







# Fit for the Future Survey (Easy Read)

**What do you think about having the service for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital? Acute medicine is treatment and assessment for things like very bad headaches, chest pain, pneumonia or asthma**

			Response Percent	Response Total
1	Good idea		72.09%	62
2	Bad idea		18.60%	16
3	Not sure		9.30%	8
			answered	86
			skipped	3

**What do you think about having the service for Emergency General Surgery at Gloucestershire Royal Hospital? These are emergency operations on the gut which is where you digest food**

			Response Percent	Response Total
1	Good idea		66.67%	58
2	Bad idea		22.99%	20
3	Not sure		10.34%	9
			answered	87
			skipped	2

**Do you want to tell us anything else about these ideas?**

			Response Percent	Response Total
1	Open-Ended Question		100.00%	36
1	As long as the waiting lists are addressed quickly, and moving it to one area doesn't pro- long the waiting lists.			
2	a center of excellence			
3	A large proportion of patients show up in A&E with late stage conditions that have not been picked up by the local GP or because GPs have been reluctant to refer for asymptomatic claims because of the patient's lack of understanding about their own symptoms. Assessing and progressing faster on better planned procedures will improve the success rate of these operations			
4	Improve staff recruitment & retention			
5	I could not answer the questions because I do not know if these are additional services i.e. we do not have them now, or if they are being moved from somewhere else i.e.Cheltenham General. This information is needed to enable an informed decision.			
6	Emergency general surgery should be at the nearest point if need and therefore the service should LAO be available at Cheltenham General .			
7	The population is increasing at a fast rate with more homes to be built. The Forests covers a large rural area. We need these facilities locally			




## Do you want to tell us anything else about these ideas?

		Response Percent	Response Total
8	Making patient travel further than their local hospitals in general not a great idea for emergency care		
9	If something is acute or emergency -surely time is a critical factor; so by having this centralised how do you plan to ensure a patient living further away form the centralised gets to hospital quickly. have you found a critical time frame linked to outcomes? Does one location ensure all patients can be treated within this timeframe		
10	It makes sense on balance, because centralising services for safer care, and more cost-effective provision, is essential. Worried about the difficulty getting to Gloucester site from North Cotswolds. It is not helpful to say it is only 8 miles from Cheltenham to Gloucester. There is a bus infrequently from parts of the North Cotswolds to Cheltenham, however there is no easy connection to Gloucester. Have to walk between bus stops for example. Have to get to Moreton or Bourton in first place, then find parking if driving to catch the bus. All difficult to do. Trying to visit a family member in an emergency situation is really difficult. This is a legitimate concern. A frequent free minibus between the 2 sites could help both staff and hospital users, and overcome these concerns largely. Please do take this suggestion seriously and not dismiss as too expensive.		
11	If you are removing these services from Cheltenham this is a bad idea		
12	I understand & support the principle of centres of excellence and, although preferring that Cheltenham could provide these capabilities for all patients in this part of the county, assume that Gloucester Royal is better set up for this COE.		
13	Good idea but feel you should still have treatment for the more minor elements of this and Gloucester to focus on the more serious cases.		
14	There needs to be suggestions of where else you would put it. I think Gloucester is over run and maybe Victoria doc's could host. Are you planning on becoming a specialist hospital or continuing with general?		
15	I think that for emergency surgery there should be a facility at both Gloucester and Cheltenham		
16	I will always be guided by what the experts say. Obviously living where I do Gloucester and Cheltenham are equally accessible		
17	The royal hospital and Cheltenham gen to be funded independently. So keep the status quo		
18	Should be done at both hospitals to avoid unnecessary travel.		
19	To many services going to GRH. Will you be able to cope?		
20	For emergency general surgery in Cheltenham please, Because near my home. If I goes to Gloucestershire Royal Hospital. I will have to goes in taxi		
21	I may be biased as I live in Gloucester		
22	I can see the benefits of having these centralised units, but from a patients point of view getting to and from some hospital can be a problem and deterrent.		
23	As I don't drive GRH is best for me.		
24	In an emergency Gloucester is too far away.		
25	good to have specialists in one hospital so the best appropriate care can be given		
26	I was hovering over the 'not sure', but I suppose if a hospital can resource these services efficiently, then why not?		
27	2 hospital for to be maintain more people living.		
28	no		
29	As we have two hospitals why not use both. Older people without own transport will have to use public transport and not knowing how many years covid 19 will last mixing as little as possible on buses is essential.		




### Do you want to tell us anything else about these ideas?

		Response Percent	Response Total
30	Keep all General Surgery for the gut in the same place must help with staffing and skills being utilized efficiently.		
31	It is always preferable to have a focus or Centre of Excellence for any major activity and Healthcare is a prime candidate for this. A centre of excellence should have the same equipment and staff as split facilities - this means that the same number of cases can be dealt with. A centre of excellence should not just be about cost saving - it should deliver the same results as split facilities.		
32	Both hospitals have patients that have to travel distances, not everyone lives in the town or city. By concentrating services in one hospital it will make travel a lot worse for some patients and their relatives.		
33	Specialist Drs and nurses in one hospital, it has to be the best care to receive, best care, in one place.		
34	Cheltenham is easier to get to		
35	GRH is too far away from this side of the county		
36	It is to be hoped that if good recoveries are made that patients could be transferred back to a hospital / care facility near to home and family		
		answered	36
		skipped	53

### What do you think about having the planned Lower GI (Colorectal) General Surgery in one hospital? These are planned, not emergency, operations on the lower part of the gut.

		Response Percent	Response Total
1	Good idea		72.84% 59
2	Bad idea		14.81% 12
3	Not sure		12.35% 10
		answered	81
		skipped	8

### Where do you think we should do planned Lower GI (Colorectal) General Surgery? These are planned, not emergency, operations on the lower part of the gut.

		Response Percent	Response Total
1	Cheltenham General Hospital		27.50% 22
2	Gloucestershire Royal Hospital		27.50% 22
3	Don't mind		45.00% 36
		answered	80
		skipped	9




## Can you say why this is your choice?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	49
1	As long as the waiting lists are addressed quickly, and moving it to one area doesn't pro- long the waiting lists.		
2	GRH is much better suited for colorectal surgery		
3	More modern hospital, better infrastructure and access to general public as well as better geographically positioned. GRH is also cruelly lacking surgery infrastructure and theaters and it could be a good investment to de cluster CRH		
4	I think making Cheltenham a specialist unit for elective surgery will improve patient care. Having a specialist Nursing team dedicated to elective enhanced care will improve the patient experience with no disturbances by emergency admission in a calm environment. This will improve length of stays. The intensive care will have dedicated to elective care and not be taken up by emergency admissions.		
5	Because it will be collocated with Gynae oncology and Urology.		
6	All experts together		
7	Centralising services should make them better albeit more difficult for some patients/visitors to get to.		
8	Cheltenham General Hospital should be a specialist centre, not closed or become a cold hospital		
9	Depends on how common is the need for this surgery per population. if its relatively more common and routine then it should be available at both places. If not then it should be at the same hospital as the Upper GI.		
10	This questions is fixed in that you have to opt for one of the limited choice to gain access to the box and I want that noted please. Why cannot minor surgery be done locally and other cases go to the closest hospital i.e. Gloucester.Those living on the far side of the Forest have a huge trek to get to Cheltenham		
11	Good idea to have planned surgery in one location if this brings greater expertise, reduces waiting times by better planning and saves costs; however I am sure many people's response will be based on proximity to their own location		
12	Because the general idea is to have emergency procedures at Gloucester site and the planned procedures largely at Cheltenham. If there is some benefit from having Upper GI and Lower GI amalgamated on one site, then perhaps my answer should be different. But I haven't been told that is the case. Perhaps there is more benefits in having lower GI surgery where diagnostics, chronic care eg dietetics, outpatient facilities, oncology and other associated consultations may take place is helpful to the patient as they become familiar with a single site.		
13	if its a planned operation I dont mind where it is as long as its leading care		
14	Needs to be at both hospitals could be controlled and led by the same team		
15	Cheltenham is well established for this requirement and I have been very happy with my experiences as a past colorectal & hernia patient		
16	I say GRH because I am from Gloucester but my main concern with all these proposals to centralise care for certain areas on one hospital is the travel arrangements to get there and availability of parking. To be honest I would like to see Gloucestershire get a brand new state of the art hospital somewhere like the Staverton Airport site (with that being moved to kemble) a pipe dream I know, but that would give room for expansion of the hospital, plenty of room for parking provision. Be central to the county with good road access, and remove the risk to GCHQ being in the flight path of an airport.		
17	Keep more major items at Gloucester but still have minor facilities at Cheltenham and perhaps other local hospitals		
18	Given where I live, it is an easier hospital to access.		
19	I think lower GI and upper GI planned operations should be done at the same hospital. either Cheltenham or Gloucester		
20	I think it would be better to have all GI surgery in one place		
21	I don't see an advantage in having this in one hospital over the other		




## Can you say why this is your choice?

		Response Percent	Response Total
22	Gloucester nearer for FOD residents		
23	Both. Gloucestershire is a huge county so by sharing the ops it will reduce pressure on both of them		
24	I will always be guided by what the experts say. Obviously living where I do Gloucester and Cheltenham are equally accessible		
25	I live in the Cheltenham catchment		
26	I believe (it is my assumption!) that GRH is better equipped and has more modern facilities for such operations.		
27	They already have the skills in place. I am an ex patient!		
28	Easy to get to by bus		
29	Because nearly my home		
30	There is a regular bus service from GRH to Cheltenham hospital		
31	Local		
32	As this is planned surgery the distance is not as much of an issue		
33	keep all GI surgery on one site		
34	Wherever you have the resource and professionalism to cover these operations		
35	Not knowing about the numbers involved leaves me non committal		
36	Central to county re travel miles/parking		
37	If there could be benefits from having both this service being on the same site as Planned Upper GI and Emergency General Surgery it seems sensible to go for this option		
38	Nearer		
39	BOTH. Public transport to Glos and Chelt have planned pick up points at both hospitals so why not use both hospitals.		
40	All skills and staff associated with GI would be better in one place to assist efficiency.		
41	This should be delivered where there is sufficient space and infrastructure.		
42	By splitting this over two sites, there is more possibility that there will be extra room when needed		
43	I'd like to see available in more than one hospital		
44	I think make th current pilot permanent. Drs and nurses can focus on their special areas.		
45	I believe your planned suggestions are sound		
46	Nearer		
47	not so far away from this area and not so difficult to navigate and easier for duty visits.		
48	I have a car as does my partner. I can get to either hospital		
49	Because its nearer to where I live. The Forest of Dean Coleford		
		answered	49
		skipped	40




What do you think about having the service for General Surgery Day Cases (Upper and Lower GI) at Cheltenham General Hospital? These are operations on the gut which is where you digest your food. People have their operation and go home the same day.

			Response Percent	Response Total
1	Good idea		67.47%	56
2	Bad idea		13.25%	11
3	Not sure		19.28%	16
			answered	83
			skipped	6

What do you think about having a 24 hour 7 days a week IGIS Hub at Gloucestershire Royal Hospital and an IGIS Spoke at Cheltenham General Hospital? A Hub is the main place something happens, and a Spoke is linked to the Hub. IGIS is Image-guided Interventional Surgery. This is where cameras are used inside the body so the surgeon can see what is going on.

			Response Percent	Response Total
1	Good idea		76.54%	62
2	Bad idea		9.88%	8
3	Not sure		13.58%	11
			answered	81
			skipped	8

What do you think about having the Vascular Surgery at Gloucestershire Royal Hospital? Vascular is about blood vessels

			Response Percent	Response Total
1	Good idea		68.35%	54
2	Bad idea		15.19%	12
3	Not sure		17.72%	14
			answered	79
			skipped	10




## Do you want to tell us anything else about these ideas?

		Response Percent	Response Total
1	Open-Ended Question	103.23%	32
1	As long as the waiting lists are addressed quickly, and moving it to one area doesn't pro- long the waiting lists.		
2	Cheltenham hospital is much better suited for vascular surgery. It has bespoke theatres. Etc. Grh is already flooded with other emergency specialties I think Cheltenham should be the hub for vascular		
3	GRH, although a major hub for specialist consultations is completely under equipped for cardiology procedure which have to be carried out in emergency and therefore leaving loads of neighbouring patients to be either directed to Bristol, Oxford or the completely saturated WRH. Is so doing we would help conditions like stroke, ischaemia and other related cardiovascular emergency to prevent from worsening during transfers		
4	Do we have it anywhere at present? If so where and if not at GRH why are we moving it there? Again, not enough information is given to enable an informed decision.		
5	Depends on ow common/frequent is the need for Vascular Surgery in the population. if it is relatively more common then having this expert service at one hospital may choke the service due to other factors, eg demography, and lead to longer waiting times.		
6	Why not have minor surgery locally and anything else at the next closest hospital		
7	Vascular surgery has important links to other specialties and other comorbidities. Is there scope for connection with interventional radiology and computer assisted remote surgery and with specialist diagnostic tech? What developments are on the longer term horizon eg 10 years and are these plans future proofing adequately?		
8	As before you can put the control and lead where you like but the operations should take place at both units		
9	I am assuming that Gloucester is better set up as a COE		
10	I am assuming that Gloucester is better set up as a COE		
11	As previous comment really. I worry about how to get to Cheltenham general Hospital and whether there is anywhere nearby to park safely.		
12	Good idea but still have minor surgery at smaller local hospitals.		
13	It seems sensible to have the specialist care in one place for any given surgical/medical need.		
14	Good idea to have expertise at both hospitals		
15	What helps the service be the best		
16	Why Don, t we have. Statistics to back up the idea.		
17	Should be done at Cheltenham too.		
18	You need a balance. Share the workload between both sites.		
19	I don't mind either as I can drive to either or get the bus		
20	have speciality on one site - one combined hospital site at for instance at Elbridge Court would serve the county and have better road links for the whole county.		
21	No		
22	GRH is central to county for FOD		
23	Covid 19 is going around for some time so hospital must be maintain at this moment, Glos, Chelt, Dilke, Lydney until the situation changes for a while.		
24	No		
25	As I live in Gloucester and thought this a good idea I would consider myself very selfish		
26	Unless urgent cases could be dealt with at Chelt.		
27	Centre of excellence again - focus should be on one world class facility which is fully equipped and staffed.		




### Do you want to tell us anything else about these ideas?

		Response Percent	Response Total
28	Difficulty in travel to the hospital for visiting so bad for patients morale if they cannot have visitors. Not everyone has a car or wants to drive in Gloucester		
29	It would be good to have a 24/7 IGIS one hub in Gloucestershire, as well as an IGIS spoke at CGH. Specialist treatment and a centre of excellence.		
30	Cheltenham is closer I trust the consultants there. Problems always occur with records not being transferrable.		
31	In this part of Gloucestershire, Gloucester Royal has a bad reputation!		
32	I had an artery in my right thigh cut and Gloster hospital repaired it amicably for me.		
		answered	31
		skipped	58

### What do you think about us carrying on doing Gastroenterology at Cheltenham General Hospital after the pilot? Gastroenterology is where tests or treatment are needed for the stomach, bowel, liver and pancreas for things like Crohns Disease and stomach ulcers




			Response Percent	Response Total
1	Good idea		68.35%	54
2	Bad idea		10.13%	8
3	Not sure		21.52%	17
		answered		79
		skipped		10

### What do you think about us carrying on doing Trauma Surgery at Gloucestershire Royal Hospital after the pilot? Trauma Surgery is where people need operations after they have been injured in an accident.

			Response Percent	Response Total
1	Good idea		70.51%	55
2	Bad idea		12.82%	10
3	Not sure		16.67%	13
		answered		78
		skipped		11



**What do you think about us carrying on doing Planned Orthopaedics at Cheltenham General Hospital after the pilot? Planned Orthopaedics are operations for things like hip replacements and knee surgery.**

			Response Percent	Response Total
1	Good idea		73.08%	57
2	Bad idea		14.10%	11
3	Not sure		12.82%	10
			answered	78
			skipped	11

**Do you want to tell us anything else about these ideas?**

			Response Percent	Response Total
1	Open-Ended Question		100.00%	36
1	As long as the waiting lists are addressed quickly, and moving it to one area doesn't pro- long the waiting lists.			
2	I feel that the elective orthopaedic waiting lists appear to be very large when you are the pt awaiting the surgery, I think that elective surgeries should be done on both sites to reduce the waiting time			
3	Too many patients are on waiting lists for orthopaedic surgery and that would help the process			
4	Because they will become 'centres of excellence' which are, by definition a good thing.			
5	all experts together			
6	Not enough information is given about the current location of these services is given to enable me to make a decision I am comfortable with!			
7	if Trauma Surgery is deemed to be unplanned emergency service then this should be available at both hospitals			
8	Cheltenham is too far away from the Forest. Why , with a new hospital, cannot these cases be handled locally			
9	I am slightly confused about planned treatment being in one space and emergency type treatment in another, surely to increase experience and specialism all similar services should be in one place. What impact does this have on follow up appointments do people have treatment after an accident in one hospital and then follow up in another with another team - This does not work well from a patient perspective as no continuity of care			
10	Is there a disconnect for people following trauma eg attend A&E but then have follow up trauma clinic presumably at cheltenham? Again my point about the essential need for a minibus link between the two hospital campuses.			
11	<p>the key thing for me is having a facility nearby glos is over a hour from my home in forest of dean and cheltenham even further</p> <p>its very difficult to get there in rush hour if a family member had trauma its a long way to go</p> <p>the key thing for me is excellent treatment as near as possible to my home</p>			
12	It appears to me that you want to shut the services at one hospital and not the other. Bigger is not better. It is more complicated than that and for the people who are the patients more travel would be involved and you could argue it is not reducing your carbon footprint.			

## Do you want to tell us anything else about these ideas?

		Response Percent	Response Total
13	I have answered bad idea for Trauma surgery at Gloucester purely because I feel very strongly that we must maintain a full 24 x 7 A&E at Cheltenham to cover people in this town and towns / villages closer to Cheltenham than Gloucester. I would be less concerned if the subsequent 20 minute journey to Gloucester for follow up ""emergency"" treatment did not adversely affect patients requiring such treatment.		
14	For me personally I would have trouble getting there. It is expensive by taxi and out of the question by bus		
15	Routine operations and treatment to stay at local hospitals - but a dedicated center for more serious or complex treatment is a good idea.		
16	As long as the right staff and facilities are in place for each specialism, and there is accessible parking, then it is good to have concentrations in either hub or spoke hospitals.		
17	Sorry it is just that I don't like or trust Cheltenham Hospital personnel		
18	If the trial has worked well then I believe this should continue		
19	Living in the FOD Cheltenham is quite difficult to get unless you have transport		
20	Sensible approach		
21	I have my treatment in Cheltenham. Crohns. Very satisfied		
22	Gloucester is the city and needs to have Trauma surgery at GRH		
23	You know where you've got the resource and expertise and must have access to stats on frequency, so wherever safe and staffed to do so is ok with me.		
24	Seems like a good idea to have specific place for specific problems		
25	Again central to county		
26	A long way to go for A&E FOD Cotswold. 2 A&E Dept Glos and Chelt		
27	No		
28	Carry on with this service [Trauma Surgery] as now at Gloucester but open Chelt Hospital for same service.		
29	Difficulty in travel must always be a consideration for patients and relatives and by concentrating a one hospital makes this worse for someone. Also space in one hospital only may be limited		
30	I understand why you want the experts in one place but i feel that it downgrades Cheltenham hospital in the years to come especially casualty department.		
31	should be available as widely as possible		
32	Keep trauma at GRH, majority planned orthopaedics at CGH, make the current pilot permanent		
33	Keep all treatments local to help the aging		
34	If it works and there are positive outcomes, go for it		
35	Trauma should be in both hospitals		
36	I had a RTC in 1982 where my injuries were multiple fractures to right femur, head trauma where I was in a coma for months		
		answered	36
		skipped	53

**Can you say if you think any of these ideas will be better for you and your family, or worse?**

		Response Percent	Response Total
1	Open-Ended Question	100.00%	48
1	I think they will be better for my family as we will get better care		
2	I think it is better because if I need specialist care I won't need to travel to other places.		
3	We live in Cheltenham and consider Cheltenham General the best hospital in the area.		
4	I believe we are fortunate to have 2 large hospitals in Gloucestershire. As long as waiting list start to be properly addressed and routine operations can be addressed as well as oncology issues progress should be made.		
5	Would much prefer vascular to stay at Cheltenham		
6	I think for it's better for the family especially as the parking is better at Gloucester		
7	my elderly parent has had both hip replaced and a spinal surgery all of which she had to wait too long for so reducing the wait will no longer benefit he but it would have done		
8	it's better for specialist communities to be together. now adays a lot of technical equipment is used		
9	Access to local hospitals is very important for future sustainability of the NHS.		
10	Better for everyone and their family to prevent commuting to speciality hospital often far away from their counties		
11	To improve the patient experience for my family it is important to streamline ED to delay waiting times		
12	nil change		
13	Not enough information is given about the current location / state of these services to enable me to make a decision about this.		
14	Undecided but what concerns me most is that emergency services become inefficient and inconvenient by centralising at one hospital.		
15	It can only be worse. The planned number of beds will be lower at the outset than we have now and the hospital is already overstretched. We don't want to be carted off like cattle to Gloucester and certainly not Cheltenham		
16	Knowing what is carried out where can be reassuring however the wards at Cheltenham always feel calmer. The wards always feel brighter due to there situation.		
17	Probably worse as Cheltenham is many miles from our location		
18	There is only me. If my health needs or treatment needs leaves me unable to drive, I am left helpless if having to attend Gloucester. It makes clinical sense to specialise on sites as you plan to, however patient access needs require mitigation measures which must be costed and ringfenced. Not easy pickings for future cost improvements a few years on. I confess I have told you someone is driving me home, then got home alone, or I have caught a bus when advised I must not, due to lack of support or money for a taxi or even for the Cotswold Friends transport volunteers at 50p/mile		
19	Worse . Travel time , visiting , care and for care home patients longer journeys and more time to support their clients.		
20	As we are located nearer to Cheltenham we can see that COE's at the General will benefit us - and those wishing to visit us during recovery.		
21	My main concern is too have as much treatment including A&E at Cheltenham this is best for me as a patient and family as well. I feel real concern for people living in the Cotswolds to go straight past Cheltenham to be taken to Gloucester, and because of increased demand have to wait in an Ambulance.		

**Can you say if you think any of these ideas will be better for you and your family, or worse?**

		Response Percent	Response Total
22	My main worry would be having to go to Cheltenham for treatment with regards transport, and or parking. Parking is sometimes difficult at Gloucester but at least getting a taxi there does not cost an arm and a leg. So for myself (I have no family) I would worry about needing treatments at Cheltenham a lot more than at GRH which is local to me.		
23	I think everyone would prefer to be treated at local hospitals both for convenience and a local more personal feel.		
24	Thus far, I have fortunate enough not to call upon hospital services very much. I therefore am not sure whether these ideas would be better or worse for myself or my partner. As long as it is clear where, and why, there are different treatments/operations and accessibility is good as well as the right staff for the job, then I would hope to see these ideas working effectively.		
25	For me and my family it makes little difference Cheltenham is further away but not enough to be a problem		
26	I think it will a bad idea to have all the surgeon s under the same roof.		
27	Better. My son is a Crohns sufferer		
28	I live in Churchdown. Midway.		
29	I am on my own so Glous is better to get on		
30	People with disabled like me like to be nearly hospital. I am on my own and my mother lives Wiltshire. I think more disabled people in Cheltenham need be nearly hospital.		
31	It may be inconvenient but we all have cars. My sister had her hip replacement in Cheltenham		
32	Wife has been waiting for a knee replacement since Jan 2020 then covid intervenes		
33	I would like as much as possible available in Cheltenham but clearly some things might be better at Gloucester		
34	as we live between both sites distance is not affected, we would prefer to go to a specialist centre to receive the most up to date treatment		
35	As we are quite fit and mobile, it shouldn't be an issue. If we were living alone with no support or access to transport, then there would be an issue.		
36	Moving some services to CGH is ok but what about people who have limited mobility or no support? How are they going to get there? Maybe a dial a ride would help rather than individual hospital transport? Parking at CGH is also on issue and needs to be addressed		
37	Living south of Gloucestershire - would like any treatment to be closer to home but realise that this is not logistically feasible. (basically age related)		
38	Too far to travel parking, costly/limited too old building and refurbishment poor		
39	I think they could improve services to all in the whole area		
40	BETTER		
41	Anything that improves communication within a hospital should benefit.		
42	Better		
43	Living in Gloucester and having to travel to Cheltenham for treatment means a two hour journey on public transport the idea seems ludicrous. We don't all drive cars.		
44	There will be some impact on travel for many people. There will also be some impact on emergency treatments where longer transport in ambulances is required to get a patient to a Centre of Excellence. Parking charges should be reviewed but not completely removed.		
45	I am sure these ideas will be better for us in the long run if we needed them, Specialist treatment at a centre of excellence has to be better for us for the future.		
46	it is all about convenience and travelling time.		
47	Generally my family and I would prefer Cheltenham. It's nearer and we prefer it.		

**Can you say if you think any of these ideas will be better for you and your family, or worse?**

		Response Percent	Response Total
48	Cheltenham hospital is a bit too far away for me and my family to get to so I would rather go to Gloucester hospital		
		answered	48
		skipped	41

**If you think any of these ideas would be worse for you or your family, can you say what we could do to make things better?**

		Response Percent	Response Total
1	Open-Ended Question	100.00%	34
1	You can make sure it is easy for people to know where they need to go when they have an emergency		
2	Clean Gloucester Royal properly; decorate where necessary. Ask the staff to work a bit faster.		
3	Visiting would be adversely affected.		
4	All these ideas are so remote for us in the Forest of Dean. The problems of travelling to Gloucester and Cheltenham. Now you want to close the two hospitals we have and replace it with a smaller hospital when these areas are growing by population does not make sense.		
5	no change		
6	Not enough information is given about the current location / state of these services to enable me to make a decision about this.		
7	Depending on the frequency and need for emergency services which require hospitalisation, the best outcome would be have services at both hospitals, to allow some diversity and redundancy. so as to avoid undue delays due to unforeseen factors.		
8	Good local facilities can only be reassuring for local people, less travel, more chance of survival if dealt with quickly		
9	Link minibus between sites. Increase use of community hospitals whenever possible. Use of technology for remote consultations. During Covid lockdown, I have had virtual ""zoom"" style consults for my hernia, with a doctor able to video my directed manipulations for him to decide whether to send me for emergency consult at A&E overnight. So perhaps I could travel to my local community hospital for a remote consult to the specialist sitting at Gloucester Royal?		
10	ability to get to the hospitals quicker  they are a long way from Forest of dean a bridge over the severn further up would help - in traffic its so far to go.  parking is very difficult and very expensive last time I went the machine wasn't working it was very stressful thinking I would get a ticket when my son was taken in		
11	Have the leads in one hospital and continue to operate or give care in both. Expertise can be shared online . COVID has shown we do not need to be in the same room.		
12	Any move to withdraw full 24x7 A&E from Cheltenham General - and the ability to perform associated emergency treatment on site - would be worse so please ensure that this does not happen		
13	Please consider to open A&E Cheltenham fully to alleviate the demand on Gloucester.		
14	Personally, that would be reliable hospital transport, or the reassurance that there is adequate parking close by so there was no anxiety about spending ages trying to find somewhere to park in an unfamiliar area.		

**If you think any of these ideas would be worse for you or your family, can you say what we could do to make things better?**

		Response Percent	Response Total
15	See above. Only more serious/complex issues to the central hospital.		
16	It would be more difficult for my sister who has no transport but the family can assist		
17	How about more signs to direct people		
18	None		
19	Keep both hospitals fully functioning as far as possible.		
20	My sister felt a bit ""left out"" as the family had to make a ""specific trip"" to Cheltenham. Plus parking problems.		
21	Improve parking and the cost especially at Cheltenham		
22	Again I don't drive and wife on waiting list for knee replacement		
23	Living in Winchcombe makes distance an issue		
24	adequate free parking for out-patient and in-patient care for patients and visitors - perhaps have appointment letter scanned for access		
25	Support with transport if needed		
26	I don't think any of these ideas would adversely affect my family as long as we can get there.		
27	One main hospital in Gloucester - fit for all		
28	Has an appointment for a skin complaint in Gloucester. Follow up appointment in Cheltenham six months later met same doctor. Has the Dermatology Dept moved to Cheltenham now?		
29	facilities should be available as widely as possible		
30	easy and short transport route to the hospital		
31	Gloucester is further away - transport is the issue.		
32	Generally my family and I would prefer Cheltenham. It's nearer and we prefer it.		
33	We are a very rural county so all this looks good on paper; but travelling long distances for acute problems taking into account road conditions especially at this time of year - public transport constraints to some rural areas, relatives could find it more problematic visit patients.		
34	Keep Gloucester hospital open		
		answered	34
		skipped	55

**Please tell us if you have any ideas about the things we have asked about of if there is anything else you want to say.**

		Response Percent	Response Total
1	Open-Ended Question	100.00%	27
1	Ideally even if there is another large outbreak of COVID keeping one Hospital as Green within Gloucestershire so procedures and operations can still be addressed so life can keep moving would give patients hope. stopping all routine operations has had a huge effect on patients wellbeing and lifestyle		
2	We need more upstream assessing units, more theatres and more surgeons to decongest the waiting lists that are making the patients suffer and aggravate their conditions unnecessarily		

**Please tell us if you have any ideas about the things we have asked about of if there is anything else you want to say.**

		Response Percent	Response Total
3	Please re design this questionnaire so that it gives adequate information to enable informed decisions to be made.		
4	i believe Planned services could be centralised but unplanned emergency services should be at the nearest point to the patient		
5	More beds. Also this survey pushes you towards certain answers as though the idea has already been decided. - we want local services		
6	Please remember: 1. Patients viewpoint, as well as safe medicine, as well as cost-effective centralisation. Perhaps I would comply better with aftercare, driving, physio advice, nutrition etc, if I didn't have to travel so far. So the efficacy may have a net better outcome if I can stay local, even if on paper centralisation improves my outcome 2. Transport poverty and rural isolation. Not everyone can get to other places, with little notice 3. Costs of accessing health care are very high. An elderly couple no longer able to drive paid £80 roundtrip for one hospital appointment recently. They told me privately that this affected the budget they had for food that month. Really sad, please never forget this.		
7	I just dont think the forest of dean is well served its a bit like we are second class citizens		
8	Both GRH and CGH appear to me to be bursting at the seams in their current sites. Just looking at the sheer number of high density housing estates that have been built and are in the pipeline I really do fear that the current buildings just will not cope with the population pressures as time goes by. Would be good to see money being spent now to prevent this becoming a real problem. Gloucestershire needs a new state of the art central hospital, built on a site with room for future expansion and with ample space for parking provision and good transport links.		
9	Large hospitals such as Southmead near Bristol look good but are inefficient and unwelcoming. The only real advantage they have for patents is that they have a number of specialist sections in the hospital. As people get older they normally have a number of other heath issues. If individual hospitals are allowed to become only specialist in one field then there is a risk they will miss other symptoms or have to transfer people to different hospitals for their ongoing treatments when they are already ill.		
10	Clear communication for patients/potential patients and families is key.		
11	A&E needs to be as quick and accessible as possible		
12	I'm concerned that you want to make Gloucester the main hospital and reduce Cheltenham to more of a cottage type hospital. A lot of money has been spent on Cheltenham hospital and it's ridiculous to move everything to Gloucester.		
13	I think we need to help both hospitals. Gloucestershire is a large county and people die on route to hospital. I think some people should be charged for using A&E when they could have gone to the Doctor.		
14	Having moved to Gloucester 11 years ago from Bristol where we saw the redevelopment of Southmead Hospital I would like to see GRH and CGH merged into 1 large hospital (midway between the 2 cities)		
15	Ongoing support from Cardiac unit in Cheltenham has been excellent		
16	one central county site		
17	Nothing further to add		
18	I picked up the summary consultation booklet in GRH and was very impressed with the whole document. I appreciate that it is a good idea to have public consultation but my view on these issues is that the specialists know best and I have complete faith in the NHS team to make the right decisions. I am sorry that I could not make more dynamic comments but I feel is rather like asking me to comment on the way the armed forces should be organised where I dont think my view would be terribly significant!		
19	No		
20	A&E in Cheltenham should open same hours as in Gloucester		

**Please tell us if you have any ideas about the things we have asked about of if there is anything else you want to say.**

		Response Percent	Response Total
21	I believe very strongly in Centres of Excellence. This is a way of providing first class services but should not be seen purely as a cost cutting exercise. A single large facility should have the same amount of equipment and staff as two smaller units - that way the same number of cases can be treated.		
22	Give people a choice of where they would like treatment because some people won't mind at all but others it will be very important. This can only be achieved if both hospitals do both		
23	specialist hospitals are great, but I wish to say that you should be aware of the ever growing aging community, visiting families over long distances from home, we are over 1 hour from GRH and it would cause us problems. Some form of accommodation should be made available for emergency overnight stays for the families to be near in case of a critical situation.		
24	open up small local hospitals		
25	Solve the transport and the parking and you have a good solution to your service offering. Get your IT sorted. A&E to talk to general wards records		
26	The issue between Gloucester Royal and Cheltenham is a big consideration in our area. We all prefer Cheltenham.		
27	Keep Gloucester hospital open. Gloucester hospital saved my life. All be it not as good as it was prior to my RTC		
		answered	27
		skipped	62

**Can you tell us the first part of your postcode? eg. GL16, GL3**

		Response Percent	Response Total
1	Open-Ended Question	100.00%	73
1	GL15		
2	GI15		
3	GL51		
4	GL52		
5	GL51		
6	GL15		
7	GL3		
8	gl3		
9	gl15		
10	GL52		
11	GL18		
12	gl53		
13	GI3		
14	GL11		
15	GI20		











Can you tell us the first part of your postcode? eg. GL16, GL3

		Response Percent	Response Total
16	GL15		
17	GL54		
18	gl15		
19	GL51		
20	GL51		
21	GL8		
22	GL51		
23	GL11		
24	GL17		
25	GL10		
26	GL15		
27	GL54		
28	gl52		
29	GL14		
30	GL51		
31	GL52		
32	GL4		
33	gl14		
34	GL11		
35	GL6		
36	GL6		
37	GL16		
38	GL17		
39	GL2		
40	GI51		
41	GL2		
42	GL52		
43	GL3		
44	GL11		
45	GL52		
46	GL3		
47	GL16		
48	GL2		
49	GL54		
50	GL3		




Can you tell us the first part of your postcode? eg. GL16, GL3

		Response Percent	Response Total
51	GL51		
52	GL3		
53	GL1		
54	GL2		
55	GL16		
56	GL7		
57	GL14		
58	GL16		
59	GL51		
60	GL20		
61	GL4		
62	GL2		
63	GL1		
64	GL53		
65	GL53		
66	GL17		
67	gl56		
68	GL16		
69	GL7		
70	GL8		
71	GL54		
72	GL51		
73	GL16		
		answered	73
		skipped	16









### Which age group are you:

			Response Percent	Response Total
1	0 - 18		1.27%	1
2	18-25		1.27%	1
3	26-35		1.27%	1
4	36-45		3.80%	3
5	46-55		8.86%	7
6	56-65		20.25%	16
7	66-75		43.04%	34
8	75+		20.25%	16
9	Not saying		0.00%	0
			answered	79
			skipped	10




### Are you:

			Response Percent	Response Total
1	Someone who works in health or social care		7.50%	6
2	A member of the public		88.75%	71
3	Not saying		3.75%	3
			answered	80
			skipped	9






**Do you have a disability - tick the ones that describe you.**

			<b>Response Percent</b>	<b>Response Total</b>
1	No		50.00%	37
2	Mental health problem		9.46%	7
3	Problems with your sight		9.46%	7
4	Learning difficulties		4.05%	3
5	Problems with your hearing		14.86%	11
6	A health problem you have had for a long time like asthma, diabetes, or something else		36.49%	27
7	Physical disability		8.11%	6
8	Not saying		1.35%	1
			answered	74
			skipped	15





**Do you look after, or give any help and support that you don't get paid for, to other people because they are ill or older?**

			<b>Response Percent</b>	<b>Response Total</b>
1	No, I don't		75.68%	56
2	Yes, I do		22.97%	17
3	Not saying		1.35%	1
			answered	74
			skipped	15





Please can you tell us which o the groups in our list best describes you? This is called ethnicity.

			Response Percent	Response Total
1	White British		93.59%	73
2	White Other		1.28%	1
3	Asian or Asian British		1.28%	1
4	Black or Black British		0.00%	0
5	Chinese		0.00%	0
6	Mixed		1.28%	1
7	Not saying		2.56%	2
			answered	78
			skipped	11




Please tick if you have any of these religions or beliefs

			Response Percent	Response Total
1	None		19.74%	15
2	Buddhist		0.00%	0
3	Christian		71.05%	54
4	Hindu		0.00%	0
5	Jewish		0.00%	0
6	Muslim		0.00%	0
7	Sikh		0.00%	0
8	Other		1.32%	1
9	Not saying		7.89%	6
			answered	76
			skipped	13





Can you say about your gender? Tick the one that describes you.

			Response Percent	Response Total
1	Male		49.37%	39
2	Female		48.10%	38
3	Transgender		0.00%	0
4	Non-binary		1.27%	1
5	Not saying		1.27%	1
			answered	79
			skipped	10




Are you the same gender you were born with?

			Response Percent	Response Total
1	Yes		94.74%	72
2	No		2.63%	2
3	Not saying		2.63%	2
			answered	76
			skipped	13

Can you say how you think of yourself?

			Response Percent	Response Total
1	Heterosexual or straight		90.79%	69
2	Gay or lesbian		1.32%	1
3	Bisexual		1.32%	1
4	Other		0.00%	0
5	Not saying		6.58%	5
			answered	76
			skipped	13

### Are you pregnant or had a baby in the last year?

			Response Percent	Response Total
1	Yes		0.00%	0
2	No		52.56%	41
3	Not saying		1.28%	1
4	This question doesn't apply to me		46.15%	36
			answered	78
			skipped	11