester		
105	Further to travel to Gloucester Royal for emergeny/trauma but if the care is better tht should be mitigated. Cheltenham is still available but not consultant led overnight, which is a concern for trauma admissions		
106	As far as possible try to maintain urgent/emergency/acute facilities at both sites while splitting care not in those categories into centres of excellence across the two sites		
107	It is important that free public transport is available for patients between the two hospitals, so that (for example) people living in Cheltenham are not financially disadvantaged by having to travel to GRH, if they do not have a car.		
108	YES! All the proposals. you are trying to reduce the service offered.		
109	Travel distances, free parking, access to other services		
110	Travelling to Cheltenham from the south end of gloucestershire is difficult.		
111	Biggest concern is travel for people like us with no car		
112	It is crucial that these proposals are considered in the context of affordability and proper epidemological prediction modelling (none of which is illustrated in the documents circulated to date. The biggest negative effect on me and mine is if these p[proposals are implemented properly and because the basic work has not been done or done poorly, in 5 years time we have to change everything again,		
113	Offer 2 centres of excellence for Acute Medicine		
114	A&E should have two sites not one		
115	Any service which compels patients to travel a significant distance gives a significant negative impact. It is not just the physical and financial inconvenience of organising travel to and from the hospital, there is also the significant negative psychological impact of the actual GRH site, which is noisy, confusing, over-crowded and uncomfortable. Every time I have visited the site, even as a visitor, I have left it feeling completely drained and unwell. I realise you are going to do the changes anyway as you have to cut costs and this consultation is a 'box ticking' exercise.		
116	Better parking facilities at CGH.		
117	No immediate impact but a potential long term negative impact.		
118	None. It is important that the spoke IGIS service at CGH is a proper service to properly resource urology and not just an ""add on"".		
119	we need a local type 1 A/E with elderly relatives it is an increased financial burden to travel across county. emergency general surgery as well as acute can be a matter of life & death & this added journey time has the potential to have a negative impact on survival. we have a right to LOCAL emergency treatment		
120	None		
121	No negative impact.		
122	none		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
123	Trying to find areas in Cheltenham hospital is not easy. Make sure you enter the building at the correct entrance, as finding your way inside the building is impossible.		
124	Not that I can see		
125	I can imagine transport for some patients families that need support might need to be considered. Parking access - is there sufficient to support these changes? Bus services?		
126	In all cases of treatment there is the question of transport but both hospitals have reasonable provision for access and parking (albeit at a fee which is a matter for separate discussion).		
127	Easier travel; more car parking spaces and lower charges for parking. Move to a paperless system so there is no need to transfer paper notes and images between sites - practical experience at both hospitals show lost notes are very common		
128	Try leadership and staff support for both units from one hospital. Sharing good practice teams can meet online.		
129	Parking a key issue Outpatient service provision at community hospital sites for pre and post care could off set some challenges. Or of course a virtual OP offering.		
130	I want access to as many things to continue at CGH as possible. this consultation seems to want to centralise as many things to GRH as possible and I'm against that e.g. moving the A&E away from CGH has not gone down well with local residents and our MP		
131	Longer way to travel for emergency services - could be too long		
132	We need to have centres of excellence I. Gloucestershire		
133	free travel on 99 bus between sites for patients with an appointment letter		
134	Logistics, ensuring that patients can access the site they need. Ensuring that care is not compromised by having specialisms at a particular site i.e. will there be enough Nurses, Doctors, Specialists to provide effective care under the models proposed or will it mean less capacity. Will the proposals be affected by inevitable budget cuts that will take place from now as a result of the economic decline for this country we are entering now. I am assuming the proposals were put together at a different point in time and wonder if the current economic climate and impact that this will have on costs (budget) and the health of the population means that the proposal has to be reviewed to ensure it is still fit for purpose.		
135	Any moves of existing heart, cancer treatment, colo-rectal and imaging facilities to a Gloucester Royal 'centre of excellence' is a retrograde step and a huge waste of funds already spent .... There should be a full and proper published and publicly available for review Cost Benefit analysis which includes in the model a true and comprehensive explanation of the previous expenditure and costs both current and capital at Cheltenham General. This previous expenditure and the proposed 'write off/downgrade' must be part of the costs.		
136	Open Cheltenham general with all services		
137	So far at 90 no negative feedback, but I'm glad I did not have to go to GRH for babies. its a long way and can take a long time. Ambulances when I have needed them have not usually taken too long, but I think a car service, where possible, with blue light supplied might be useful.		
138	It would negatively impact on me and my family if elective work was not done in Cheltenham as they would be a lack of beds in GRH		
139	Closing Cheltenham's A&E is a terrible mistake. For patients in the Cotswolds, Tewkesbury and surrounding areas - the time wasted going to GRH could literally mean life and death. I also do not believe that Gloucestershire Royal can cope with the numbers they would need to deal with at present. One A&E for a whole county is madness and is so transparently being considered to save money rather than lives.		
140	2 hospitals with all the resource based in 1, and so any centre of excellence in CGH will not be able to thrive.		
141	Nil		
142	na		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
143	Travel especially if you don't drive		
144	I don't see any negative effects		
145	The main problems we have for both hospitals and across all proposals are 1) parking 2) accessibility for older patients		
146	As long as you don’t try to close cgh a&e you will have my support.		
147	My wife has problems with her eyes and we both have hearing issues. We are able to access both services at Cheltenham within walking distance of our home. There are no references to the future location of either, presumably these will be covered in the next phase of planning?		
148	Relating to all centralisation proposals. I firmly believe that centralisation should only go ahead as and when a free transport service is available for patients and their families between the two sites. Only then will your objective of good accesability be achievable.		
149	None		
150	As above, it is distance to visit.		
151	I worry that as we rely on public transport we may not be able to travel easily between hospitals. We have already had to use taxi to do this - that proves expensive; and perhaps will lead to us not bothering		
152	As above		
153	Take a good look at gloucester and the way it is run. It has a reputation for a reason, myself being a patient it is a common subject that people do and will actively avoid Gloucester Royal hospital because it is a shambles with too many problems that never see the light of day		
154	IGIS, which affects not only local gloucestershire patients but also adding extra mileage for elderly wiltshire patients, with regards to vascular, although improving cardiac services to 24hours is an improvement		
155	Support the best option proposed by medics. Later question (Do you consider yourself to have ...) misses the ""Other"" options which I would have added ""Losing confidence in the NHS"" regrettably.		
156	None I can foresee		
157	I work in Vascular Surgery which has currently been moved to Gloucester Royal Hospital ""temporarily"" because of the Covid pandemic. I do not think this decision is likely to be reversed as I believe the Trust has been looking to move the service to Gloucestershire Royal and the pandemic has simply meant they could move the service earlier than planned and they have simply said it is ""temporary"" to stop any backlash. I do not think that the Trust will be able to limit this as the distance I travel to work if I am forced to move to Gloucester cannot be changed.		
158	None		
159	In emergencies the ambulance service often takes people from out locality to Warwick Hospital as it is quicker to reach		
160	Both Cheltenham and Gloucester are General hospitals, medical and surgical wards should be located within each hospital. Moving essential care like medicine and emergency surgery to GRH will obviously have a negative impact.		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
161	See next box My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
162	N/A		
163	Acute medicine and A&E needs to be fully supported in both hospitals. I have already detailed why.		
164	Don't specialist in only one place without considering and doing everything you can to alleviate the transport difficulties of patients and their family.l		
165	As above		
166	As above		
167	Finding ways to minimise the need to transfer patients between sites is important. Communication about any changes that are made and why they are necessary always helps		
168	Access if we are ill for any of the services is difficult if we can't drive because there is no public transport. It doesn't matter how good the services are, how good the consultants are or how nice the hospitals are, if you can't get to them. So it would be nice if there was a more consistent patient transport service. Not one that you constantly have to justify why you are using it. One where you aren't left sitting for hours wonder whether or not they are going to turn up.		
169	It is the high cost of IGIS that means it is necessary to concentrate this service in one hospital. If both hospitals could be equipped with similar IGIS then this would be perfect.		
170	None		
171	I cannot understand why it seems the Trust struggles with employing adequate staff for both hospitals. Gloucestershire is a beautiful county, more and more people are leaving cities and moving into the countryside, like the Cotswolds and Cheltenham is the home of the 'festivals' after all! So providing more staffing and investing in equipment etc should be a priority for both hospitals. Why do staff have to cover both sites? The two hospitals are separate sites and should continue to provide equal facilities because Gloucestershire is such a large growing county.		
172	No		
173	Please see answer to previous question, and if possible make all services available in all hospitals. If this is not possible, then there should be excellent hospital or volunteer transport which is suitable for individual patients with a variety of disabilities including severe allergies (I cannot travel in standard hospital transport or on public transport because of allergies to perfumed products from laundry detergent to standard toiletries.) This feedback relates to all the services.		
174	My family and I could be affected by long waiting lists, staff shortages, transport links, not being able to see a specialist consultant. This would be the negative impact.		
175	Time is of the essence in an emergency and lack of capacity with a growing population will lead to more queues of ambulances at GRH and patients on trolleys. Cheltenham has already lost the dedicated Battledown Children's Hospital, St Pauls Maternity and Delancey capacity. The changes in the Forest of Dean will also impact demand on GRH.		
176	All hospital services - whilst I am able to drive at present, for the future and for all patients a dependable public transport system becomes even more vital if these proposals are enacted.		
177	?24 transport links (99 bus useful but only mon-fri) between CGH and GRH. Cheaper parking if patient needs transfer from/to CGH/GRH.		
178	Its going to cause a lot of hardship and missed appointments		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
179	Progress must go on. 24/7 is important to deal with an ever increasing population - also 7 days a week for all services particularly rehab and back up.		
180	I am not sure how it could be achieved, but you do acknowledge that older patients may find it difficult to access an unfamiliar centre of excellence.		
181	Keep the A&E dept running properly in Cheltenham General.		
182	You should restore a proper accident and emergency department at CGH and not keep fudging the issue.		
183	See above re transport.		
184	Greater visibility and support given to people needing to claim travel expenses for hospital visits. Citizens Advice Stroud ran a campaign about this 3-4 years ago, surveying the hospitals and surgeries to see how visible the information was and how easy to claim. The procedure for making a claim and receiving payment was poor. Stressed relatives need immediate assistance. They should not have to wait a month to be reimbursed.		
185	if we do set up CofE then we need to maintain 24/7 coverage elsewhere via a core of specialists (maybe a little more junior with access to more senior experts via telepresence)		
186	It is noted that A&E in not part of this review. However, I support the retention of A&E departments at CGH and GRH. I also support the return of a full A&E at CGH because I don’t believe that GRH has the facilities to cope with providing the services which a reduced facility at CGH requires them to do.		
187	Senior management should listen much more to the views of ALL its frontline staff and not merely those of some of its most Senior Consultants. The Hospital cannot deliver excellent healthcare, regardless of how well equipped its 'Centres of Excellence' are without the goodwill and dedication of all of its staff. It is quite clear the failure to involve frontline staff sufficiently in developing services is undermining morale. There appears to be widespread distrust of senior management among staff and a sense of grudging resignation to having reorganisations imposed on them in a heavy-handed 'top-down' way.		
188	Possibly		
189	I am worried that the aim to be more efficient to reduce waiting times and free up beds will lead to hasty treatment and rushing patients out of the hospital without proper care or after-care treatment. I felt disappointed with a few aspects of the service I received		
190	Recruit more staff to enable you to operate both hospitals as has been the case for the past 30years.		
191	n/a		
192	no negative impact		
193	all services other than super-specialist ones need to be mirrored at CGH		
194	Improved communication and access to medical records. Improved access to staffing by having a centre of excellence. Make sure you have the necessary resources in place. Open up the options to make contact.		
195	We live only 12 min walk from CGH, therefore the centres of excellence in Gloucester will be less accessible. Not having access to 24 hour A&E is a downside for us.		
196	None that come to mind		
197	Parking issues		
198	If there is only one centre of excellence will parking be not adversely affected		
		answered	198
		skipped	426

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).

		Response Percent	Response Total
1	Open-Ended Question	100.00%	113

1	yes centres of excellence in both hospitals
2	split the clinics between both sites at different times or weeks but keep the specialities at both. Re-open A&E as a FULL setting and not as a nurse led one which will reduce the impact on GRH.
3	No.
4	no
5	No. Those providing them will know what alternative proposals are best.
6	Gloucestershire would be better served by ambitious plans for a new hospital between Gloucester and Cheltenham along the M5 corridor. This would solve most of the trust's problems.
7	I think that all Upper GI surgery emergency and planned should take place at GRH and all lower GI surgery at CGH so they are kept separate.
8	Move all elective major lower and upper GI, plus vascular, to Cheltenham and ensure adequate resident surgical support.
9	I think all elective services where possible should be on a separate site to the acute patients to avoid cancellations and protect them during the pandemic. ALL upper and lower GI surgery and vascular and interventional surgery should be moved to CGH.
10	The trust used to provide fantastic care that I have seen deteriorate over time with the changes and ""streamlining"" of services. Patients often need a combination of services to meet their needs and not having them on both sites impacts on our capacity to provide good holistic care.
11	As mentioned previously I think the services should be in both hospitals, don't see why the staff cannot be shared between the hospitals or more staff if required - if I was running the hospitals I would make it far more efficient that it currently is, I think there is a lot of money wasted in services the hospitals have to pay for, I would be obtaining them cheaper and would not waste items that have to be thrown away from a packet that 1 item has been removed. It is ridiculous and wastes so much money, it can all be sterilised and then money saved on these things could help with the services
12	Keep emergency care/ acute medical on both sites. Share planned care with Bristol and Oxford. Rotate staff between hospitals/ secondments to generate the requisite culture of flexibility in planned care, with the savings and increased efficiency used to fund emergency care in both local sites.
13	Don't fix what isn't broken.
14	Open A&E fully to cover both Gloucester and Cheltenham
15	Both EDs open and Acute medical take shared across both sites.
16	My suggestion is you continue to support BOTH hospitals and ensure excellence in both - the population is simply too great for either hospital to be the sole service provider.
17	stop hiding behind lies and tell people the truth re closing a and in Cheltenham
18	reinstate the services previously supplied by Cheltenham. local opinion is not being considered at all. Cheltenham needs an acute care ward and a and e
19	reinstate a and e Cheltenham, don't fob us off as a downgraded service that then has to push emergencies to grh in ambulances.
20	we need to be told the truth and they need to stop hiding behind the lies they are telling us. its completely ruined staff morale and staff are not enjoying work.
21	Cheltenham needs an amu.

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).			
		Response Percent	**Response Total**
22	Nil.		
23	I heard an interview with the president of the Royal college of surgeons this morning clearly explaining how he feels the NHS should be re-structured to have emergency hospitals, and elective hospitals - meaning fewer cancellations of elective cases, and best care for all. We have this opportunity to deliver this		
24	It has been found that management have not been honest with informing staff about changes		
25	Can any of these services be done away from the two main hospitals, to make parking and other access easier, and use the two hospital spaces better for essential healthcare?		
26	yes, all emergencies to GRH urology and ophthalmology included (paediatrics)		
27	N/A		
28	no		
29	Nothing is mentioned about ERCP. This is part of GI service. It should be in CGH as a part of the entire circle. It is limited at the moment to two half days a week. It should be at least on a 5-day basis (every morning let`s say). There must be an ERCP centre. It could play a big role as a Centre of Excellence for training within the UK if the consultants think that they are able to develop it in this way. If not, then our patients will benefit at least from centre like this.		
30	We need to keep the blood monitoring service at Cirencester Hospital, even Cheltenham is too far away. If you need a frequent test it would be impossible to do this if you do not have your own transport.		
31	A new build fit for purpose and fit for the 21st century with bus/road and rail links between the two major sites		
32	Joint venture with Great Western Swindon for those living on The Cotswolds		
33	As before, the answer to all the questions is to provide a new hospital for Cheltenham designed to provide the location for all the latest developments in 21st century health care		
34	regarding appointments I really wants to appreciate the services		
35	CGH ED department needs to reopen so that the pressure is taken off GRH and CGH has their Acute Care wards open again. GRH cant cope with the whole county.		
36	To improve the health outcomes its better that there are all specialities like medical, surgical and orthopaedics, elderly care in both the hospitals as the hospitals are located in 2 towns surrounded by a growing population around them than few years ago.. This can improve the provision of care facilities to all the population equally and in an excellent way reducing the stress and pressure.		
37	No		
38	No		
39	see previous comments		
40	N/A		
41	Bring Cheltenhams A&E back		
42	The size and geographical location of Gloucestershire warrants two fully functioning hospitals.		
43	Build brand new hospital at J11 of M5 next to the Airport to serve the whole of Gloucestershire.		
44	Both CGH and GRH need 24/7 type-1 consultant-led A&E services to support their growing communities. Anything less is totally unacceptable. GRH clearly cannot cope.		
45	Close both existing sites and build new Gloucestershire central hospital at a more accessible location, e.g. by Staverton airport. More scope for providing CoE departments, whilst being accessible to more people - including out-of-area opportunities. Old sites could be sold for offsetting capital cost.		

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).		
	Response Percent	**Response Total**

46	There is insufficient reference here to supporting patients at home, rather than admitting them to hospital. There is insufficient reference to the interface with social care services, and therefore to supporting clearing the back door of the hospitals.
47	Open A&E in CGH and pay the staff more so they don't leave. Maternity in CGH could have at least one consultant for safety
48	No
49	no
50	Keep 24 hour consultant led A&E at CGH.
51	I feel that the centre of excellence approach is the way to go. I don't have a strong opinion as to which services should be provided by which hospital - it depends on the current strengths of each team in the hospitals I think.
52	No
53	On occasion I have come across some silo issues where, for example, such provision as physiotherapy is not always referenced in relation to other clinics where a natural connection seems relatively low prioritys obvious. This could be achieved through the GP intermediary or by direct referral within a hospital.
54	No your proposals are well thought through and you know the business needs better than I do. I feel confident you will have used best endeavours to get it right.
55	whatever is decided should be very clearly communicated as it is rather confusing at the moment
56	To be ""Fit for the future"" try to repair the damage that has been afflicted to the NHS over recent years. Stop putting operations out to private companies. Work on restoring services which have been cut, reduce waiting times. Put NHS money into the NHS and NOT into private companies
57	no.
58	My general comments previously in this document all refer - I do not have alternative suggestions as I do not have the necessary information to propose anything sensible at this time. This consultation is most encouraging (and one of the better engagements I have seen) but is still very short on decent fact and analysis which presumably has been done somewhere.
59	Reducing costs and providing a good service to all patients do not go hand in hand. You have already done your 'cost / benefit' analysis and decided what you are going to do, so even if I had sufficient knowledge of hospital processes to offer suggestions it would be a waste of time.
60	No.
61	CGH has an oncology centre of excellence therefore it makes sense to collaborate this first class service with colorectal/gynae/urology on the same site to make this a world class service. put CGH on the map ! expertise can then be developed with training and services offered. patient care will improve
62	Whilst I understand that this is politically sensitive I am really struggling with the provision of an ED at Cheltenham, this should be a minor injury unit 24/7 end of.
63	Other than knock both GRH and Cheltenham down, sell the land and build a new Southmead like hospital somewhere between the two. Probably not practical financially though
64	no
65	Are there options for co-operating with neighbouring Trusts, Hospital groups etc? Depending on the level of cases there could be opportunities for cross-border (whatever those borders may be) co-operation.
66	Keep all acute services in one hub. Elective services in another hub. It simplifies things

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).		Response Percent	Response Total
67	Assessment should be done by an expert in hospital. The amount of staff appointed could be the answer. One person travelling is better that ten patients.		
68	Try to make centres of excellence at both sites where possible		
69	No, if the statistics show that this model will provide better clinical outcomes, less waiting times, joint working and attraction/retention of the right staff, then I do not have another model to suggest.		
70	""""developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet)."""" This just means that the one's who shout loudest are listened too the most..........It also assumes the the voices from the deemed 'stakeholders' [NHS chosen or invited!!] are the truly interested parties. Most of us are too busy in our everyday lives to give up time to be part of this stakeholder echo chamber.		
71	I think most of possible suggestions seem very sensible, but perhaps more use could be made of voluntary services (stopping blood flow from nasty cuts or wounds where the nearest A&E is not very near and it is closed). Dealing wit fits in children, concussion (small blows to the head). 999 is excellent but Gloucestershire is a big county and the borders far from the centre. Surely we should have a service that can take us to the nearest centre for help and rely on zoom for specialism?		
72	.		
73	The provision of temporary accommodation for vascular services, provided at GRH during phase 2 of COVID19 is severely lacking. It does not provide essential facilities for patients or staff. Moving from a ward at CGH which is ideal for this group of patients into an area which falls well below the normal standards, will have a devastating effect on patient outcomes and staff moral. If this experience is a sign of how it will be in the future, I would suggest that you will not be providing a centre of excellence for this group of patients. If however it is in ,the plans to create a ward environment which is similar in layout to Guiting ward at CGH which is close to Vascular laboratory, I would not be so concerned		
74	Both estates are too old and the sites are not of appropriate size to support an urgent and elective site - we should not be throwing more money away on them. A new combined hospital should have been built years ago. Neither is fit for purpose.		
75	na		
76	It would be good to have some services in either the forest or the Cotswolds as people travel long distances to get treatment		
77	I don't current suggestions		
78	Staff could be made more fully aware of resources at local hopsitals such as dilke, Lydney, Tewkesbury, Stroud, etc Many staff in Gloucester and Cheltenham do not know that x ray services are available at both Lydney and Dilke		
79	Could make cgh the vascular centre.		
80	No suggestions - the proposals seem to make sense		
81	Re-instate a fully functioning A&E service at CGH.		
82	Pages 12 to 69 - your thinking and planning and stats and experiences and practicalities and timescales and costs seem daunting, but are clearly essential and within your skills. However, I don't feel competent to judge the options except for showing an obvious personal preference for necessary services being available at Cheltenham or Bourton, rather than Gloucester or Moreton, to avoid extra travel and time and costs and stress.		

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).			
		Response Percent	**Response Total**
83	Fully supportive of the changes planned, as timing will be improved and better staffing.		
84	No		
85	Extra hospital in FOD used by visiting team		
86	None		
87	Use precious structure and perhaps have a rotational table for specialties on an axel bases to offer variety of care over standard time frames		
88	No		
89	Specialties need to stay in the same hospital. Orthopaedic need to all be in one hospital. Vascular needs to all be in one hospital where they can get treatments etc		
90	My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
91	I am a civil servant so I recognise the phrases used here - which don't really mean anything. How can you have a new modern hospital in CGH? It's an old maybe listed building. It all sounds really good but basically it's a money saving scheme. Charge people who come into A&E when it isn't an emergency. You have to pay to call an ambulance to your home or your insurance pays when called to a road accident.		
92	You need to cover more about how the elderly are catered for in acute medicine and a&e. Also what happens when services/surgery/beds are not available. Also the impact on ambulance transfers and wait times for ambulances. How will the services/surgery/beds be allocated from cheltenham? You could move a patient to gloucester to find there was no capacity?		
93	New hospital that would be fit for the future with our expanding population. We deserve it!!		
94	If you wish to attract the best Clinicians, Consultants, Doctors and medical staff, it is necessary to provide the best environment, and the best equipment. There are many negative reasons for Consultants / Doctors and patients having to travel to use specialist equipment in say, Birmingham or Bristol. Time and money is wasted. We must provide all services in our two excellent hospitals.		
95	the trust may wish to consider the potential benefits of working with Hereford and Worcester to optimise service provision, availability and delivery (use all available resources and staff all of the time) and thereby minimise patient waiting times in the three counties area.		
96	It is vital to maintain access to care to patients across the whole county of Gloucestershire, so our alternative suggestion is that all services should be available in all hospitals.		
97	No		
98	No		
99	Gloucestershire Royal has major problems, very poor booking system, staff morale. Sorry to say but patient experience has over years been negative.		
100	Quality - travel times may influence this - delays in transfer can be critical Access - as above - patient choice used to be primary concern, but less so now. 24 hour access is important. Not everyone has a car or access to one. Deliverability - need clarity on proposals and times for implementation Workforce - joined up working essential. Staff stress must be minimised. Staff travel times should be minimal. Development for staff essential - colleges will be watching training.		
101	Centralise all at Gloucester Royal Hospital. The hospital for Gloucestershire		

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).		Response Percent	Response Total
102	Help! As a sometime retired physiotherapist in the NHS I have been out too long to justify comment. I think 24/7, 7 day a week is important, people have problems 7/7 not 5/7 - this possibly goes beyond your remit. I was very glad recently to see doctors from the max-fac department as some ungodly hour on a Sunday morning (CGH).		
103	This is an impossible question. No ordinary working person has the time to analyse endless pages and documents developed over several years.		
104	In general I would ask you to consider that when a patient is the subject of care between department, that a single point of contact be established between the departments. I think this would be even more important if the departments are on different sites.		
105	A covering team at each hospital with more senior staff visit each site to under take teaching etc but always being available for support/advice via telepresence or VR		
106	Recognising the need for change, the proposals for Gastro-intestinal Surgery contained in what was Option 4 should be fully worked up into a proposal, in preference to Option 2 which is what the Hospital Trust appears to have adopted in opposition to the majority of the Consultants involved and GiRFT advice.		
107	Build a state of the art hospital in the Forest of Dean at Five Acres which is for sale. Traveling to Glos and Chelt is traumatic, worrying and time consuming for older people who are suffering because of you decisions. We travel 4 or 5 times a year to Glos and Chelt so we know how terrible the journeys are at a time when we are ill and anxious.		
108	ensure each patient sees a consultant on their first occasion and gets ultrasound etc in the hospital closest to their home ie Gloucester people in GRH etc. Email appointment letters to people. Its faster and saves on postage. It also reduces the number of telephone calls coming in. If you offer email as a way to communicate ensure NHS staff have the ability to email the patient back		
109	no		
110	I live in Moreton, We have a fine new hospital building which is woefully underused, Yet I am invited to travel to Gloucester for a routine exam, The NHS needs to resolve service delivery issues of this kind, preferably before the new forest of dean hospital opens, for the same problems will arise there. The general impression given in this survey is that services will be organised for the convenience of patients who will usually be sick or indisposed.		
111	Training hospital again - start with one centre of excellence. Proposal is excellent to move into the modern world - make sure you have the technology to support this and the staff to support this. Efficiency of resources is a concern. Waiting times should improve with these proposals. Measure of improvement.		
112	My alternative suggestion rather than wasting money on expensive surveys like this is to have ONE hospital, between Cheltenham and Gloucester, which could then be available for both. The overall saving to the NHS would after the initial expense, be enormous. I believe the only reason this has not already happened is the ridiculous failure by the two relevant local authorities to agree on a site.		
113	None		
		answered	113
		skipped	511

Anything else you would like to say?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	187

1	Good quality consultation materials and great glossary.
2	This is the wrong time, please spend the funds on dramatically improving A&E / Trauma and on building public trust in our local health services.
3	There are services eg haematology that are split site and struggling because of the inefficiency this causes. Would be good to see haem si flew sote at CGH
4	No.
5	I don't understand why we have to keep both EDs open. What matters is what happens once patients arrive and to deliver the service I would expect, would mean concentrating emergency staff expertise. I don't live in C or G so have no emotional attitude to either department but I do expect one fully staffed centre of ED expertise somewhere in the middle of the county.
6	It makes sense to look at the service provision in this way.
7	This should have been done years ago. Having doctors and staff working across two sites is inefficient and detrimental to patient care . Ideally we should have one hospital at Staverrton !!!!
8	Invest in your nursing staff as you do with every other professional group. Pay them more and develop their skills. This is the only way you will be seriously considered as addressing the recruitment and retention crisis.
9	Gastroenterology ward should be moved back to GRH.
10	We are approaching a winter crisis, and the move of all of ED, acute medicine, acute surgery and vascular to an already overstretched site in GRH in the height of a pandemic without a significant shift of major services back to CGH is posing a significant and immediate risk to patient safety.
11	Don't think so
12	My hope would be that by making these changes the local service will be made better and the cancelling of planned procedures is significantly reduced.
13	-
14	Management have no clue how the services are run and what is best for the Gloucestershire pts.
15	The major elective centre at CGH away from the pressures of the emergency takes seems like a no-brainer. I don't know why it is being approached so cautiously. Why not move major head and neck resections, upper GI resections etc. I think too much weight is put on the inertia of clinicians who do not want to change. The Trust needs to be stronger in terms of telling people where they will work in future. Short term unhappiness for long term gain.
16	I am very disappointed that you are offering a false premise ie. do you want excellence if so this must be at one hospital. We have already suffered greatly by the reduced services in Cheltenham. My husbands appts have been haphazard since services for Linc have been moved to Glos. I have been in A & E in Glos with 2 relatives recently we waited extensively for assistance and the hospital was clearly overwhelmed by the demand.
17	How any of this helps patient flow and integration with primary care is poorly explained.
18	I fully understand the publics desire to be able to access all services that they require as close to their home as possible, and therefore the negative public/ local MP perception of the trusts plans to separate services across the two site. However, as a clinician I feel that these parties should really be made aware of the limited resources (both personal and capital estates) that we have to fulfil this objective across two sites. If the public and politicians of Gloucestershire truly want to access an exemplary standard of clinical care and research within the county then they should fully support the trusts current proposals which will begin the process of enabling us to do this and are, in my view, long overdue.
19	Trying to maintain two hospitals with duplicate services so close together makes no sense in any regard. This is the best compromise that I have heard suggested for a very long time

Anything else you would like to say?

		Response Percent	Response Total
20	patient safety is being compromised daily already, let alone letting this carry on further. nursing morale is at rock bottom.		
21	stop trying to deceive everyone and be up front with the plans. this effects people livelihood and health. stop treating nurses as if we don't matter by moving us all pillar to post.		
22	the Gloucestershire nhs service needs to at least attempt to show some honesty and integrity when dealing with the public and its staff. do not treat us as though we are fools.		
23	we need to be told the truth and be kept in the loop more. the patients are also taking the brunt from staff because of these moves		
24	stop using covid as an excuse to flatline emergency services at Cheltenham. treat staff with more respect, our opinions and skills as professionals are repeatedly ignored by trust management. stop shipping patients who are unwell between two sites, this is unsafe and immoral. the only ones being shipped about are those with lower capacity, confusion and complex needs. disgraceful. I support reinstating amu at Cheltenham to stop this nonsense.		
25	Although it has been stated that staff have been consulted I wonder whether it has been at managerial level rather than at patient facing level? Often the feedback with consultation processes is staff feel like the right people have not been involved and therefore they have not truly had the opportunity to feedback their opinions on the process. Ultimately, the majority of staff working in the acute setting will always want to accept change if the end result is better patient care and staff experience.		
26	I believe that management have wanted to close Cheltenham ED for many years and have used Covid as an opportunity to do exactly that		
27	I live in Cheltenham and find it easier to travel to work to CGH but am not opposed to travelling to GRH but the 99 bus service could help if the times of the buses fit the shifts of staff.		
28	Bring cardiology together in GRH, with the space and resource for us to really enhance our services to the population of Gloucestershire, and then we could create a centre of excellence for cardiology. It is incredibly difficult to do this effectively being split not only across two sites, but also within those sites.		
29	I hope that you are going to see the picture in different levels, i.e. locally, nationally and internationally.		
30	Just get on with it.		
31	Get Cirencester and Tetbury hospitals better integrated into the services provided for patients		
32	With the reconfigurations proposed moving the surgical and medical takes to GRH there is then no safe way to run an ED in CGH. I strongly feel we would be lying to the public if we pretend that an ED can function in CGH without the supporting inpatient services behind it. It seems illogical to discuss these reconfigurations without factoring in the impact on the ED.		
33	don't put all of the eggs in one basket. PFI is very costly to taxpayers, but appreciate sometimes its the only way.		
34	Just think more about travel access, parking facilities and best of all getting appointments and blood tests done promptly. The Cotswolds is treated as a backwater by Glos NHS		
35	CGH has theatres and surgical wards that aren't being used for that purpose. GRH is struggling to keep up with the demand. Why not make use of CGH and bring some of the surgical demand over?		
36	I have responded to a number of surveys such as this over the years and none of them appears to have resulted in any changes being made.Hopefully this one will result in some positive action		
37	I think that the change in how the trust operates (more acute beds at GRH)could have a detrimental effect on communities in the north and east of the county. I genuinely believe that resource should be spread to support all communities to access all resources at convenience. The time and effort should be spent instead of solving the issue of people attempting to access incorrect services. We all know that personal responsibility of people in the community accessing healthcare is the key area that would have the largest impact on operational streamlining for the trust. Don't reinvent the wheel by moving departments for convenience.		
38	overall good		

Anything else you would like to say?

		Response Percent	Response Total
39	please ignore the people of cheltenham who are biased against Gloucester and who shout the loudest. this would be a good opportunity to also increase health equality in the county.		
40	The excellence is achieved only if the right treatment is available at the right time. due to long waiting this is badly lapsed currently. From the media coverage the Gloucester hospital ED is overwhelming and very poor in meeting the 'excellence'. If this is the scene in the front door all could imagine how pathetic the other areas could be.		
41	does a centre of excellence include evoked potential testing with some of the orthpaedic surgeries?		
42	I think most people would like to point out that even though it states CGH will re-open - it is easy to see that GRH just cannot cope with the amount of people in Gloucestershire. I know ED is not on this questionnaire but it needs to be taken into consideration with regards to where everything is to be situated.		
43	It seems a well thought out plan		
44	No		
45	I think we should bring cardiology together in one place rather than splitting across sites and within both sites. Continuity and effective teamwork is hampered by the current situation. OK for elective work in labs in CGH, but we should all really be together.		
46	Please consider the elderly and vulnerable who have to use public transport to make visits to a further hospital. Will public transport be improved? Will more hospital transport be accessible to those who need it?		
47	To save money on postage go back to the old system of pencil and a diary for appointments I am an ex NHS employee in Bath Royal united hospital and GRH and CGH and Standish. The old saying is with the NHS If it works - Change it		
48	Cheltenham need a A&E		
49	Why are there not adequate children's services in the area? My daughter was transferred to Bristol for endoscopy and gastric surgery despite Gloucester having the services necessary.		
50	Just ensure that the investment needed to provide these changes properly and not half hearted is there for all services involved including those that are sometimes overlooked. There is no point picking a service up and moving it to one side of the county or other if you don't use this opportunity to actually improve it.		
51	Would like Pathology to be taken into account with these decisions - especially Blood Transfusion as we are having to do an increasing amount of work overnight yet have no funding for extra staff! 1 person that covers the whole hospital at GRH in particular is dangerous.		
52	Thank you for putting Gastroenterology in the spotlight!		
53	This is a very ambivalent survey. I am sure not many people will bother to complete it fully I read the lengthy booklet and after looking at the various rather repetitive questions I imagine many people will give up. This I think is what you want. You have intentions and ideas to carry out and I don't believe as a member of this community our opinions matter at all.		
54	im disgusted as a member of the public for what hospitals will do for myself and children and ashamed I work in them now		
55	Downgrading the blood testing service at Cirencester impacts heavily on local residents		
56	Centres of Excellence is really good but only if they are really separated - emergencies in Gloucester and all planned in Cheltenham		
57	I would like to see a very positive statement, and concrete proposals for the better care of patients presenting with mental health problems in ED. This has been a long ongoing concern, how will Fit for the Future ensure that mental health is given proper consideration?		

Anything else you would like to say?			
		Response Percent	Response Total
58	It is completely cynical to perform this type of public consultation during a ""once in a century"" global pandemic. By proceeding with this the NHS trust are showing utter contempt for the communities they serve. These proposals and this consultation should be put on hold until Covid-19 restrictions have been lifted by central government.		
59	I support the local people living in Cheltenham. It's a wonderful Hospital but does need some money spent on it to use the space it already has. Some wards are closed due to building collapsing.		
60	No		
61	Build a new County Hospital between Gloucester and Cheltenham, or focus development on the Gloucester site. Improve access (sheltered pedestrian links) to Gloucester rail and bus stations.		
62	Cary on with the plans.		
63	Whatever you do, do it well. Avoid letting politicians, who are only interested in the next election and showing that they can get things done on the cheap, get too involved. I realise that they hold the purse-strings, but don't let it just be about money. The USA really DO NOT have it right.		
64	no		
65	Can a hospital have a true A and E without the back up of eg general surgery vascular surgery Acute medicine etc		
66	Yes. Use some common sense, for goodness sake.		
67	It would be good to see more localised services. Smaller hospitals such as Cirencester and Tetbury should be used to enable patients receiving regular care to avoid having to make regular long journeys especially through the winter. Even one or two e.g. dialysis bays in a day hospital like Tetbury would reduce the exposure of vulnerable patients to the risks of travel and exposure to other diseases.		
68	I haven't the experience to comment on most of this questionnaire.		
69	I believe NHS purchasing has room to improve and gain expertise from elsewhere. I also believe that there is opportunity to improve efficiency. I have witnessed nurses spending more time walking around than actually providing care.		
70	Even your summary document is far too full and obfuscating! I'd like an honest and clear comparison between services as they were before COVID and as they would be under your preferred proposals, with an indication on the impact in time and accessibility for patients in the various parts of the county.		
71	Just a point about competition between services. Central Government, in particular the Minister for Health and Social Welfare, has repeatedly affirmed that the BHS has remained open for non-COVID health provision. This is nor strictly the case. For example, prior to the first phase of the pandemic I attended the BOTOX Clinic every 10 weeks. At the peak of the pandemic it was understandable that out-patient services should be a relatively low priority. However, eight months on my condition has worsened and when I receive the promised appointment I suspect that treatment will have to be re-assessed and possibly extended to achieve some parity with the positive outcomes achieved over many years of treatment . This must also be the case where there are other conflicts even during normal times. I am fully supportive of the need for centres of excellence but I would want to be reassured that other services are not reduced in terms of financial and staff resources in order to accommodate them.		
72	No		
73	No		
74	thank you for inviting comment. I do hope that patients views are taken into account if trends emerge and that this not just a ""going through the motions"" exercise		
75	I cannot thank the NHS enough in Gloucestershire for all your brilliant ideas and work.		

Anything else you would like to say?

		Response Percent	Response Total
76	The geographical disadvantage of one site over the other is usually overstated. We would all like things based as close to home as possible, but unless resident in Gloucester City or Cheltenham it actually makes very little difference to most people to site they need to travel. Using public transport is more complicated from rural areas, but the shuttle bus largely overcomes that issue for outpatients and visiting.		
77	The NHS was a great organisation. Over the years it has slowly been destroyed. One great problem is with the GP service. If effectively stops patients from accessing the main NHS services. It is almost impossible to get to see a GP. An example - In November 2019 I had a fall. I damaged my arm. A shard of metal punctured the arm to quite a depth. The arm from elbow to palm of hand went blue and remained blue for weeks. A huge swelling erupted at the puncture point. It was impossible to see my GP. By late December the arm was still swollen and bruised. I was concerned with Christmas upon me. I live alone. I phone 111 I was referred to see my GP the following day. When I entered the GP surgery the first words from GP were I don't usually see people who just walk in off the street. Obviously the GP service is NOT there for older people. The telephone 111 service is a farce. Please don't talk about centre of excellence and fit for the future. Just restore the NHS to a functioning system now The whole of your document has annoyed me. you say that you are attempting to provide centre of excellence while what you are doing is actually trying to whittle away even more of the flesh from the skeleton of the NHS which was a great organisation but which is now a shadow of what it once was. The hospital work is good still once one can get past the deliberate obstacle of the local GP. I have already mentioned the case of my GP who said "" I don't usually see people who walk in off the street"" when I had been referred by 111 service. The episode convinced me that the NHS is simply not there for older people. Please stop trying to fool me into thinking that you are trying to offer centre of excellence Long before that event I went to the GP reception as I have done in the past, to ask for an appointment. The receptionist who is obviously there to protect the doctors from seeing patients, told me that the system had changed. I had to go home and telephone for an appointment. I pointed out that I was there, talking face to face to her so why not organise an appointment. I simply wanted a routine appointment because I was concerned about a long term health issue I have. The receptionist then became aggressive and told me to go home and phone for an appointment. I returned home and phoned the surgery. The line was engaged. I tried to phone many times. The line was always engaged. Making an appointment is now virtually impossible. I presume that your aim is to force people who can afford to, to opt for private treatment. Pleased do not try to disguise your actions as creating centres of excellence The other possible method of getting medical attention is via the A&E. It is a last resort. When I badly damaged my arm I did not bother the A&E system. I would not abuse such a service. However other people who are desperate for treatment have used A&E. You have tried to counter that by removing the A&E from Cheltenham hospital. A lot of public pressure prevented that move completely but you ask about centres of excellence. It is in my opinion impudence on your part. I have health issues. I am elderly and live alone. If I get covid it will no doubt kill me, but I have determined that I will not even try to contact my GP. you so obviously intent on destroying the NHS as it stands. The government says it will be free at the point of delivery and so you are ensuring that there is no point of delivery. I do remember times before the NHS. What a disagree that we are returning to such times again. Centres of excellence RUBBISH		
78	Living in the Stroud area means that either Cheltenham or Gloucester are equally accessible (or not) for treatment or visiting. I feel it is important that specialisms are concentrated where they can best be delivered effectively and efficiently.		
79	whatever the experts in the NHS think I would be supportive of.		
80	See comments above.		
81	Please keep to your word about reversion to prev Covid A and E at Cheltenham.		
82	From recent experiences in the past two months and two days. Cheltenham A&E open 24hrs. Gloucester A&E was EXACTLY as shown on TV on Wednesday. Wait outside on an ambulance followed by wait inside in the corridor. We understand that you state there are no proposals to close Cheltenham A&E, yet you have! It is currently a minor injuries unit. Sorry, don't believe you.		
83	What consideration has been given to accessing these locations both by public transport and by car? Parking at both sites is difficult and iniquitously expensive.		

Anything else you would like to say?		Response Percent	Response Total
84	These are excellent consultation proposals but miss one very important heading - THE CUSTOMER CARE EXPERIENCE. Visits to both major hospitals are still very poor experiences. Everyone does their best with awful facilities and it's time we moved from a 1958 experience to 2020		
85	I am extremely dissatisfied that there is not a department at CGH which specialises in treating children. When my grandson was 6 years old he fell at school and received a large gash to his forehead which needed stitching. I was told I would have to get him to GRH because it could not be dealt with at CGH. I had to drive him over the Golden Valley by-pass, in the rush-hour, in the pouring rain, trying to keep him from falling asleep on the journey because I was concerned about possible concussion. He was kept at GRH for 6 hours without being treated then sent home overnight and told to come back the next day for the stitches. An injured child should not have to undergo such a lengthy and hazardous journey or be left so long without proper treatment. Fortunately I had a car and sufficient petrol to get to Gloucester, but if I hadn't how would I have got him there, with his head cut open, by bus?		
86	No.		
87	It		
88	I am very concerned about the closing down of some services at Cirencester Hospital. The town is about to expand by about 30% with the Bathurst development at Chesterton. The hospital (which is excellent) should be expanding for the future, not declining. The climate change agenda requires us to have less reliance on car transport. For many the only realistic way to get to Gloucester or Cheltenham Hospitals is to drive. With a town population of around 20,000 (probably 27,000 with the new development) and with many surrounding villages, it seems to make more sense to develop local services better in Cirencester.		
89	Access to local facilities is important as I live in Tetbury. However, for specialist care i am prepared to travel further a field to Gloucester, Cheltenham and Oxford.		
90	Both Cheltenham and Gloucester hospitals are quite old and have grown in a piecemeal fashion with inefficient layouts. I can see the point of centralising specialist units. I think the only long term solution is to build a new hospital half way in between and then sell the existing sites which are close to city centres. The pressure should be put on the government and not to ask the public to accept dwindling local services.		
91	The proposals all seem excellent and recognise the realities of the problems fully staffing and offering all services at 2 DGHs which are only 10 miles apart.. It is not a problem to have to travel relatively short distances to access the best care. Tribal allegiances to GRH or CGH have gone on for far too long and obstructive practices by both clinicians, the general public and local politicians have delayed what has been obvious for far too long (at least to me in the 30 years I have lived and worked in the area).		
92	why oh why do this survey during a pandemic and why hasn't elective & emergency surgery been separated as per recommendations ?		
93	I understand and agree with your reasons for wanting to change things in these two big hospitals, but I would urge you to also consider our more rural hospitals (Cirencester, Stroud etc.) when it comes to where funds go. I would hate these to be underfunded at the expense of these changes.		
94	I support the changes as they will bring expertise and people together for the benefit of patients.		
95	Pure fluke heard about the consultation apparently running since late October. Leaflet only came with post on 2nd December. Good way of minimising responses		
96	no		

Anything else you would like to say?

		Response Percent	Response Total
97	I would be interested to know what consideration One Gloucestershire have given to inclusion in terms of practical access to the hospital sites e.g. public transport providers, charities with volunteer drivers, support groups in disadvantaged areas. Given the health inequalities which have been demonstrated through the Covid-19 situation, it is vital to me that these considerations are given a platform in any changes, else we risk worsening inequalities already present. As well as the patient, this can impact visitors, whose support can positively bolster outcomes for a patient. Also, there is no mention of the impact on ambulance services, but presumably there will be an impact in terms of transfers needed (not just when ambulance first called to patient, but also transfers between GRH and CGH) . Am wondering how this has been assessed? Thank you for appreciating the importance of having an A & E service in Cheltenham to local people, I am really pleased this is reflected in the plan.		
98	It is clear that the NHS cannot simply go on as before. How will these changes be monitored to see if they are successful? Who will monitor them and make any necessary adjustments if required, or indeed share best practice. In my lifetime I have seen many of the areas hospitals close or reduce their services, and I have not picked up on how all of this will impact the remaining hospitals in the area.		
99	For some people, the thought of travelling to GRH from Cheltenham (or, I imagine, CGH from Gloucester) would be a major consideration in the choice of whether to have treatment or not to have treatment. Travel to the ""wrong"" hospital is an extra journey for visitors by public transport and has led to my certain knowledge to some elderly patients having no visitors during their stay, with whatever psychological effect this has had on their recovery. The people likely to be reading this consultation and making decisions subsequently are likely to be those who think nothing of a few miles of distance on good, if busy, roads. Many, who are often less articulate or just more diffident find it a major obstacle.		
100	The priority is to optimise outcomes. IN my experience, working on two sites is ineffective and leads to worse outcomes for patients so there are two mediocre sites rather than one excellent one. The leadership needs to take the initiative to avoid local populations wanting to retain local services at the expense of quality - the NNHS has a poor record in this		
101	Good luck changing services is always a problem and change for this reason seems ridiculous		
102	Parking at both centres is problematic and public transport during Covid19 advised against		
103	My experience of being treated at CGH has been very positive. I am very supportive of its ongoing centrality to future plans		
104	The trust obviously has a plan for the medium/ longer term about how the 2 sites should be developed. Would be better to review theses current services within that wider context. I can only assume a hot cold site is the longer term plan. Overall will the trust be increasing its bed base with the significant housing development plans in place across Gloucestershire?		
105	Page 6 doesn't state what happens to ""Hyper Acute Stroke Unit and Acute Stroke"" under the preferred option. Page 23 does but is isn't clear if that include treating people with Acute Stroke cases.		
106	Thank you for the opportunity to participate		
107	I worry about the link and relationship between these proposals and GP services. GP services need to be as much a part of this as the hospitals and the hospitals cannot do this in isolation of community services. I can see part of the proposal is to enable more joined up working but this has to work in practice with collaboration and cooperation across the services. While I have experienced fantastic GP services in Gloucestershire (up to about 10 years ago). Unfortunately I have also experienced some poor GP service provision in Gloucestershire, which has deteriorated over the last 8 to 10 years. My biggest concern is that if the GP services are not joined up with these proposals, this will not be able to succeed.		
108	I live on my own so for me it is important that my nearest hospital covers all of my needs		
109	This appears to me to be yet another way to spend money to create 'something new' and the associated empire building both administratively and medically that goes with that. All proposals need to be matched to realistic assumptions of need and the first priority should be proper utilisation of existing resource. Acceptance of the waste of resource [both income and capital] appears to be a huge part of the default NHS model.		

Anything else you would like to say?

		Response Percent	Response Total
110	The provision of some tests possible available at Cheltenham but routinely carried out at GRH, does not seem to take into account the impact on elderly patients. For example my wife, aged 82 had her second cataract procedure at Cheltenham, where we live and she is pleased with the outcome. In preparation for the procedure, she was required to attend GRH for tests the day before. She assumed that these would be similar to those done previously and was prepared for a lengthy amount of time away from home. In fact the only test carried out was for Covid19 which surely could have been done at Cheltenham!		
111	I don't think 'Centres of Excellence' should be considered at present, and yet again my suspicion is that if it looks good from the outside - ie when the CCG walk round with the scent of paint in their nostrils - it doesn't matter that staff and patients are unhappy with the way things are.		
112	I support the need for patients that require surgery on the same day as admission to be done at one site. however not all urgent surgery is same day. I think the hospital at GRH would struggle to meet capacity/ demands if all Acute work was on GRH site.		
113	I have been watching this play out for years and too much time and negative energy has been spent which has hampered the development of all specialties in both hospitals. I am utterly fed up with it.		
114	Whatever decision is made, the correct and additional staff numbers must be allocated. You cannot simply move the patient workload (currently split over two sites with two teams) to one site with only that sites pre-existing team numbers. This will be a recipe for failure / disquiet. Working in a small speciality which centralised 10 or so years ago the benefits are huge for us		
115	no		
116	I find taking part in the survey stimulating and support the developments		
117	The assessments continually refer to the BAME and homeless community if Gloucester (some 32,000 quoted) as being a major criteria in deciding where the services will be located. There are over 600,000 people in Gloucestershire . Do you not think this is a case of ""the tail wagging the dog"" . I also believe that some of these changes are being brought in to cover up for poor management in the past. Surely better recruitment schemes and a decreased insistence on nurses being degree trained would improve day to day outcomes for most patients.		
118	Any improvements as to how patients are treated are welcome		
119	Have several times mentioned access by public transport. This is clearly not a clinical issue, but in the general context of availability of the best services for people reliant on public transport, it can make a huge difference. Facing cancer surgery and daily radiotherapy it was actually cheaper and easier for me to go to UCH in London than try to use buses and taxis from Stroud to Cheltenham. Yet Gloucester is easy and has been very good for other health needs		
120	Consider what minor injuries services etc could be made more easily available at GP surgeries. Even discounting the Covid effect, the GP is a bottleneck. Overall the treatment me and wife have received from CGH and GRH has been timely and very successful. Thanks to everyone.		
121	I am not a medic but my above preferences are based on the viability of CGH. Covid 19 has shown we need more hospitals without affecting ordinary services. GRH has better rail access but at times the hospital is overwhelmed. I do think that concentrating more services at GRH at the expense of CGH is a serious mistake. There must be equal allocation of services between GRH and CGH. CGH must be protected from closure. Cheltenham is a growing town and needs a viable hospital. so does Gloucestershire		
122	Any changes should be accompanied by improved information / communication to staff and public. Staff need to be aware of geography and travel difficulties for appointments to be as convenient as possible. Where as I believe a centre of excellence is essential - longer journeys for clients with children or frail adults will inevitably increase stress levels. With ambulances being tied up for longer transferring patients to the appropriate hospital. You speak of specialist doctors. Are experienced nurses willing to change work base from CGH to GRH		

Anything else you would like to say?

		Response Percent	Response Total
123	1) As someone whose wife died recently of cancer we found the oncology unit in Cheltenham an excellent facility. That is centralised not necessarily most conveniently to u living in Dursley area but very accessible. 2) Reduce waste by greater use of electronic mail and not sending out lots of letters. Sometimes 3 in same post. 3) We need to make greater use of excellent facilities in Dursley and Tetbury		
124	We are extremely fortunate to have two such good hospitals serving us.		
125	I find it really hard to comment sensibly since most the areas of medicine are not known to me or what is currently available. I don't feel competent.		
126	1. I was very concerned at the poor timing of this exercise. I received the 'Fit for the Future' flier in the post today (9/12/20) with consultation closing on 17/12/20. Although I was able to go online for some of the information there was insufficient time to get the 'Pre-consultation Business Case' and read it before the deadline.(Minimum 2 days for freepost card, 5 days including the weekend for a response, 3 days for parcel post and the deadline is past.) 2.		
127	Refreshing to see such an in depth review and consultation. How about integration of Social Services and the NHS next?		
128	As a moderately fit 90 yo, male living in the eastern part of the county, I have sadly needed a range of your services, and have been well served - but have often felt that health education and preventative measures and self help situations should be stronger, from cradle onwards, for the whole nation. Individually. How else can the nation and it Health Service survive the decades?		
129	Maybe it is my age? It took a long time to read and digest mentally the information in the Fit for the Future book. I would prefer excellence in all hospitals with adequate staff - well paid and well trained. It would seem that the changes are needed for inpatient care. However, small local hospitals like The Vale at Dursley are most needed for being specialists in maintaining health especially the elderly. Travelling 6 miles is much preferable than 26 miles especially if you cannot use a car!		
130	No. A future proof plan for reduced waiting times, reduced hospital stay, access to cutting edge skills and equipment along with optimal training of junior staff and attracting the best must be a positive move.		
131	Inappropriate and dangerous hospital discharges happen regularly, particularly at GRH. I hope these changes will help reduce these. Mental health support is very poor, particularly in GRH, I hope the cost and staff savings can be used to provide better mental health support for patients with mental ill health.		
132	No		
133	Having experienced such changes in Cornwall staff were concerned in the smaller hospital about their education, training and personal development Staff who were near retirement were sometimes sidelined out of the acute setting, consequently did not feel valued Recruitment difficulties occured Elderly population struggled with the changes on all site. Major review of signage was required and more volunteers needed to guide patients around the sites. Strong communication strategy required I am unaware of your IT strategy but would hope all hospital sites have equal access to current IT and future developments. Good luck		
134	Please look at improving the bus links ! The fact that you use a stagecoach bus for one part of your journey and a pullman for other part - is just not Cost effective for patients.		
135	Centres of excellence works if it is a proper complete split		
136	None		

Anything else you would like to say?		Response Percent	Response Total
137	Many people have feared because of the changes and continue to do so. Many people see this as a move to shut or deminish CGH and don't want this because CGH is the hospital of their choice and is closer to home and family. GRH is a mess, one such example is the previous stroke specialist team... All resigned due to management the problems they had on the ward and the way it was run, when bullying is rampant on a ward and months of whistle blowing and datixing is met by scorn and inaction, nobody wants to see this happen in cheltenham as well		
138	It is essential that if a service is on one site then serious consideration is given to how patients are cared for on the ‘other’ site. Each specialty needs a plan that is put into action and monitored to ensure safety and quality. This is not something that I think the trust is very good at at the moment.		
139	From listening to the facebook consultation regarding IGIS limited capacity was mentioned, with the response space and wards would be facilitated for these moves, presently vascular services have moved temporarily to an area not ideal for patient needs, will this be properly addressed with this plan?		
140	Overall i agree with the proposals as specified in the consultation booklet 'Fit for the Future.'		
141	Key is to have confidence in our medics. My area of concern is- Communications. Followup (after discharge). Options/Expectations.		
142	Emergency lower/upper GI surgery need more space.		
143	I think you have spent too much on your glossy booklet - it could have been made simpler and cheaper - a poor use of resources		
144	The survey is difficult for non medics to comprehend. See points above.		
145	Why are there so many different names? It's only one NHS. Get Government to stop giving large wage rises to consultants but give better rises to nurses.		
146	More free car parking at GRH and CGH		
147	The shuttle bus between CGH and GRH is a great asset in relation to access to services. A commitment to its future would be good to hear. It would also be good to hear that discussions are being held to see whether the bus route could include a stop at Park and Ride at Cheltenham Racecourse. Decision makers should consider evaluation of services changes if implemented and the involvement of patients, carers and VCS in the evaluation.		
148	If would help if other bodies such as Glos Highways and bus companies could be persuaded to consider better road access and enhanced public transport facilities to reduce difficulties in trying to access two sites.		
149	It seems that the biggest effect on deliverability will be your staffing levels. Concentrating services to one site or other seems to make sense as you will not be spreading your staff too thinly		
150	I am sorry to say that I think more local people would be happier going to gloucester hospital if there were more staff to give better aftercare on the wards. Also staff need training on how to understand the needs of the elderly. Misunderstanding of being slightly deaf, confused in surroundings, stoma care being common problems I have seen.		
151	The consultation makes no reference to the impact on transport issues for staff and patient visitors. For instance establishing a specialist centre in Gloucester only is bound to necessitate greater staff movement from Cheltenham and vice versa. Is greater capacity on the bus service and/or for car parking required? The success of whatever strategy is adopted should not be only measured in clinical terms.		
152	Bring back Cheltenham A&E full-time and with full services as soon as Covid restrictions are lifted		
153	I have concerns about the length of waiting times for children's appointments as these are impacting on childhood development		

Anything else you would like to say?

		Response Percent	Response Total
154	We have had need to avail ourselves of Cardiac - pacemaker/heart valve and bypass Oncology - Thyroid cancers TIA Trauma - hips A&E Endoscopy Audio Other family members use the Cardiff/Newport hospitals where we assist them		
155	Improving continuity of care, reducing outliers and improving communication with families might be improved if a balance in activity across the hospitals is achieved		
156	The general concept must be welcomed. However P14 column and does not take account of the here and now. With regard to A&E going straight to a specialist ward doesn't happen due to bed shortages so this needs to be addressed. Also at a more strategic level these centres of excellence represent a staff gap. What is really needed is the construction of a brand new hospital like Southmead. Which would consolidate both Gloucester and Cheltenham. It would be all encompassing in location. Have new smaller wards if not private rooms and take account of the high demands from increases in population and ageing.		
157	1. On both sites the outpatients should be fully maned such that if an appointment is cancelled for what ever reason, the new appointment offered should be at the same site. 2. The A&E at CGH should be 24/7 with a doctor, such that if someone walks in late at night, then (assuming not needing a bed) they can be dealt with and avoiding them being referred to GRH without an examination. With the result that the person has to find their way to GRH whilst not knowing how bad their situation is. All ambulances 8pm - 8am still directed to GRH.		
158	I was treated for prostate cancer by open surgery in 2009 at CGH, my surgeon was Mr Sole, based in Hereford but twice a month he would operate at CGH. This was to ease the pressure on the Urology medical staff. Since my operation 11 years ago the department now has a robotic system. This type of equipment had been identified as an improvement for both the patients and the medical team, unfortunately, it could not be purchased immediately because of its high cost. If the two Gloucestershire hospitals are to be A Centre of Excellence then cost of equipment must not be a barrier to purchase. Only the best medical staff will be persuaded to work in CGH and GRH if we can provide the best equipment.		
159	Relatives need to be able to visit very ill patients at moment this will delay recovery.		
160	I am strongly opposed to downgrading one hospital over the other. They should have equal value and maintain safe staffing levels on both sites. It seems to me that there is a faction that wants to take away basic services from CGH, a hospital that has offered its services for over 200 years and highly valued to residents in and around it.		
161	Thank you for providing the public the opportunity to have our say on this important issue		
162	CGH A&E should be consultant led 24/7		
163	Issues with parking around Cheltenham General Hospital may cause issues for more rural communities and those not on regular bus schedules for Cheltenham's proposed day and elective role.		
164	This survey is part completed because we accidentally submitted the form when part way through the survey.		
165	If you centralise more long queue and parks, waste cancelled appointments staff on sick holidays etc. As more money was used in covid 19. We have to think weekly and keep NHS going for years to come. Electric chargers at hospital while wait for o/patient and visitors. Cars in come for hospital?		
166	No		
167	No		
168	I think consultation period is too shore and suggest extension for 3 month. Very few people are aware of the deadline on Dec 17 amid covid 'lockdowns' and tier 2 restrictions. I only happened on the documents by chance (and I've been a user of services this year and was health professional for approx 40 years).		
169	Do not ignore the publics opinion we have a right to choose where we have our care.		

Anything else you would like to say?

		Response Percent	Response Total
170	Keep up the good work. Will be interested in the result of survey. Any plans for head injuries, chest surgery - including cardiac or neurosurgery, so these still go to Bristol of John Radcliffe, Oxford. Guess if you live west of the M5 you want all in GRH, east of the M5 CGH. There are of course major incidents to remember where anything and everything can turn up.		
171	I know we all demand more from the NHS. However, sometimes the changes may seem rational but have a detrimental effect on local people in relation to access and other things. In a different area, when Fairford Hospital was closed, we were told it would lead to more efficient services. I am not sure that this is the case and I think it was a bad decision to remove care beds from the system, as it would have provided capacity to look after patients who needed care but not access to expensive equipment, freeing up beds in acute hospitals. I think it was a bad decision.		
172	It is, frankly, disgraceful that a consultation such as this one, which has had the resources of countless hours of input from selected sources within the organisations comprising 'One Gloucestershire' should be sent out for public 'consultation' in the middle of the greatest health crisis the country has seen for a century. The public have too much else on their minds at this time to be in a position to properly consider the issues that have been put before them. This is a massively cynical exercise designed to produce the answers that 'One Gloucestershire' have already decided on (ask any member of staff at Cheltenham General Hospital); sneaking the exercise in consultation at this time is almost certainly an abuse of process. And most egregious of all: the document purporting to be a 'plan' for the future of healthcare delivery in the county makes NO MENTION of pandemic planning. How can we be expected to take it seriously in the light of such a glaring omission?		
173	When making the final decision, ensure that you fully understand the models of care that have been proposed for general surgery because this consultation document does not accurately reflect what those working in the service have put forward. Trying to impose a service that 80% of the consultant body do not support will not augur well for its success.		
174	This feels like a token consultation. I do not know anyone outside of the medical sphere who has even heard of this.		
175	I don't have any friends who have even heard of this exercise. Why hasn't the questionnaire been sent to every household in the county?		
176	I recently had an operation in the QE2 hospital in Birmingham. Is it time Gloucestershire had a new state of the art campus hospital, part paid for by the valuable land (especially CGH) land the current hospitals stand on?		
177	Covid-19 as shown us that resourcing can come back to bite us		
178	I am also concerned about the management of GRH. I do not question the skills, competence or dedication of the staff at GRH. However, again from experience, I do not believe that the management of the hospital is as good as it should be. I support GRH and CGH being in one trust, but I do wonder if a different management structure is needed within that trust so that greater emphasis is placed on delivering the services which patients are entitled to expect. I feel that as part of the management structure there should be someone in place who is responsible for ensuring that liaison with patients and their families is far better than it currently is. I think there is a case across Gloucestershire to be made for one trust to cover all health services – primary care, community hospitals, acute trusts, social and after care etc – and believe that this should be explored. I think this would have the potential to reduce costs and improve co-ordination of services. We have seen during the Covid crisis the inability of the acute hospitals to move sufficient numbers of patients out into care homes, community hospitals and into their own homes with support packages in place, and I think one management of all the services, with the appropriate structures within that trust, should be considered. I realise that the above would challenge the CCG arrangements, but again I feel that being part of one service might help coordination. For example, I believe that many more patients could be treated at primary care level than is currently the case, thus relieving the pressure on hospitals. Much greater use should be made of pharmacies.		

Anything else you would like to say?

		Response Percent	Response Total
179	The publics primary concern about the reconfiguration of specialist services within the hospital relate to the convenience and accessibility of services and the long term sustainability of a Type 1 A&E Department in Cheltenham. Of some of these proposals are implemented it is difficult to see how a full Type 1 A&E Department would be sustainable in the long term. This is despite the reassurances the Hospital Trust has repeatedly been given. It is these proposals which have undermined staff and public confidence in the Hospital Trust's sincerity over the re-opening of Cheltenham A&E and its long term future.		
180	See above please re-think before its too late		
181	When I was in hospital following the trauma to my ankle I felt well looked after by some of the nurses on shift, especially the ""day"" nurses. I was shocked however by a ""night nurse on the night shift asked me if I could hop!!! to the toilet rather than waste her time with her getting me a walking aid - remember this was when my leg was still in a very heavy plaster cast and I'd only just had the operation on my ankle that day - I was weak and very much in pain and certainly wouldn't be able to HOP to the damn toilet!! I couldn't believe my ears when she asked me that and that she almost seemed put out that i was in need of her assistance as the night nurse on shift. I was in hospital for two weeks but it was hoped and suggested by some junior doctors and at least one consultant that I leave after my first week. I was no where near ready to leave hospital after one week. I was still in tremendous pain and still had a heavy plaster cast on which considering my living situation at home was not at all ideal for supporting me with this current disability. I was discharged after two weeks after my insistence that I stay for longer. I still feel I was discharged too early. My date to get my plaster cast removed was ill-scheduled and I was lumbered with dragging a heavy, itchy and uncomfortable cast around for about four weeks when it should have been two weeks after my operation that the temporary cast removed and a lighter more comfortable one put on. I requested transport to the hospital by ambulance which was denied so after getting a taxi half of the way still had to make my way through the grounds and the various corridors to get the appropriate place. I very much feel I was left unsupported during my out patient recovery, especially during the time I was discharged and waiting for my new and lighter cast. The stress and anxiety was very detrimental to my fragile mental health. I suffer with anxiety and depression and undiagnosed and untreated OCD and complex PTSD all of which compounds to instable moods and frequent mental breakdowns. I do manage my mental health with medication and receive mental health support. I just wish my treatment as outpatient in aftercare was better monitored by professionals and I was better assisted and supported. I feel the COVID19 situation is part to blame for the seemingly hurrying of me out of the hospital and the quick discharge out of my own private room at the hospital where I have to say, I would have recovered better and faster perhaps rather than being herded onto an open ward where I was constantly disturbed by other patients and nursing staff. If I hadn't come into hospital during the corona virus pandemic I do believe my stay would have been far more pleasant and i wouldn't have struggled as much as i did with anxiety that i was using up vital bed space. I feel i should have stayed recovering in hospital for longer than i ended up staying.		
182	Quick and easy access is essential when you are ill. There is a much larger older population in North Cotswolds. Moreton in Marsh hospital is not included in this survey. So is a modern hospital intended to serve the North of the county yet when ever I or friends have visited it is empty. Why is this expensive new building not being used?		
183	no		
184	I used to work for the department of health. The fashion for building new hospitals would alternate between big is beautiful and small is beautiful on a 10 year cycle. The result was that all current buildings was out of step with prevailing thinking. Health trusts need to resolve this conundrum and ensure a successful balance between specialist and locally delivered hospital based options.		
185	Addition of trainee nurses and other healthcare professions in specialities means you can retain them more easily and get more money!		
186	Great believer in logic		
187	seems like GRH has a more specialist focus under one roof - will this lead to overcrowding, parking issues, less quality face to face time with staff / professionals		
		answered	187
		skipped	437

What is the first part of your postcode? eg. GL1, GL20			
		Response Percent	Response Total
1	Open-Ended Question	100.00%	426

1	GL54
2	gl2
3	Gl4
4	Gl3
5	GL52
6	gl53
7	GL4
8	GL51
9	GL52
10	gL50
11	GL1
12	GL1
13	GL3
14	GL53
15	GL50
16	GL4
17	GL52
18	GL6
19	WR14
20	GL52
21	gl1
22	Gl51
23	GL4
24	GL50
25	GL4
26	GL53
27	Gl5
28	GL5
29	GL14
30	GL52
31	GL51
32	Gl1
33	GL4
34	GL4

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
35	GL4		
36	GL52		
37	GL53		
38	GL10		
39	Gl52		
40	Gl51		
41	GL13		
42	Gl15		
43	GL6		
44	GL2		
45	GL53		
46	GL52		
47	GL52		
48	GL53		
49	gl52		
50	GL4		
51	Gl2		
52	WR11		
53	gl51		
54	GL53		
55	GL2		
56	GL52		
57	gl51		
58	gl51		
59	gl2		
60	GL1		
61	wr12		
62	gl3		
63	gl53		
64	GL51		
65	gl20		
66	GL7		
67	GL16		
68	wR11		
69	GL52		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
70	Gl2		
71	GL2		
72	Gl4		
73	Gl52		
74	GL52		
75	GL2		
76	GL2		
77	GL52		
78	GL6		
79	gl14		
80	GL2		
81	GL3		
82	GL54		
83	GL20		
84	GL7		
85	Gl52		
86	GL53		
87	GL7		
88	gl51		
89	GL50		
90	Gl16		
91	GL7		
92	GL7		
93	GL13		
94	gl51		
95	GL54		
96	GL 54		
97	GL51		
98	Gl50		
99	Gl2		
100	Gl20		
101	GL5		
102	Gl51		
103	GL50		
104	GL7		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
105	GL1		
106	gl1		
107	Gl50		
108	Gl50		
109	GL5		
110	GL5		
111	gl5		
112	gl1		
113	GL4		
114	GL53		
115	GL		
116	GL5		
117	GL2		
118	OX18		
119	GL51		
120	SN2		
121	GL7		
122	gl4		
123	GL3		
124	GL53		
125	GL51		
126	GL18		
127	GL53		
128	GL51		
129	GL2		
130	GL4		
131	GL2		
132	GL5		
133	GL3		
134	GL52		
135	Gl14		
136	GL2		
137	GL53		
138	GL52		
139	GL3		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
140	GL53		
141	gl52		
142	SN6		
143	GL19		
144	GL19		
145	GL19		
146	GL19		
147	GL51		
148	GL17		
149	OX18		
150	GL52		
151	GL53		
152	GL1		
153	Gl51		
154	GL51		
155	GL50		
156	GL2		
157	GL54		
158	GL53		
159	CV36		
160	GL52		
161	GL5		
162	GL7		
163	gl52		
164	GL3		
165	gl1		
166	GL54		
167	GL18		
168	GL16		
169	GL13		
170	GL52		
171	GL11		
172	GL12		
173	GL53		
174	GL2		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
175	Gl53		
176	GL52		
177	GL52		
178	GL52		
179	GL6		
180	GL20		
181	GL8		
182	GL16		
183	GL52		
184	GL53		
185	GL52		
186	GL6		
187	GL6		
188	Gl5		
189	GL5		
190	GL54		
191	GL54		
192	GL2		
193	gl2		
194	GL54		
195	GL51		
196	Gl14		
197	GL19		
198	Gl53		
199	GL3		
200	GL5		
201	GL52		
202	GL7		
203	GL6		
204	gl5		
205	gl51		
206	GL3		
207	GL1		
208	GL10		
209	GL52		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
210	gl5		
211	GL6		
212	GL5		
213	Gl51		
214	GL53		
215	GL56		
216	GL3		
217	GL53		
218	GL20		
219	Gl52		
220	GL6		
221	GL52		
222	GL7		
223	Gl6		
224	GL51		
225	GL4		
226	GL5		
227	GL7		
228	GL7		
229	GL8		
230	GL53		
231	GL3		
232	GL54		
233	GL53		
234	GL7		
235	GL3		
236	GL18		
237	GL18		
238	Gl7		
239	GL54		
240	gl15		
241	GL19		
242	GL52		
243	GL2		
244	GL51		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
245	GL50		
246	GL52		
247	GL18		
248	gl53		
249	GL7		
250	GL54		
251	GL		
252	GL53		
253	GL18		
254	GL53		
255	GL7		
256	GL52		
257	GL56		
258	GL5		
259	gl50		
260	GL15		
261	GL50		
262	GL15		
263	GL19		
264	GL20		
265	GL19		
266	GL19		
267	GL19		
268	GL19		
269	GL5		
270	gl51		
271	GL52		
272	GL4		
273	GL4		
274	GL52		
275	GL18		
276	GL51		
277	Gl51		
278	GL53		
279	GL14		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
280	GL52		
281	GL52		
282	GL53		
283	GL53		
284	gl3		
285	GL53		
286	GL53		
287	GL50		
288	gl1		
289	gl15		
290	GL7		
291	GL6		
292	GL51		
293	GL1		
294	GL5		
295	GL15		
296	GL13		
297	GL52		
298	GL5		
299	GL54		
300	GL17		
301	GL17		
302	GL52		
303	GL54		
304	GL11		
305	GL1		
306	Gl51		
307	GL14		
308	Gl4		
309	GL53		
310	GL52		
311	gl3		
312	GL6		
313	GL11		
314	GL54		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
315	GL12		
316	GL56		
317	GL56		
318	GL2		
319	GL15		
320	NP16		
321	gl2		
322	GL52		
323	gl50		
324	Gl53		
325	GL1		
326	GL53		
327	GL53		
328	GL52		
329	GL14		
330	Gl3		
331	GL13		
332	Gl5		
333	GL53		
334	GL53		
335	GL16		
336	GL53		
337	GL15		
338	GL52		
339	GL53		
340	GL20		
341	WR11		
342	Gl2		
343	GL51		
344	GL7		
345	GL55		
346	GL53		
347	GL8		
348	GL3		
349	GL20		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
350	GL16		
351	GL3		
352	GL20		
353	GL5		
354	GL54		
355	GL3		
356	GL6		
357	GL53		
358	GL50		
359	Gl19		
360	GL50		
361	Gl51		
362	GL12		
363	GL53		
364	gl51		
365	Gl20		
366	GL16		
367	GL52		
368	GL51		
369	GL52		
370	GL3		
371	GL4		
372	GL6		
373	GL53		
374	GL1		
375	GL8		
376	GL20		
377	GL5		
378	HR9		
379	GL3		
380	GL52		
381	GL2		
382	GL51		
383	GL19		
384	GL52		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
385	GL7		
386	GL14		
387	GL4		
388	GL2		
389	GL7		
390	GL11		
391	GL3		
392	GL6		
393	GL53		
394	GL15		
395	GL20		
396	GL11		
397	GL53		
398	GL7		
399	GL54		
400	GL7		
401	Gl53		
402	GL53		
403	GL54		
404	GL6		
405	gl50		
406	GL20		
407	GL50		
408	GL52		
409	GL16		
410	GL1		
411	GL50		
412	GL52		
413	GL54		
414	GL50		
415	GL2		
416	NP16		
417	GL51		
418	GL56		
419	GL3		

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

		Response Percent	Response Total
420	GL50		
421	GL50		
422	GL5		
423	GL7		
424	GL1		
425	GL1		
426	GL4		
		answered	426
		skipped	198

Which age group are you:

		Response Percent	Response Total
1	Under 18	1.65%	8
2	18-25	2.06%	10
3	26-35	10.91%	53
4	36-45	12.35%	60
5	46-55	18.72%	91
6	56-65	22.22%	108
7	66-75	18.93%	92
8	Over 75	11.32%	55
9	Prefer not to say	1.85%	9
		answered	486
		skipped	138

Are you:

		Response Percent	Response Total
1	A health or social care professional	29.57%	144
2	A community partner	1.64%	8
3	A member of the public	62.63%	305
4	Prefer not to say	6.16%	30
		answered	487
		skipped	137

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

		Response Percent	Response Total
1	No	72.16%	350
2	Mental health problem	4.54%	22
3	Visual Impairment	2.89%	14
4	Learning difficulties	0.41%	2
5	Hearing impairment	5.36%	26
6	Long term condition	17.32%	84
7	Physical disability	4.74%	23
8	Prefer not to say	3.09%	15
		answered	485
		skipped	139

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	28.30%	135
2	No	67.51%	322
3	Prefer not to say	4.19%	20
		answered	477
		skipped	147

Which best describes your ethnicity?

			Response Percent	Response Total
1	White British		84.71%	410
2	White Other		3.72%	18
3	Asian or Asian British		2.48%	12
4	Black or Black British		0.62%	3
5	Chinese		0.00%	0
6	Mixed		0.62%	3
7	Prefer not to say		7.23%	35
8	Other (please specify):		0.62%	3
			answered	484
			skipped	140

Other (please specify): (3)

1	Why is this relevant to the survey
2	European
3	White English

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

			Response Percent	Response Total
1	No religion		39.38%	191
2	Buddhist		0.41%	2
3	Christian (including Church of England, Catholic, Methodist and other denominations)		47.84%	232
4	Hindu		0.41%	2
5	Jewish		0.62%	3
6	Muslim		1.65%	8
7	Sikh		0.00%	0
8	Other		1.44%	7
9	Prefer not to say		8.25%	40
			answered	485
			skipped	139

Are you:

		Response Percent	Response Total
1	Male	38.76%	188
2	Female	54.64%	265
3	Transgender	0.21%	1
4	Prefer not to say	6.39%	31
		answered	485
		skipped	139

Do you identify with your gender as registered at birth?

		Response Percent	Response Total
1	Yes	93.81%	455
2	No	0.00%	0
3	Prefer not to say	6.19%	30
		answered	485
		skipped	139

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

		Response Percent	Response Total
1	Heterosexual or straight	86.21%	419
2	Gay or lesbian	1.85%	9
3	Bisexual	1.65%	8
4	Other	0.21%	1
5	Prefer not to say	10.08%	49
		answered	486
		skipped	138

Are you currently pregnant or have given birth in the last year?				
			Response Percent	Response Total
1	Yes		1.46%	7
2	No		68.75%	330
3	Not applicable		24.17%	116
4	Prefer not to say		5.63%	27
			answered	480
			skipped	144