






Fit For The Future - What matters to you?

Responses from Carers

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		44.70%	59
2	Support		23.48%	31
3	Oppose		11.36%	15
4	Strongly oppose		17.42%	23
5	No opinion		3.03%	4
			answered	132
			skipped	3

Please tell us why you think this, e.g. the information you would like us to consider (88)

1	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.
2	But needs much bigger a+e at GRH
3	There should be one at Cheltenham General also
4	Centre of excellence as opposed to two try hards
5	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.
6	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 .
7	There needs to be acute medical services at CGH also.
8	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 impossible to provide holistic care.
9	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.
10	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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		Response Percent	Response Total
11	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:		
12	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.		
13	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.		
14	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/Snowhill/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'.		
15	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		
16	Cheltenham should remain an acute general hospital		
17	It would be problematic for rural locations, travel, job continuity and economic health in and around CGH		
18	good to have all services in one place.		
19	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.		
20	Having a more centralised provision will be more beneficial to patients.		
21	We need to concentrate our resources for acute medicine on one site.		
22	To help flow.		
23	I think it will promote continuing excellence in the services provided and will attract good quality staff to the area.		
24	having access to wide range of specialists as quickly as possible seems key		
25	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.		
26	Concentrate this and the required support services for this on one site		
27	I believe CGH should offer equal services to GRH and not all resources diverted to Gloucester		

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		Response Percent	Response Total
28	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.		
29	There just isn't a big enough ED at Gloucester, not enough Resus vays and just too cramped		
30	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		
31	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.		
32	Best location in the county for this service		
33	Better treatment for all		
34	It makes sense to me have the expertise in one centre.		
35	The options outlined appear to make medical and operational sense		
36	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		
37	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'		
38	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.		
39	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.		
40	The concentration of key resources in one place to reduce duplication and wastage.		
41	acute medicine is required both sites. CGH has ICU beds nad medical meds to help ease the patient load		
42	all experts in one place considering the staff shortage the NHS is currently under		
43	It's closer for most people. Ie the forest and cotswolds		
44	It makes sense to have one 'centre of excellence' rather than reduced facilities over 2 sites 12 miles apart		
45	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.		
46	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.		

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		Response Percent	Response Total
47	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?		
48	Opportunity to improve recruitment and retention of staff a strong argument for single site, linked to 24 hr consultant A&E		
49	Particular medical conditions can be prevented from getting worse if treated / diagnosed earlier		
50	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		
51	I think everyone would prefer to be treated where specialist care is available and immediately accessible. This comment applies to all sections		
52	<p>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.</p> <p>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.</p>		
53	Anything that reduces risk, Travelling time, being passed from pillar to post offers a quality service, with quality staff can only be excellent		
54	Do things well in one place. Concentrate skills and workload.		
55	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.		
56	Glos Royal needs to improve		
57	Reduced waiting times Specialised staff in one place, so prompt decisions, better staffing		
58	Save on staffing and equipment by focussing on one location. Provide a better service.		
59	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.		
60	Gloucestershire Royal already has good facilities and these could be improved if it was made a centre of excellence.		
61	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		
62	More convenient/centralized.		






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		Response Percent	Response Total
63	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.		
64	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.		
65	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.		
66	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 end 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)?		
67	Don't see why this needs to be only available in Gloucester and services removed from Cheltenham		
68	Central to county for us in FOD		
69	We have to be realistic about the challenges and do what's needed to try and mitigate them.		
70	In line with the A&E focus		
71	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.		
72	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		
73	A specialist unit such as this makes sense.		
74	To concentrate the necessary skills in the centre of the catchment area		
75	Less need to transfer between hospitals which takes ambulance time away from emergency calls.		
76	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.		
77	Too far for people from east Gloucestershire to go and it is always busy.		
78	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.		

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		Response Percent	Response Total
79	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.		
80	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.		
81	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.		
82	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.		
83	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 difficult 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 its 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.		
84	Cheltenham would be more convenient for me, but Gloucester is potentially bigger and within easy reach		
85	More specialist nurses required in Acute Medicine. Real lull in activity when you get up to Acute Medicine.		
86	Quicker response to a service when needed - waiting times - if all under one roof - higher demand?		
87	If there is only one centre and something goes wrong will there be no back up service		
88	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		42.31%	55
2	Support		20.77%	27
3	Oppose		10.77%	14
4	Strongly oppose		18.46%	24
5	No opinion		7.69%	10
			answered	130
			skipped	5

Please tell us why you think this, e.g. the information you would like us to consider (81)

1	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.
2	I think split site working for all departments should end. Single site for each speciality should be a priority
3	Should also have one at Cheltenham General

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
4	The same as previous it is easier to manage and better cost savings for the trust, tax payer.		
5	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 .		
6	There needs to be capacity for this at CGH also.		
7	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.		
8	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.		
9	Again, for same reasons as Acute care - GRH doesn't have capacity		
10	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.		
11	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		
12	Cheltenham should remain an acute general hospital		
13	Same reason for my previous choice. Internal operation and streamlining should not come at the cost of local community well-being.		
14	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.		
15	Again, we need to concentrate our resources on a single site to make best use of staffing and e.g. radiology		
16	Cheltenham needs surgery. As some people can not travel to Gloucester		
17	I think it will benefit local people to have this provision and will promote continued quality improvement and performance in this area.		
18	I want to see best staff possible in an emergency - I don't mind where it is but Gloucester makes more sense		
19	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.		
20	Services at CG H should be of equivalent quality.		
21	Many people from Cheltenham and North Gloucestershire would die on the way to Gloucester Royal. The traffic at many times of the day is appalling 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.		
22	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.		
23	This should be done in Cheltenham too		
24	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.		
25	Best location and facilities in the county		
26	I have to travel to both hospitals, so it makes no difference to me.		

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		Response Percent	Response Total
27	Again one location makes sense		
28	There should be good emergency general surgery at both GRH and CGH together with 24 hour consultant led A&E departments at both locations.		
29	<p>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</p> <p>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.</p> <p>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</p>		
30	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.		
31	Service already good		
32	See my previous answer		
33	As before		
34	Makes sense to specialise		
35	Concentration of key resources in one place to reduce duplication and wastage.		
36	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		
37	Smaller A and .e with nurse practitioners would lessen the load on the big hospitals		
38	Again, it makes sense to have one very well equipped and staffed hospital rather than 2 close but less well resourced units		
39	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?		
40	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.		
41	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		
42	Travel visiting and carers		
43	Mocking all emergency services to GRH site logical in terms of collocation and impact on ambulance services		
44	As long as theatre space would increase in line with the need		
45	Better care for the community		
46	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		
47	Emergency general surgery should be available at both hospitals		






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		Response Percent	Response Total
48	It seems sensible and more cost effective to centralise services		
49	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.		
50	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		
51	Lessen impact on planned surgery		
52	Again, although this would be less convenient in respect of a present home the benefits would seem to outweigh the convenience		
53	Glos Royal needs to improve.		
54	Pressure eased on gaps in surgery and better for consultants and trainees. Shorter waiting and being messed about.		
55	Specialist staff and equipment in one location. Saves on time and money.		
56	The other options are more suitable		
57	Gloucestershire royal already has good facilities and several operating theatres with experienced staff		
58	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		
59	Good communications hub.		
60	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.		
61	I would fully support the concept of Centre's of excellence for all the reasons documented in your summary document ' Fit for the future'		
62	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.		
63	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.		

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		Response Percent	Response Total
64	<p>Surely access to care should be of primary concern to a hospital? Any solution should not have a negative impact?</p> <p>I query your statistics? The positive benefit for this change is for the homeless and people from 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?</p> <p>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?</p>		
65	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.		
66	Central to county for all		
67	It makes sense to co-locate emergency medicine and surgery at GRH		
68	In line with acute medicine and A&E focus		
69	The risks mean that this should be with the Acute provision.		
70	Yes I would like this to stay in Gloucester I am biased I live just outside Gloucester I like the benefits to staff members and staff retention.		
71	A specialist unit such as this makes sense.		
72	For the same reasons as above To concentrate the necessary skills in the centre of the catchment area		
73	No General Surgery beds at 1 hospital could impact badly on some patients.		
74	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).		
75	Nothing in the proposals that says emergency general surgery is better here than anywhere else.		
76	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.		
77	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.		
78	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.		
79	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		
80	A centre of excellence is essential and you shouldn't spread your resources. The hospitals are close enough that no areas should be disadvantaged.		
81	always needed - Will specialist staff really be available or too busy elsewhere? How practical will this be or is it 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		46.40%	58
2	Support		31.20%	39
3	Oppose		2.40%	3
4	Strongly oppose		5.60%	7
5	No opinion		14.40%	18
			answered	125
			skipped	10

Please tell us why you think this, e.g. the information you would like us to consider (69)

1	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.
2	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
3	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.
4	Elective services would benefit from single site 'centre of excellence' but with the capacity to transfer from Acute medicine/surgery at both sites.
5	If the ward is staffed properly, it could work.
6	If it's planned, why not just go to Oxford and build a bigger unit there?
7	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.
8	Silo'd services appear much simpler to locate on a single site.
9	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
10	Planned surgery can be dealt either in cheltenham/Gloucester. But ideal would be in 2 different hospitals. so more cases can be conducted.
11	This is an 'either or' question without giving an opportunity to vote for either. It is nonsense.
12	Makes sense if centralising other GI services.
13	It will benefit local people needing this type of surgery
14	essential to attract good specialists and perhaps in time take on childrens so we dont have to travel to Bristol
15	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.
16	Both hospitals should offer an equivalent standard of care
17	Yes it soulnds fine but surely Gloucester Royal will want their own as well!
18	Cheltenham needs to become a centre of excellence for colorectal surgery, urology and oncology, both planned and emergency

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
19	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 have walked home if I had been taken to Cheltenham		
20	Diagnostics are ok at Cheltenham, but specialist surgery needs to be where specialist surgery is based...		
21	Higher standards and expertise can be employed centrally		
22	But on both sites		
23	I support a centre for excellence.		
24	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 site (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		
25	I presume GRH would be a spoke and therefore provide back up.		
26	Need specialist services		
27	Cheltenham is quite far enough for us to travel		
28	As before		
29	Concentration of key resources in one place to reduce duplication and wastage.		
30	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		
31	Again, it makes sense to have one very well equipped and staffed hospital rather than 2 close but less well resourced units		
32	As per previous comments		
33	but only in one centre		
34	Same reasons do not oppose a centre of excellence for Gloucestershire but do oppose strongly the lack of operations at either hospital		
35	It can only be a good thing for the people of Gloucestershire		
36	CGH would be the better location		
37	Again it seems sensible to centralise resources and staff		
38	Please bear in mind any treatments taken prior to appointments which may make a long journey very difficult		
39	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!		
40	As above		
41	The proposal would seem to make more effective use of staff and facilities		
42	Confused!		
43	Not sure about this as people from the Cotswolds need the nearest place yet Gloucester is better for people from that area.		




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
44	Focussing a specialism in one location makes the most sense providing value for money.		
45	COE will benefit Patients and Staff, and make effective use of existing resources		
46	Often have to go to Cheltenham for appointments so makes sense to do it at Cheltenham		
47	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		
48	Not qualified to judge.		
49	If its excellent, who cares where it is?		
50	Near both		
51	If it is at GRH		
52	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.		
53	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.		
54	Not central to county. Parking nightmare, travel time - hours away		
55	Need to locate the planned specialties into CGH if emergency medicine and surgery are going to GRH		
56	Public perception and access focused at one hospital for one type of health issue		
57	A centre of excellence would be good for everyone!		
58	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.		
59	It needs to be Gloucester for access from the forest of dean		
60	To help spread skills to other major assets		
61	It would help provide rotas for the appropriate surgeons.		
62	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.		
63	Strongly support PROVIDED that site is Cheltenham		
64	It makes sense to have this at CGH where the gynaecological oncology is carried out. (Pelvic surgery)		
65	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.		
66	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		

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
67	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.		
68	See my previous answers on GRH but more so to travel to CGH. My wife is disabled hospital transport is a joke. I wrote to MP Mark Harper about this. I pay for transport and it is expensive		
69	CGH has always been a centre for excellence for this surgery - let it stay so!! Don't change		

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)		44.44%	56
2	Gloucestershire Royal Hospital (GRH)		21.43%	27
3	No opinion		35.71%	45
			answered	126
			skipped	9

Please tell us why you think this, e.g. the information you would like us to consider: (71)

1	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.
2	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
3	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.
4	this would support gynaecology surgery
5	Wherever you feel it is easier and safer to provide this from. Where other support services are on hand.
6	As above so the specialists are on one site , can cross cover be available.
7	Lower GI is currently at CGH, and in general works well with a v.dedicated multidisciplinary team.
8	Why should people from Cheltenham go to Gloucester when they can go to Oxford? If it's planned...
9	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?
10	CGH would make sense as there is the oncology dept is also there. The dots are joined up in that respect
11	both sites.
12	As this is intimately linked to gastroenterology (which is being focussed at CGH), it makes sense for this to be at CGH too.
13	Makes sense to continue the planned trend at CGH.

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
14	I don't think it matters where the provision is. I cant see that one site has more benefit that the other.		
15	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.		
16	As above		
17	Neither site should take priority.		
18	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		
19	Cheltenham already deals with urology and it would make sense for ALL lower GI surgery, planned and emergency		
20	Both need this		
21	For reason given previously		
22	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		
23	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.		
24	GRH is currently too busy. I presume GRH would be a spoke and therefore provide back up.		
25	See above		
26	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.		
27	Hard to have an opinion unless you are a user		
28	I live in Stroud and find it easier to get to GRH and easier to park the car.		
29	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		
30	Most of the surgery might involve a cancer and Cheltenham is the cancer centre		
31	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		
32	the main center for this type of surgery is already in Cheltenham - so why would you wan t to move it ?		
33	the centre should be close to GI medicine, specialist inpatient care (as in ITU) and imaging		
34	As above		
35	Ability to protect beds and theatre capacity		
36	As long as the support services match the need.		
37	Greater diversity in Gloucester		






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
38	Cheltenham and Gloucester hospitals should be equally recognised for their own specialisms and resources. Gloucester Hospital cannot have it all		
39	Obviously Gloucester is the closest to me, for same reason stated above. Cotswold residents would almost certainly disagree		
40	Obviously, given what I've said, I'd choose Cheltenham. Gloucester residents would presumably prefer it there!		
41	Greater Diversity in Gloucester - some longer term health conditions higher with minority ethics Ease of access and family support as communities live close together		
42	A good match with other services. Also seems too much at GRH which could lead to conflicts of staff time		
43	Ideal in respect of our place of residence		
44	Would keep at both		
45	If the majority of this department is located in GRH, it makes sense for all of it to be located at GRH.		
46	Make effective use of existing resources		
47	As above		
48	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 there 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 there is no capacity or available beds		
49	Not qualified to judge.		
50	If its excellent, who cares where it is?		
51	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.		
52	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.		
53	Proposals for either option appear to be well thought through.		
54	I don't support it		
55	Again central		
56	see previous response		
57	To align with the upper colorectal service at CGH		

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
58	All major General surgery located with acute services makes common sense.		
59	I think a centre of excellence, a single one would benefit the local and wider community by being situated in Gloucester.		
60	Its more central for Gloucestershire		
61	It would make the centre of excellence and help maintain Chelts specialism to attract staff.		
62	This is my biased opinion, as Cheltenham is so much more convenient to reach from the Fairford area.		
63	Fits in with above.		
64	I know the GRH team are fantastic, but have had no dealings with CGH.		
65	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.		
66	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.		
67	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		
68	It has always fulfilled. This need - leave it as it is		
69	Family orientated at Cheltenham and more friendly, smaller pods.		
70	Prefer something at both sites		
71	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		39.53%	51
2	Support		33.33%	43
3	Oppose		3.10%	4
4	Strongly oppose		5.43%	7
5	No opinion		18.60%	24
			answered	129
			skipped	6

Please tell us why you think this, e.g. the information you would like us to consider (57)

1	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.
2	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
3	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






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
4	Why go to Gloucester when you can go to Oxford?		
5	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.		
6	as previous question located in the best site alongside the supporting departments such as Oncology. the imaging services also need to be there too		
7	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.		
8	Keep low-risk surgery away from the acute site to improve (reduce) cancellations		
9	Benefits local people.		
10	Would these beds be ringfenced for day surgery and not have patients put in them overnight? as is the usual case.		
11	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		
12	Both Cheltenham and Gloucestershire need this		
13	Helps to manage an appropriate split between hot and cold sites		
14	Would require better facilities at Cheltenham general in my opinion hospital dated and tired in appearance		
15	I support the idea of one team on one site locally		
16	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		
17	As above		
18	As before		
19	Concentration of key resources to reduce duplication and wastage.		
20	day case can be done either site		
21	As before		
22	as previous answer		
23	This is already in Cheltenham. I have had to use it and found it excellent.		
24	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.		
25	But for day cases, there should be one at GRH as well.		
26	is there sufficient IT resource so paper records can be consigned to history and all relevant clinical information is available on both sites		
27	Should've at both units if Gloucester hospital and Cheltenham hospital are Gloucestershire hospital service why not at both.		
28	Ability to manage beds and theatre capacity. Support to staff.		
29	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		
30	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		

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
31	See previous 2 comments		
32	See previous.		
33	As before - economies of scale vasically		
34	More convenient from a personal point of view		
35	Separating Planned surgery will reduce cancellation and improve patients waiting times		
36	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		
37	Not qualified to judge.		
38	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		
39	N/A		
40	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.		
41	Why not at both, this involves improving Cheltenham at the expense of Gloucester		
42	Not central to county		
43	keeping planned activity in CGH if emergency services are going to GRH makes sense		
44	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.		
45	All skills and staff for GI health issues in one location. Single point of contact in Trust for GI		
46	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.		
47	This would work well because it is planned surgery instead of emergency surgery. Not so much of an issue around transport and time scales		
48	It needs to be Gloucester more central for Gloucestershire.		
49	To centralise the entire colorectal skills		
50	Help develop skills of junior surgeons and provide good support for them.		
51	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.		
52	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.		
53	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.		
54	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'.		
55	See my previous comments. This is a bad decision and the people of the forest of dean and Monmouth deserve better.		
56	It is very good as is		
57	Yes for centre of excellence and yes for Cheltenham.		

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		32.82%	43
2	Support		32.82%	43
3	Oppose		9.16%	12
4	Strongly oppose		6.11%	8
5	No opinion		19.08%	25
			answered	131
			skipped	4

Please tell us why you think this, e.g. the information you would like us to consider (64)

1	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.
2	Image guidance needs to have services in both locations
3	both hospitals should have it
4	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
5	Makes sense as the oncology services are at Chet=Itenham so would need support
6	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.
7	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.
8	Centres of excellence should be at both hospitals!
9	The spoke is a 'gesture' and perceptibly will be seen as something to sacrifice at a later date to move all services to GRH....
10	making sure that the supporting staff are enough to provide this
11	Any
12	Again, we need to concentrate our resources on a single site to make best use of staffing and e.g. radiology
13	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.
14	Will provide a better health care service for local people.
15	expensive kit and specialist staff - makes no sense to try and run 2 sites
16	As vascular and cardiology are at CGH then this service needs to be based on this site.
17	Both hospitals need this
18	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.
19	Reasons given previously
20	This would presumably mean that there could be more appointments available.
21	Being a more modern hospital having the hub in Gloucester makes sense






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

		Response Percent	Response Total
22	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		
23	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.		
24	As long as the tech is good enough this is fine. But the tech has to be up to this task		
25	Concentration of key resources to reduce duplication and wastage.		
26	with major pelvic surgery we need interventional surgery which will also tie in with oncology		
27	More central for the county		
28	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		
29	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.		
30	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		
31	Should be at both		
32	Help with recruiting and developing a centre of excellence good for population of Gloucestershire		
33	As long as there is suitable staffing to support this arrangement, eg. Radiologists, nursing staff, radiology staff, physiology staff.		
34	Reducing risks and stays in hospital and manual intervention is always good. Anxiety of carers and family is minimised as patients return home quicker		
35	Provided the spoke at Cheltenham is accessible and operational		
36	See previous		
37	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		
38	This could have been a centre for excellence in cgh ?		
39	Seems to make sense		
40	Bringing the hub into one location makes sense, as staff and equipment can be focussed on one place not split over two sites.		
41	This Provide the Best Option - and will mean patients can be seen locally.		
42	Availability re transport and parking for patients and carers		
43	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		
44	Seems effective.		
45	The staff who maintain the LINACS (at CGH) would be best to carry out emergency repairs and maintenance, surely?		
46	N/A		

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

		Response Percent	Response Total
47	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.		
48	see previous answers		
49	GRH should be main site		
50	This depends where the activity is required - in emergency surgery or planned		
51	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.		
52	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		
53	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.		
54	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.		
55	Explain why this can't just be at Gloucester		
56	It is the logical place		
57	Having read the information in this booklet I think it would be better to have 1 place for IGIS at GRH.		
58	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.		
59	My quick thought is spoke detracts from the economies of scale argument.		
60	I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH		
61	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.		
62	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		
63	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???		
64	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.		

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

			Response Percent	Response Total
1	Strongly support		36.51%	46
2	Support		30.16%	38
3	Oppose		7.94%	10
4	Strongly oppose		8.73%	11
5	No opinion		16.67%	21
			answered	126
			skipped	9

Please tell us why you think this, e.g. the information you would like us to consider (58)

1	both hospitals should have it
2	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
3	Cardiology and vascular services should be on the same site to service emergencies.
4	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.
5	Again, why not just go to Oxford if you live east of Cheltenham?
6	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 reduce services in Cheltenham which remain badly needed!
7	its already there
8	I prefer vascular surgery in one hospital either cheltenham or gloucester.
9	Should have vascular surgery where acute services are and e.g. renal, stroke
10	Hard to have IGIS at GRH and vascular at CGH so makes sense.
11	I think it is an interesting area of surgery and will provide excellent provision for local people.
12	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.
13	Keep Cheltenham as centre of excellence for everything GU/GI and oncology and all other surgery at GRH
14	Both hospitals should do this
15	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.
16	Ditto
17	One team working closely together
18	Same as the above






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

		Response Percent	Response Total
19	<p>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.</p> <p>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</p>		
20	Would seem to complement IGIS		
21	As before - transport is a serious worry for us		
22	Might use this		
23	Concentration of key resources to reduce duplication and wastage.		
24	Again more central for the county and transport links		
25	Again, the same point of view. Maximise the use of resources in one place rather than try to do everything everywhere		
26	As per previous observations		
27	This should be true of CGH too		
28	as with GI surgery		
29	As before services should be at both to ease travel for elderly who do not drive		
30	Meets best practice requirements		
31	As long as there is suitable staffing to support this arrangement, eg. Radiologists, nursing staff, radiology staff, physiology staff.		
32	<p>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.</p> <p>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</p>		
33	See previous		
34	As above		
35	I Struggle to see the Justification for the move - other than to be Closer to Trauma unit.		
36	Good parking, already has a good unit at GRH		
37	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		
38	Not qualified to judge.		
39	As I said before, as long as it is excellent, who cares where it is?		
40	<p>N/A</p> <p>My wife and I are in our 90th year.</p> <p>She is not allowed to drive.</p> <p>I prefer daylight and not Mon or Friday.</p> <p>We live in Tetbury and wish treatment there.</p> <p>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.</p>		

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

		Response Percent	Response Total
41	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.		
42	see previous answers		
43	Main site		
44	Having Vascular surgery at GRH will mean that vascular surgery will be able to support the emergency services better.		
45	In line with decision to locate the IGIS primarily at GRH		
46	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		
47	I appreciate the fact less invasive surgery would be needed and reduced travel time for some procedures, so that would be a bonus.		
48	It needs to be Gloucester central for Gloucestershire		
49	This and IGIS should be in the same location		
50	Single specialist centre would enable better and timely patient care.		
51	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).		
52	Hasn't millions of pounds recently been spent on a vascular theatre in Cheltenham!!		
53	As previous answers.		
54	I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH.		
55	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 out of seven of the Consultants involved, the facilities there are not nearly as good.		
56	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.		
57	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.		
58	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.		

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

			Response Percent	Response Total
1	Strongly support		41.41%	53
2	Support		28.91%	37
3	Oppose		2.34%	3
4	Strongly oppose		6.25%	8
5	No opinion		21.09%	27
			answered	128
			skipped	7

Please tell us why you think this, e.g. the information you would like us to consider (55)

1	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
2	Provided there is some gastroenterolgy presence at GRH also.
3	Both hospitals need a centre of excellence due to the size of the population and the location of the services .
4	If GI suregery is at CGh this needs to be too
5	Should be in Gloucester with the rest of medicine
6	prefers a medical unit in cheltenham which helps all people
7	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.
8	As the pilot has been seemingly successful then makes sense.
9	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.
10	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.
11	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 yo understand as well as your HCP partners.
12	Both hospitals need this
13	Reasons given previously re: buildings
14	Expertise and resources at one site.
15	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
16	Would compliment other specialisms
17	Need specialist services






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

		Response Percent	Response Total
18	As above		
19	Concentration of key resources to reduce duplication and wastage.		
20	will tie in with colorectal making patient experience & expertise seamless		
21	One unit to maximise use of resources but tempered by the fact that Cheltenham hospital is in drastic need of refurbishment.		
22	But not only at CGH.		
23	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		
24	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		
25	As long a there are support services, equipment and staffing to support this		
26	These are common ailments and overall benefits outweigh the negatives		
27	This is a linked to ties in with a centre of excellence for planned lower colorectal and day case surgery at Cheltenham		
28	See previous		
29	Urgent general need for many people. Reduced waiting times - quality focused attention and care for the patient is always a win win		
30	Support concept		
31	Ideal location from a personal point of view		
32	Focus a centre of excellence on one site, don't try to split it across two geographical locations.		
33	The Pilot seems to indicate that this is and will continue to work well		
34	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		
35	Not qualified to judge.		
36	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.		
37	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.		
38	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		
39	Not central site. Too far away for lots of people and parking a nightmare and expensive		
40	linking this with the Cancer centre streamlines care		
41	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.		
42	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.		

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

		Response Percent	Response Total
43	Cheltenham General Hospital concentrating ofn elective support in the area is sensible.		
44	We think all procedures should be available at all hospitals, but Cheltenham is preferable to us over Gloucester as it is marginally closer.		
45	Yes, always keep anything that is excellent and working well!		
46	It needs to be Gloucester more central for Gloucestershire		
47	Keep the gastro disciplines together		
48	A centre of excellence would benefit both staff, services delivered and patient care.		
49	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.		
50	As before really.		
51	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.		
52	this is a service which should, as far as possible, be located as close to the existing Cancer Centre in Cheltenham General Hospital.		
53	See my previous comments		
54	Perfect - the ideal site and facilities for such a service.		
55	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		46.51%	60
2	Support		23.26%	30
3	Oppose		6.98%	9
4	Strongly oppose		6.98%	9
5	No opinion		16.28%	21
			answered	129
			skipped	6

Please tell us why you think this, e.g. the information you would like us to consider (69)

1	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).
2	both should have trauma and ortho
3	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
4	The same as previous it is easier to manage and better cost savings for the trust, tax payer.

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

		Response Percent	Response Total
5	Need to be on one site . Have CRH as cold , non emergency surgery and GRH as emergency. Which would protect beds at CRH		
6	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!		
7	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		
8	Prefers a unit in cheltenham for orthopaedics.		
9	Keep low risk elective surgery away from acute site, concentrate acute resources		
10	This is known to be good practice and the pilot has been working well. Why change it?		
11	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.		
12	I still think one trauma centre would be better but understand why Cheltenham seen as important		
13	Each sit should cover both services due to the size of the county.		
14	because this would be an excellent idea		
15	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 hospitls. EVRRYTHING trauma and orthopaedic at Gloucester. Coronary Care also needs to be centralised wherever PPCI is.		
16	Glad both are being considered		
17	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.		
18	Agree need in both locations		
19	This would seem to imply that services could be maximised.		
20	Given the nature of these services it makes sense to have in both locations		
21	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		
22	Excellent for response times and flexibility to cope with peaks in demand, disasters and infections.		
23	Always a need, for all age groups		
24	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.		
25	Everyone needs trauma services nearby		
26	Concentration of key resources to reduce duplication and wastage.		
27	cant decide as pilot study not complete & compared nationally		
28	To shore the load between hospitals		
29	Tie in with need to keep A& E open at both locations		
30	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?		

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

		Response Percent	Response Total
31	This is needed in both locations		
32	orthopaedics and trauma should be in close proximity so personnel can collaborate and reduce need to duplicate equipment		
33	Most sensible response to needs of this large community although leadership could be in either hospital		
34	Separating trauma and planned surgery proven model, elsewhere, in terms of bed base, theatre capacity and managing infection rates.		
35	As long as there are support services, and staffing to support this		
36	Urgent need for excellent, quality, immediate support when there is a need. Quality of services is literally a balance between life and death		
37	Again sensible and more cost effective to locate particular areas of expertise and resources in specific places		
38	Why would you not make one orthopaedic department in one hospital. would that ensure specialist care available always		
39	See previous		
40	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		
41	As above		
42	makes effective use of resources		
43	An excellent idea.		
44	The results of this pilot indicate that the proposal is and will continue to work well		
45	Parking and general access for patients		
46	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		
47	Not qualified to judge.		
48	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 resources.		
49	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.		
50	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.		
51	Seems to be the first area that recognises the need for quality services at both sites		
52	One centre of excellence at GRH. Reduce travel time for medical staff etc.		
53	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.		
54	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.		

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

		Response Percent	Response Total
55	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.		
56	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 arthroplasty.		
57	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.		
58	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		
59	It needs to be Gloucester more central for Gloucestershire		
60	I have no support or opposition		
61	Trauma is a very immediate service and i helpful for patients.		
62	Seems sensible to have two options.		
63	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.		
64	I think one centre of excellence is the way forward.		
65	I am concerned that having these two sited at different hospitals will result n increased patient transfers due to the overlap of specialities.		
66	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.		
67	Fits both communities with respective ages of those communities		
68	Convenient for residents of both areas		
69	Yes, have the planned events at Cheltenham as this is the direction of travel and would work well.		

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%	91
1	extra travel time, costs and difficulty if services are required.		
2	I think more efficient working by having majority of specialist services single site is in everyone's best interest.		
3	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		
4	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.		

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
5	The proposals I think will mean better care overall for me and my family		
6	It will be safer for us to have everything in one place.		
7	I want the best care for my family and whether we travel to Cheltenham or Gloucester is irrelevant and has no bearing.		
8	Failure to deliver emergency care in Cheltenham has already negatively impacted my family and our view of the trust's performance.		
9	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		
10	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.		
11	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.		
12	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.		
13	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.		
14	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.		
15	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.		
16	trying to access some services at CGH and some at GRH via public transport if you are unwell or infirm is frankly awful. .		
17	Please keep acute services at cgh		
18	good service		
19	Nothing		
20	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?		
21	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.		
22	None in my case		
23	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
24	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.		
25	I think in general the proposals are positive and will improve the services available in Gloucester.		
26	my son comes under gastroenterology and a strong specialist team is what is important not where they are based		
27	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.		
28	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		
29	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.		
30	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.		
31	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 Glis CCG patients will be over the age of 65.		
32	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		
33	Rationalised services produce better outcomes.		
34	Positive impact		
35	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.		
36	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.		
37	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.		
38	A&E All of Cheltenham and North of Cheltenham would benefit from A&E as response times, time to treatment would be minimised.		

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
39	Orthopaedic: every age group needs this support		
40	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.		
41	All service development has the potential for increasing the health service possibly needed in the future by my immediate		
42	Impact if all works well and delays in appointments are reduced will be of benefit to my family and myself.		
43	I can only see advantage in focussing particular specialisms on one site, as much as that is possible,		
44	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.		
45	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.		
46	To have the experts in one place is a positive		
47	None at the present time none at the present time q		
48	noone		
49	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 accessible.		
50	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.		
51	It would mean travelling longer distances but this is a price well worth paying for better outcomes		
52	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 .		
53	Find travel to GRH difficult		
54	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.		
55	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		
56	The importance to me and my family is the travel to and from Gloucestershire and Cheltenham hospitals. if we needed treatment		
57	Better patient care, less waiting time, easier access, better holistic care & treatment. Less travel time - better all around outcomes		
58	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.		
59	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		
60	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.		

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
61	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.		
62	Very important that Accident and Emergency teams are operational at Both hospitals as speed is essential when time is of the essence.		
63	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.		
64	I think overall there will be a positive benefits having local COE's with appropriate staffing		
65	For either hospital it is access from the forest and other outlying areas such as Stroud. Good transport links might be essential		
66	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		
67	Support the best option proposed by medics.		
68	None at present. Who knows the future?		
69	Additional impact would be increased travelling to GRH but this is outweighed by the benefits as described in your documentation.		
70	Lack of choice		
71	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.		
72	Despite their proximity, travelling between Gloucester and Cheltenham is very difficult for many members of the local 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 relation to removal of 24-hour A&E services from Cheltenham, which should be fully restored as soon as possible.		
73	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		
74	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.		
75	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.		

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
76	<p>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.</p> <p>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.</p> <p>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.</p>		
77	<p>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</p>		
78	<p>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.</p>		
79	<p>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.</p>		
80	<p>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.</p>		
81	<p>Any movement away from Cheltenham would be more difficult for us to access. This applies to all disciplines.</p>		
82	<p>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.</p>		
83	<p>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.</p>		
84	<p>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.</p>		
85	<p>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.</p> <p>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.</p>		
86	<p>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.</p>		
87	<p>As agree people this could - and likely to - have very dramatic effect on us</p>		
88	<p>Cardiac and renal. I am 84, have had 2 heart attacks and been cared for at both hospitals. I have chronic kidney disease</p>		
89	<p>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.</p>		

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
90	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		
91	Easy travel time Minimal waiting		
		answered	91
		skipped	44

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%	76
1	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?		
2	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		
3	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.		
4	I would be worried if resources are spread thinly if there aren't centres of excellence.		
5	NO		
6	I consider the effect will be positive		
7	Interventional Cardiology. This should remain at CGH where it performs very well despite the trusts problems.		
8	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.		
9	Both EDs open and Acute medical take shared across both sites.		
10	You should retain Cheltenham as a fully functioning hospital - no excuse for not offering excellence at both!		
11	As above		
12	See previous answer.		
13	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.		
14	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		

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
15	Keep cgh an acute hospital		
16	no		
17	Long awaiting in emergency department can harm the life of people and also travelling with illness is a high risk.		
18	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.		
19	Not applicable		
20	Travelling to GRH		
21	None		
22	none		
23	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.		
24	N/A		
25	Retain full facilities at both sites.		
26	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.		
27	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.		
28	None		
29	None		
30	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.		
31	See above.		
32	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		
33	As above		
34	-		
35	See above		
36	I can think of no negative effects of adding to or developing services unless such development diminishes the value already present.		
37	No		
38	Travelling to Cheltenham from the south end of Gloucestershire is difficult.		
39	Better parking facilities at CGH.		

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
40	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		
41	none		
42	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.		
43	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?		
44	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		
45	Try leadership and staff support for both units from one hospital. Sharing good practice teams can meet online.		
46	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.		
47	Travel especially if you don't drive		
48	The main problems we have for both hospitals and across all proposals are 1) parking 2) accessibility for older patients		
49	As long as you don't try to close cgh a&e you will have my support.		
50	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?		
51	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		
52	As above		
53	Take a good look at gloucteser 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		
54	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.		
55	None I can foresee		
56	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.		
57	Acute medicine and A&E needs to be fully supported in both hospitals. I have already detailed why.		
58	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		
59	As above		

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
60	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		
61	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.		
62	No		
63	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.		
64	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.		
65	Its going to cause a lot of hardship and missed appointments		
66	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.		
67	You should restore a proper accident and emergency department at CGH and not keep fudging the issue.		
68	See above re transport.		
69	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.		
70	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.		
71	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.		
72	Possibly		
73	n/a		
74	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.		
75	Parking issues		
76	If there is only one centre of excellence will parking be not adversely affected		
		answered	76
		skipped	59

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%	45
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. Those providing them will know what alternative proposals are best.		
4	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.		
5	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.		
6	Both EDs open and Acute medical take shared across both sites.		
7	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.		
8	A new build fit for purpose and fit for the 21st century with bus/road and rail links between the two major sites		
9	regarding appointments I really wants to appreciate the services		
10	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.		
11	No		
12	Bring Cheltenhams A&E back		
13	The size and geographical location of Gloucestershire warrants two fully functioning hospitals.		
14	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.		
15	No		
16	no		
17	Keep 24 hour consultant led A&E at CGH.		
18	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 seema relatively low prioritys obvious. This could be achieved through the GP intermediary or by direct referral within a hospital.		
19	no.		
20	No.		
21	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		
22	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		
23	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.		

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
24	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		
25	It would be good to have some services in either the forest or the Cotswolds as people travel long distances to get treatment		
26	Staff could be made more fully aware of resources at local hospitals 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		
27	Could make CGH the vascular centre.		
28	No suggestions - the proposals seem to make sense		
29	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.		
30	Fully supportive of the changes planned, as timing will be improved and better staffing.		
31	None		
32	Use precious structure and perhaps have a rotational table for specialties on an axial bases to offer variety of care over standard time frames		
33	No		
34	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.		
35	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?		
36	New hospital that would be fit for the future with our expanding population. We deserve it!!		
37	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.		
38	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.		
39	No		
40	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
41	This is an impossible question. No ordinary working person has the time to analyse endless pages and documents developed over several years.		
42	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.		
43	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.		
44	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.		
45	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.		
		answered	45
		skipped	90

Anything else you would like to say?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	69
1	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.		
2	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		
3	It makes sense to look at the service provision in this way.		
4	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 !!!!		
5	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.		
6	-		
7	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.		
8	How any of this helps patient flow and integration with primary care is poorly explained.		
9	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.		

Anything else you would like to say?

		Response Percent	Response Total
10	don't put all of the eggs in one basket. PFI is very costly to taxpayers, but appreciate sometimes its the only way.		
11	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.		
12	overall good		
13	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.		
14	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.		
15	No		
16	Cheltenham need a A&E		
17	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.		
18	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.		
19	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.		
20	No		
21	no		
22	Yes. Use some common sense, for goodness sake.		
23	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.		
24	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.		
25	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.		
26	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 not 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.		

Anything else you would like to say?

		Response Percent	Response Total
27	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.		
28	whatever the experts in the NHS think I would be supportive of.		
29	No.		
30	why oh why do this survey during a pandemic and why hasn't elective & emergency surgery been separated as per recommendations ?		
31	Pure fluke heard about the consultation apparently running since late October. Leaflet only came with post on 2nd December. Good way of minimising responses		
32	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.		
33	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.		
34	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		
35	Good luck changing services is always a problem and change for this reason seems ridiculous		
36	Parking at both centres is problematic and public transport during Covid19 advised against		
37	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?		
38	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.		
39	Any improvements as to how patients are treated are welcome		
40	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		
41	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		
42	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?		

Anything else you would like to say?

		Response Percent	Response Total
43	<p>Maybe it is my age? It took a long time to read and digest mentally the information in the Fit for the Future book.</p> <p>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!</p>		
44	<p>Inappropriate and dangerous hospital discharges happen regularly, particularly at GRH. I hope these changes will help reduce these.</p> <p>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.</p>		
45	<p>Please look at improving the bus links !</p> <p>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.</p>		
46	None		
47	<p>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.</p> <p>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, nobkdy wants to see this happen in cheltenham as well</p>		
48	<p>Key is to have confidence in our medics. My area of concern is- Communications.</p> <p>Followup (after discharge).</p> <p>Options/Expectations.</p>		
49	The survey is difficult for non medics to comprehend. See points above.		
50	More free car parking at GRH and CGH		
51	<p>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.</p> <p>Decision makers should consider evaluation of services changes if implemented and the involvement of patients, carers and VCS in the evaluation.</p>		
52	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.		
53	Bring back Cheltenham A&E full-time and with full services as soon as Covid restrictions are lifted		
54	Improving continuity of care, reducing outliers and improving communication with families might be improved if a balance in activity across the hospitals is achieved		
55	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.		
56	Thank you for providing the public the opportunity to have our say on this important issue		
57	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.		
58	This survey is part completed because we accidentally submitted the form when part way through the survey.		

Anything else you would like to say?

		Response Percent	Response Total
59	No		
60	Do not ignore the publics opinion we have a right to choose where we have our care.		
61	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.		
62	<p>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.</p> <p>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.</p> <p>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?</p>		
63	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?		
64	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?		
65	<p>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.</p> <p>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.</p> <p>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.</p> <p>Much greater use should be made of pharmacies.</p>		
66	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.		
67	See above please re-think before its too late		
68	Addition of trainee nurses and other healthcare professions in specialities means you can retain them more easily and get more money!		
69	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		

Anything else you would like to say?

	Response Percent	Response Total
	answered	69
	skipped	66

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

	Response Percent	Response Total
1 Open-Ended Question	100.00%	118
1	gl2	
2	GL3	
3	GL51	
4	GL52	
5	gL50	
6	GL1	
7	WR14	
8	GL52	
9	GL4	
10	GL50	
11	GL53	
12	GL5	
13	GL53	
14	GL52	
15	GL4	
16	GL52	
17	GL54	
18	gl51	
19	GL54	
20	GL51	
21	GL1	
22	GL50	
23	GL5	
24	OX18	
25	GL51	
26	GL2	
27	GL4	

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

		Response Percent	Response Total
28	GL2		
29	GL5		
30	GL52		
31	GL2		
32	GL52		
33	GL53		
34	GL1		
35	GL51		
36	CV36		
37	GL3		
38	GL52		
39	GL12		
40	GL2		
41	GL52		
42	GL52		
43	GL52		
44	GL8		
45	GL52		
46	GL6		
47	GL54		
48	GL2		
49	GL19		
50	GL6		
51	GL10		
52	GL5		
53	GL5		
54	GL53		
55	gl15		
56	GL19		
57	GL2		
58	GL52		
59	gl53		
60	GL54		
61	GL52		
62	GL5		








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

		Response Percent	Response Total
63	GL15		
64	GL4		
65	gl3		
66	gl15		
67	GL13		
68	GL5		
69	GL17		
70	GL17		
71	GL52		
72	GL1		
73	GL51		
74	GL4		
75	GL52		
76	GL54		
77	GL12		
78	GL56		
79	GL2		
80	GL1		
81	GL14		
82	GL3		
83	GL16		
84	GL53		
85	GL52		
86	GL20		
87	GL8		
88	GL16		
89	GL20		
90	GL3		
91	GL19		
92	GL51		
93	GL53		
94	GL16		
95	GL52		
96	GL4		
97	GL6		





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

		Response Percent	Response Total
98	GL1		
99	GL8		
100	GL19		
101	GL52		
102	GL7		
103	GL4		
104	GL15		
105	GL11		
106	GL53		
107	GL7		
108	GL7		
109	GL54		
110	GL6		
111	GL20		
112	GL50		
113	GL16		
114	GL50		
115	GL3		
116	GL1		
117	GL1		
118	GL4		
		answered	118
		skipped	17









Which age group are you:

			Response Percent	Response Total
1	Under 18		0.00%	0
2	18-25		0.00%	0
3	26-35		6.06%	8
4	36-45		12.12%	16
5	46-55		19.70%	26
6	56-65		32.58%	43
7	66-75		18.18%	24
8	Over 75		9.85%	13
9	Prefer not to say		1.52%	2
			answered	132
			skipped	3


Are you:

			Response Percent	Response Total
1	A health or social care professional		20.15%	27
2	A community partner		3.73%	5
3	A member of the public		71.64%	96
4	Prefer not to say		4.48%	6
			answered	134
			skipped	1








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

			Response Percent	Response Total
1	No		67.91%	91
2	Mental health problem		5.97%	8
3	Visual Impairment		4.48%	6
4	Learning difficulties		0.75%	1
5	Hearing impairment		5.97%	8
6	Long term condition		26.87%	36
7	Physical disability		6.72%	9
8	Prefer not to say		2.24%	3
			answered	134
			skipped	1







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		100.00%	135
2	No		0.00%	0
3	Prefer not to say		0.00%	0
			answered	135
			skipped	0





Which best describes your ethnicity?

			Response Percent	Response Total
1	White British		81.95%	109
2	White Other		1.50%	2
3	Asian or Asian British		6.02%	8
4	Black or Black British		2.26%	3
5	Chinese		0.00%	0
6	Mixed		0.75%	1
7	Prefer not to say		6.77%	9
8	Other (please specify):		0.75%	1
			answered	133
			skipped	2
Other (please specify): (1)				
1	European			



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

			Response Percent	Response Total
1	No religion		31.11%	42
2	Buddhist		0.00%	0
3	Christian (including Church of England, Catholic, Methodist and other denominations)		52.59%	71
4	Hindu		0.74%	1
5	Jewish		0.00%	0
6	Muslim		4.44%	6
7	Sikh		0.00%	0
8	Other		3.70%	5
9	Prefer not to say		7.41%	10
			answered	135
			skipped	0






Are you:

			Response Percent	Response Total
1	Male		38.06%	51
2	Female		55.97%	75
3	Transgender		0.75%	1
4	Prefer not to say		5.22%	7
			answered	134
			skipped	1




Do you identify with your gender as registered at birth?

			Response Percent	Response Total
1	Yes		94.03%	126
2	No		0.00%	0
3	Prefer not to say		5.97%	8
			answered	134
			skipped	1

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

			Response Percent	Response Total
1	Heterosexual or straight		85.93%	116
2	Gay or lesbian		1.48%	2
3	Bisexual		0.74%	1
4	Other		0.74%	1
5	Prefer not to say		11.11%	15
			answered	135
			skipped	0

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

			Response Percent	Response Total
1	Yes		0.00%	0
2	No		67.18%	88
3	Not applicable		28.24%	37
4	Prefer not to say		4.58%	6
			answered	131
			skipped	4