Fit For The Future - What matters to you?

People with mental health problems and/or learning difficulties

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	36.36%	8
2	Support	27.27%	6
3	Oppose	4.55%	1
4	Strongly oppose	22.73%	5
5	No opinion	9.09%	2
		answered	22
		skipped	1

Please tell us why you think this, e.g. the information you would like us to consider (9)

- 1 I think the gastrointestinal ward should be bk in Cheltenham as I have a stoma and Gloucester hospital is far from me
- 2 I think it will promote continuing excellence in the services provided and will attract good quality staff to the area.
- 3 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
- 4 If this is thought to be a good idea, it probably is!
- 5 I feel that this sort of service should be available at Both Cheltenham and Gloucester
- 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.
- 7 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.
- 8 Timely assessment and diagnosis and improved staff cover
- 9 Cheltenham would be more convenient for me, but Gloucester is potentially bigger and within easy reach

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	27.27%	6
2	Support	36.36%	8
3	Oppose	4.55%	1
4	Strongly oppose	13.64%	3
5	No opinion	18.18%	4
		answered	22
		skipped	1

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

- 1 I think it will benefit local people to have this provision and will promote continued quality improvement and performance in this area.
- 2 If emergency treatment is performed at one hospital, GRH, it leaves planned surgery at the other, CGH, not liable to interruption for emergency surgery.
- 3 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
- 4 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).
- 5 Being seen by the right specialist, not going through several appointments and being re-directed

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	42.86%	9
2	Support	14.29%	3
3	Oppose	0.00%	0
4	Strongly oppose	14.29%	3
5	No opinion	28.57%	6
		answered	21
		skipped	2

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

- 1 I think it should be bk in Cheltenham
- 2 It will benefit local people needing this type of surgery
- 3 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
- 4 Again have services available at both Cheltenham and Gloucester

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 Total

5 It doesn't matter which site, so long as the service is there and available.

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)	47.62%	10
2	Gloucestershire Royal Hospital (GRH)	28.57%	6
3	No opinion	33.33%	7
		answered	21
		skipped	2

Please tell us why you think this, e.g. the information you would like us to consider: (6)

- 1 BOTH HOSPITALS. STOP PUTTING PRESSURE ALL ONTO ONE SITE
- 2 I don't think it matters where the provision is. I cant see that one site has more benefit that the other.
- 3 See previous question
- 4 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
- 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.
- 6 Better on-site facilities and car-parking at Gloucester. Not sure where there is adequate space in Cheltenham

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	33.33%	7
2	Support	23.81%	5
3	Oppose	0.00%	0
4	Strongly oppose	14.29%	3
5	No opinion	28.57%	6
		answered	21
		skipped	2

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	
Ple	Please tell us why you think this, e.g. the information you would like us to consider (4)				
	1	Benefits local people.			
	2	Easy access and close to carers who need to visit me and don't drive			
	3	see earlier comments			
	4	So long as patients can access the location where their surgery is taking place.			

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	28.57%	6
2	Support	33.33%	7
3	Oppose	9.52%	2
4	Strongly oppose	9.52%	2
5	No opinion	19.05%	4
		answered	21
		skipped	2

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

- 1 Will provide a better health care service for local people.
- 2 see earlier comments
- 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.
- 4 Less likelihood of being transferred to other hospital sites. Retention of staff is pararmount

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

		Response Percent	Response Total
1	Strongly support	15.00%	3
2	Support	45.00%	9
3	Oppose	10.00%	2
4	Strongly oppose	10.00%	2
5	No opinion	20.00%	4
		answered	20
		skipped	3

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

- 1 I think it is an interesting area of surgery and will provide excellent provision for local people.
- 2 see earlier comments
- 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).
- 4 Better facilities and car-parking at GRH

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

		Response Percent	Response Total
1	Strongly support	40.00%	8
2	Support	25.00%	5
3	Oppose	5.00%	1
4	Strongly oppose	5.00%	1
5	No opinion	25.00%	5
		answered	20
		skipped	3

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

- 1 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.
- 2 Easily accessable
- 3 Yes both hospitals should be capable of offering all services
- 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.
- 5 Treated more quickly by a specialist

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

		Response Percent	Response Total
1	Strongly support	36.36%	8
2	Support	27.27%	6
3	Oppose	9.09%	2
4	Strongly oppose	0.00%	0
5	No opinion	27.27%	6
		answered	22
		skipped	1

Please tell us why you think this, e.g. the information you would like us to consider (6)

- 1 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.
- 2 Yes both hospitals should be capable of offering all services
- 3 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.
- 4 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
- 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)
- 6 Convenient for residents of both areas

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	Op	pen-Ended Question	100.00%	10			
	1	I don't drive so to get to CGH I would have to go on the bus, that's if I can afford it. On	r not go at all.				
	2	I think in general the proposals are positive and will improve the services available in Gloucester.					
	3	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					
	4	Find travel to GRH difficult					
	5	For me an my family we can access either GRH or CGH but I know that this will not be residents requiring care.	e the case fo	r all			
	6	I think it would adversly affect my work					
	7	Positive impact, we have all been treated under the NHS in the last 12-18 months an only improve primary healthcare in Gloucestershire	d these propo	sals can			
	8	We live on the border in Herefordshire but our nearest GP surgery is in Gloucestersh services. Having to travel to Cheltenham is too far.	ire where we	access			

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
 I hope that under the new proposed services any future problems i have with my replaced ankle will be de 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 Cardiac and renal. I am 84, have had 2 heart attacks and been cared for at both hospitals. I have chronic kidney disease 			
		chronic	
		answered	10
		skipped	13

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		
	Open-Ended Question	100.00%	8		
1	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.				
2	None				
3	YES! All the proposals. you are trying to reduce the service offered.				
Logistics, ensuring that patients can access the site they need. Ensuring that care is not compromised having specialisms at a particular site i.e. will there be enough Nurses, Doctors, Specialists to provide a 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 entinow. I am assuming the proposals were put together at a different point in time and wonder if the currence on commic climate and impact that this will have on costs (budget) and the health of the population mean the proposal has to be reviewed to ensure it is still fit for purpose.			de effective vitable entering urrent		
5	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				
6	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.				
7	I am worried that the aim to be more efficient to reduce waiting times and free up b treatment and rushing patients out of the hospital without proper care or after-care with a few aspects of the service I received				
8	n/a				
		answered	8		

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	С	pen-Ended Question	100.00%	3
To be ""Fit for the future" try to repair the damage that has been afflicted to the NHS over recent putting operations out to private companies. Work on restoring services which have been cut, red times. Put NHS money into the NHS and NOT into private companies				
	2	No, if the statistics show that this model will provide better clinical outcomes, less wait and attraction/retention of the right staff, then I do not have another model to suggest.		t working
	3			
			answered	3
			skipped	20

Ar	ıytl	ning else you would like to say?		
			Response Percent	Response Total
1	0	pen-Ended Question	100.00%	8
	1	I live in Cheltenham and find it easier to travel to work to CGH but am not opposed to 99 bus service could help if the times of the buses fit the shifts of staff.	travelling to G	RH but the
	2	I haven't the experience to comment on most of this questionnaire.		

Anything else you would like to say?

Response Response Percent Total

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

- 4 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.
- 5 Parking at both centres is problematic and public transport during Covid19 advised against
- 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.
- 7 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.

Anything else you would like to say?

Response	Response
Percent	Total

8 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 Inger. 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 durring 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.

answered	8
skipped	15

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

			Response Percent	Response Total
1	Open-Ended Question		100.00%	21
	1	GL53		
	2	GI51		
	3	gl51		
	4	GL52		
	5	GL		
	6	GL2		
	7	GL2		
	8	GL52		
	9	GL16		
	10	GL1		
	11	GL52		

	Respons Percent	
12	GL7	
13	GL52	
14	GL4	
15	GL52	
16	GL53	
17	GL13	
18	GL52	
19	HR9	
20	GL52	
21	GL50	

W	/hich age group are you:			
			oonse R cent	Response Total
1	Under 18	4.3	35%	1
2	18-25	0.0	00%	0
3	26-35	30.	43%	7
4	36-45	17.:	39%	4
5	46-55	13.0	04%	3
6	56-65	13.0	04%	3
7	66-75	13.0	04%	3
8	Over 75	8.7	70%	2
9	Prefer not to say	0.0	00%	0
		ansv	vered	23
		skip	pped	0

A	re you:		
		Response Percent	Response Total
1	A health or social care professional	26.09%	6
2	A community partner	0.00%	0
3	A member of the public	60.87%	14
4	Prefer not to say	13.04%	3
		answered	23
		skipped	0

D	o you consider yourself to	have a disability? (Tick all that apply)	
		Response Percent	Response Total
1	No	0.00%	0
2	Mental health problem	95.65%	22
3	Visual Impairment	4.35%	1
4	Learning difficulties	8.70%	2
5	Hearing impairment	4.35%	1
6	Long term condition	39.13%	9
7	Physical disability	17.39%	4
8	Prefer not to say	0.00%	0
		answered	23
		skipped	0

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	34.78%	8
2	No	60.87%	14
3	Prefer not to say	4.35%	1
		answered	23
		skipped	0

	Response	Response
	Percent	Total
hite British	86.96%	20
hite Other	4.35%	1
sian or Asian British	0.00%	0
ack or Black British	0.00%	0
ninese	0.00%	0
xed	0.00%	0
efer not to say	8.70%	2
her (please specify):	0.00%	0
	answered	23
	skipped	0
1	nite Other ian or Asian British ack or Black British iinese xed efer not to say	Percent 86.96% hite Other ian or Asian British o.00% ack or Black British innese o.00% xed efer not to say her (please specify): Percent 86.96% 4.35% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%

V	/hich, if any, of the following b	est describes your religion or belief?	
		Respon	
1	No religion	68.189	% 15
2	Buddhist	0.00%	6 0
3	Christian (including Church of England, Catholic, Methodist and other denominations)	22.739	% 5
4	Hindu	0.00%	6 0
5	Jewish	0.00%	6 0
6	Muslim	0.00%	6 0
7	Sikh	0.00%	6 0
8	Other	0.00%	6 0
9	Prefer not to say	9.09%	6 2
		answer	ed 22
		skippe	d 1

Are you:					
		Response Percent	Response Total		
1	Male	30.43%	7		
2	Female	60.87%	14		
3	Transgender	0.00%	0		
4	Prefer not to say	8.70%	2		
		answered	23		
		skipped	0		

Do you identify with your gender as registered at birth?						
			Response Percent	Response Total		
1	Yes		95.65%	22		
2	No		0.00%	0		
3	Prefer not to say		4.35%	1		
			answered	23		
			skipped	0		

V	Which of the following best describes how you think of yourself?				
		Response Percent	Response Total		
1	Heterosexual or straight	63.64%	14		
2	Gay or lesbian	9.09%	2		
3	Bisexual	13.64%	3		
4	Other	0.00%	0		
5	Prefer not to say	13.64%	3		
		answered	22		
		skipped	1		

Are you currently pregnant or have given birth in the last year? Response Response Total 1 Yes 0.00% 0 2 No 73.91% 17 3 Not applicable 17.39% 4 Prefer not to say 2 8.70% answered 23 skipped 0