






# Fit For The Future - What matters to you?

## Response from public & community partners

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		42.11%	128
2	Support		28.62%	87
3	Oppose		11.84%	36
4	Strongly oppose		12.50%	38
5	No opinion		4.93%	15
			answered	304
			skipped	9

Please tell us why you think this, e.g. the information you would like us to consider (183)

1	If its means reliable and consistent access to specialists regardless of the the day or night then it deserves full support.
2	Gloucester hospital is renowned for putting the fear of God into people when they have to go there for care, removing options for Cheltenham - especially during a pandemic seems insensitive to say the very least. We live in Stroud but have previously chosen to drive to A&E in Cheltenham to avoid GRH. I think there should be a lot more work going into trust in our services and more specifically the paper pushers at CCG before trying to garner support for another master plan that will inevitably cost trillions, be done without consent and have frustrating outcomes for patience and staff.
3	Gloucester itself is simply not big enough to accommodate current demand yet alone the additional 5,000 plus hour being built in Cheltenham in the next few years!
4	Many patients do not have transport and will be unable to travel to the'alternative' hospital.
5	There should be one at Cheltenham General also
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	I think it should be split between the 2 hospitals so that you can go to the nearest hospital to where you live. I see no reason that both hospitals can not have enough or share staff so that this can happen
8	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.
9	I think the gastrointestinal ward should be bk in Cheltenham as I have a stoma and Gloucester hospital is far from me

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10	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:		
11	There aren't enough staff to go around, so we need to make best use of those we have.		
12	I would prefer to go to a site where the specialists are, rather than a hospital that is nearer but there are less staff available		
13	Presume staffing a single acute centre is easier than two, making the care it can provide more consistent and 'guaranteed'. Only reason my response is 'Support' and not 'Strongly Support' is the extra 10 miles I would need to travel.		
14	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.		
15	Far too far away from Fairford to be a good option for patients from that town/area		
16	Too Gloucester central, what about those of us who live to the East of the County?		
17	Services provided at Gloucestershire Royal Hospital and Cheltenham General Hospital should not be duplicated. Either one or the other facility should provide a specific medical speciality. In that way the specialist teams will be concentrated on one site		
18	It would be problematic for rural locations, travel, job continuity and economic health in and around CGH		
19	good to have all services in one place.		
20	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.		
21	Having a more centralised provision will be more beneficial to patients.		
22	I strongly believe in centres of excellence and to me it is clear that the GRH is the only site for such a service. One significant factor is the possibiliyy of more timely access to Mental health services		
23	If it is a place where future care via a plan is determined it must be good.		
24	Gloucester Royal is not easy to get to from many pay of the county		
25	Cheltenham General can offer the same service if you let them		
26	having access to wide range of specialists as quickly as possible seems key		
27	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.		
28	I believe CGH should offer equal services to GRH and not all resources diverted to Gloucester		
29	I am in favour of the centre for excellence approach to medical treatment. We have two main hospitals which need to be operating coherently.		

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		Response Percent	Response Total
30	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.		
31	I think it is important to aim for providing the best possible conditions in the service provided		
32	Both centres need to provide all sorts of emergency medicine .		
33	It makes a lot of sense in so many ways. Specialist staff where they are needed and economy of one place but the assurance of cross information when necessary. A huge plus is that scheduled day surgery will be able to go ahead as planned. As a patient I have experienced surgery required after attending ED with a cut tendon, having to be surgery ready each morning only to be told it would not happen and finally being extremely ill after being giving antibiotics because of the increased risk of infection. I also think that the guided imagery will offer huge benefits e.g. to stroke patients attending ED, removing the clot quickly could mean a reduction in brain damage.		
34	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		
35	Need a 24/7 type-1, consultant-led A&E at Cheltenham General Hospital.		
36	There will need to be adequate space to accommodate the increased workload		
37	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.		
38	I'm disabled and have no transport to get to and from the hospital in Gloucester would very especially as wheelchair accessible transport is no longer provided to bring me home on the day of discharge		
39	Centralisation of this speciality will ensure that the clinicians with the right skills are always available. It will reduce risks to the public and reduce the need for potential transfer either to another facility or out of county		
40	Best location in the county for this service		
41	Gloucestershire Royal is a difficult journey from North Cotswolds with poor bus services. Difficult for older people to visit relatives.		
42	It is the right approach for the future.		
43	Because without a facility for acute medical take at Cheltenham it would Be much more likely that the A& E dept at CGH would be rendered unviable. Travel times from the East of the county would be increased. If this option were to be adopted the facilities at GRH to accept the increased number of acute medical patients would have to be considerably improved.		
44	Better treatment for all		
45	A centre of excellence in one location enables experience and expertise to be shared, high standards to be set and maintained, as long as its management is supportive and creates an environment where the organisation and the individual members can learn and develop, not compete.		
46	It makes sense to me have the expertise in one centre.		
47	Acute Medicine seems to be an area of health where time is its greatest obstacle for a steady recovery. The availability of a correct specialist could likely contribute to the realisation of the actual problem rather than concerning around the symptoms that initially brought the patient to the hospital. Hopefully a 'centre of excellence' would increase the value of medical investigation of a patient's condition so that prevention can be enforced in the treatment. Although Gloucestershire Royal Hospital is central, the medical team may also require consideration of how patients from other towns may be able to access the yard without delay or complications.		

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48	The options outlined appear to make medical and operational sense		
49	<p>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.</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> <p>Can see the benefits of seeing the right person sooner which is very beneficial for all concerned</p>		
50	<p>This will give best outcomes for patients.</p> <p>Highly skilled teams will be able to care for patients &amp; be able to support each other.</p>		
51	More efficient use of specialised staff		
52	If this is thought to be a good idea, it probably is!		
53	<p>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.</p> <p>Currently I have experienced GRH A&amp;E is working beyond capacity with beds in corridors'</p>		
54	The proposed solution in the Consultation Document appears sound.		
55	Gloucester is in the centre of the county so it would be logical to have the acute medical take here.		
56	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.		
57	With stretched specialised NHS resources concentrating particular but different Specialists at each hospital makes sense. I am also reassured that A&E will remain at Cheltenham hospital as we live in Bourton-on-the-Water so need to be confident that the closeness of A&E in Cheltenham in an emergency provides a much better chance of survival rather than going all the way to far side of Gloucester from here.		
58	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.		
59	Creating CoEs across the county will inevitably create a good deal more traversing of the county for patients. I can empathise with the desire to make best use of resources.		
60	I think the proposal is fine for the short/medium term but with major population growth planned for both Tewkesbury and Cheltenham, planning should commence for sharing between both hospitals in 5/10 years		
61	24/7 access to multidisciplinary teams. Specialist equipment. Right disciplines to provide services and ability to train more staff		
62	Acute medical take is urgent care and represents one third of all hospital admissions (Royal Coll Physicians - 'Supporting the Acute Medical Take Dec 2015). While I support the principle of single centre of excellence approach for the Glos NHS Trust, surely for urgent care which represents such a high proportion of cases we need to serve both ends of the county properly. This would surely also mean a massive shift of patient numbers from Chelt to Glos and a resulting decline in budget for Chelt leading to further reduction of services there		
63	I think it is important that the best acute care is needed where there is a concentration of expertise. Diluting staff expertise in two centres is not the best way to achieve this. Having acute medicine (acute medical take in Gloucester makes absolute sense, and I do appreciate that for some cases, subsequent transfer to the regional centre in Bristol (e.g. BRI/Southmead) may still be required for the most serious cases.		
64	I feel that this sort of service should be available at Both Cheltenham and Gloucester		
65	More effective/efficient to have one centre for this		
66	Local		

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		Response Percent	Response Total
67	GCH is so far away from the majority of the county		
68	Whilst GRH is further travel time for me, I recognise the need for focussing practice		
69	As long as capacity is adequate and doesnt impact upon other services		
70	Worried about what you promise but probably won't do at Cheltenham.		
71	It worries me hugely that the town the size of Cheltenham already hasn't got 24/7 Consultant Led A&E services. This seems another plan to reduce this even further. I worry about increased time to get emergency help for my children and elderly parents by having to travel to another town.		
72	Having all your 'specialist' staff in one area may be better and more cost effective for you but as always it's the patients who suffer. Traveling to and from Gloucester is not easy for those without their own transport. Even if the patient is transported to Gloucester by ambulance, once discharged they have still got to find their own way home, probably still feeling very unwell. They may not have friends with a car or have sufficient funds to cover the cost of a taxi, which leaves the bus, if it is running and if it is not full. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
73	The concentration of key resources in one place to reduce duplication and wastage.		
74	It sounds like a good idea, but as we are on the edge of Gloucestershire it would be further for visitors to travel for us		
75	Ambulatory Care is the way forward and many more people are likely to be treated this way in the future. It makes more sense to have two hospitals offering this service in such a large county area. Cheltenham is much easier to get to for many than Gloucester.		
76	I feel it shame that departments at Cheltenham Hospital are bit by bit being transferred to Gloucester. Eventually Cheltenham hospital will become a minor community hospital. Cheltenham is large enough to warrant its own fully functional hospital. It seems the main problem is lack of staff resources. Rather than transferring and closing departments which is not in the interest of Cheltenham residents the only real long term solution is to recruit and train staff. The people of Cheltenham deserve better. Regarding this survey I find the information provided complex not concise. It is really time consuming for general public to work out what is being decided and make their comment. There is also a feeling that whatever the public opinion is the NHS management will just do what they want.		
77	I understand the need to concentrate resources.		
78	acute medicine is required both sites. CGH has ICU beds nad medical meds to help ease the patient load		
79	The Report and its recommendations have been prepared by hugely professional, experienced and competent personnel. Ninety nine per cent of feedback from the public is likely to be simply based on how it affects their personal situation regarding treatment required and location, and not necessarily related to what is best for the community at large and indeed the NHS.		
80	all experts in one place considering the staff shortage the NHS is currently under		
81	It's closer for most people. Ie the forest and cotswolds		
82	It makes sense to have one 'centre of excellence' rather than reduced facilities over 2 sites 12 miles apart		
83	I will appreciate one world-class centre for the county; without spreading the expertise by having a second service in Cheltenham. The current A&E provision at CGH (i.e. its Minor Injuries and Illnesses Unit) looks appropriate to me.		
84	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.		
85	It enables Gloucester Royal to be a centre of excellence for treating trauma patients which will improve patient outcomes. Takes pressure off cold case planned beds.		

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86	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.		
87	I believe in current medicine, centres of excellence are a 'good thing'. GRH has the space and I trust facilities for this so I am happy to proceed.		
88	Depends on future direction of Cheltenham General Hospital		
89	Opportunity to improve recruitment and retention of staff a strong argument for single site, linked to 24 hr consultant A&E		
90	If this means moving acute patients from Cheltenham to Gloucester then I oppose. These are normally time critical cases and travel is clinically detrimental. There are large and growing populations in both towns and future demand will require acute services at both sites.		
91	In the modern NHS it makes sense to create centres of excellence for various specialities		
92	Separate emergency services from elective services completely		
93	Centers of excellence has to be the way forward to benefit the use of technology and Consultant/specialist skills.		
94	I can understand the reasoning and rationale for this option but I worry about capacity, if everyone suddenly has to attend GRH with no option to attend at CGH will waiting times be longer, will standards of care to the community be affected, will it mean that other treatments and services suffer at GRH. I am not against the proposal but these are some thoughts and questions I am having as a (potential) service user and a resident of Gloucestershire. I worry that this is also a step to wind down care and service provision at CGH too.		
95	Why have a hospital in your own town that your not able to use for all services		
96	Its a long way from the outer borders of the county - and not much use if it takes over an hour to get there - starting from 999		
97	It is better to complete the assessment of a patient where they are and transfer once if needs be to the correct place.		
98	You're proposing to close Acute Medical Take at Cheltenham. This looks a lot like yet another attempt to downgrade the emergency care at Cheltenham. Both hospitals need full A&E and Acute Medical Take.		
99	Up to date medical science and future developments		
100	It makes sense to centralise this area		
101	Centralisation seems fine from a management point of view but the impact on the recipients can be major in terms of travel and access to the services.		
102	Particular medical conditions can be prevented from getting worse if treated / diagnosed earlier		
103	The rationale seems clear		
104	make the best use of the expertise for each discipline. Not point in having too many duplicated services.		
105	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		
106	I think everyone would prefer to be treated where specialist care is available and immediately accessible. This comment applies to all sections		

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		Response Percent	Response Total
107	<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&amp;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>		
108	My Husband had excellent care at Cheltenham General. A serious op for Bladder Cancer in 2015		
109	<p>Quicker access to specialist doctors</p> <p>Shorter waiting times</p> <p>Costs of transfer for GRH to CGH for some patients and ambulance service pressure is a concern</p>		
110	Anything that reduces risk, Travelling time, being passed from pillar to post offers a quality service, with quality staff can only be excellent		
111	Do things well in one place. Concentrate skills and workload.		
112	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.		
113	Having this can allow resources (provision and expertise) to be used effectively and not watered down.		
114	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at iether site pose difficulties and high costs.		
115	Overall better patient outcomes and improved workforce environment.		
116	Makes absolute sense to have a Centre of excellence. Paramedics and GP's will know where to take and send associated patients rather than pot luck between two options.		
117	Glos Royal needs to improve		
118	<p>Reduced waiting times</p> <p>Specialised staff in one place, so prompt decisions, better staffing</p>		
119	As I don't drive its most useful		
120	Localised specialist care hub should improve quality of care and outcome providing any delay in transit CGH to GRH is avoided.		
121	Save on staffing and equipment by focussing on one location. Provide a better service.		
122	A good central location with good transport links. Ensure more bus services from out laying locations		
123	<p>Experienced qualified staff centralised</p> <p>More opportunities for shared learning and research</p> <p>Intensive care facilities on one site</p> <p>High tech imaging facilities...</p>		
124	I respect the reasons set out in the consultation document		

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125	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.		
126	Timelyt assessment and diagnosis and improved staff cover		
127	Gloucestershire Royal already has good facilities and these could be improved if it was made a centre of excellence.		
128	Makes sense to be centralised although I worry about patients who turn up to A&E at CGH and then require admission. The current communication about transfers with families is often poor.		
129	Having one centre of excellence in Gloucestershire should allow for more throughput, giving staff more experience, leading to better outcomes for patients.		
130	More convenient/centralized.		
131	Increased chances of seeing the right specialist more quickly. Will provide more focussed training/learning opportunities for junior doctors and medical staff, with continuous supervision by senior doctors. This will contribute to attracting staff and improved retention rates.		
132	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.		
133	Gloucestershire Royal Hospital is not large enough to accommodate such a move		
134	I agree with this ONLY if the A&E at Cheltenham is maintained at the same level they were pre-COVID		
135	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.		
136	Because I live in Gloucester.		
137	Good to centralise it but please consider things like parking etc. Slapping a biblically expensive P + D doesn't cut it.		
138	The facilities can be enhanced at less cost at this hospital		
139	Distance to travel from North Cotswolds to Gloucester is to far.		
140	It would make sense to have a particular specialism in one location to avoid possible delays to be seen by a specific consultant and relieve unnecessary travel between sites.		
141	Your literature does not cover a large proportion of elderly people who are taken to a&e after falls. Would they stay in the same hospital? My mother has arrived after waiting over 6 hours for an ambulance after a fall, not fit to go home but no broken bones. Where does she she up? Also, it is all very well to say this, but where are the beds? Again my mother waited overnight in a&e for a bed (with no offer of food or drink). Surely it makes sense to use a bed where there is one? What about the wait for an ambulance to take the patient from Cheltenham to Gloucester? Would that patient be back in the queue at Gloucester a&e ( in my experience no doctors read patients notes and the hospitals do not share anything online)?		



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142	With ever more complex equipment and specialist staff required it makes sense to centralise the service providing the infrastructure, beds and staff are provided. Such a move must not be seen as part of a cost cutting exercise.		
143	Don't see why this needs to be only available in Gloucester and services removed from Cheltenham		
144	Central to county for us in FOD		
145	I want to know acute medical expertise is available locally to me		
146	Mainly happy - but difficult to travel to GRH from Cheltenham area if unwell		
147	We need to focus specialities and skills on a single site to maximise the use of specialist personnel and resources		
148	We have to be realistic about the challenges and do what's needed to try and mitigate them.		
149	What if the specialist team is based at CGH, thus will be some back and forth between sites. It is not clear how when a patient presents themselves to CGH and need further investigation at GRH, how move between sites. If this question JUST refers to ACU beds, then I have no opinion		
150	Although there will still be an A&E at CGH, I strongly believe that having specialists at one hospital GRH, would be beneficial to patients. My concern is the statement, " being seen by a consultant within 14 hours", is far too long a period of time. The realistic time should be a maximum of 7 hours.		
151	I don't want to go to Gloucester Royal it has a bad reputation and I would not be happy there.		
152	Cheltenham has a GENERAL hospital and as such should have the capacity for medical beds as it does now. This will seriously impact the A&E dept by downgrading it to a MIU because most emergencies will go to GRH. Your preferred option would affect, you say, in a negative way, 20-30 patients a day. That is 140-210 patients a week, 500-900 a month and 7000-11,000 a year! Are you really prepared to risk this many lives because of longer transport times for people living in Cheltenham and the North East of the county. I think this will be detrimental, causing increased suffering and death, when you stress you want to improve health outcomes for people!		
153	I like the "'centre of excellence'" approach		
154	In line with the A&E focus		
155	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.		
156	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		
157	Although I support this option I have the following concerns:- Glos is a large county to have one A&E consultant led overnight. This will have an impact because in emergency care timing is vital and many patients will have to travel further to get the treatment they require.		
158	Strongly support the idea of having 'specialties' at one of the two hospitals only.		
159	Possible, good concentration of staff		
160	Because of the increased local population both sites should be used.		
161	I don't think GRH has the capacity, now or planned.		
162	A specialist unit such as this makes sense.		
163	All consultants, doctors, specialist nurses and ancillary staff under the same roof. Encourage medical staff and other i.e. nurses - rehabilitation staff to come and work/train. Will give encouragement to patients knowing they are in a highly specialised unit.		
164	To concentrate the necessary skills in the centre of the catchment area		






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		Response Percent	Response Total
165	Less need to transfer between hospitals which takes ambulance time away from emergency calls.		
166	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.		
167	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.		
168	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.		
169	locating all resources at centre will remove from other part of zone hence increase travel time for a type of care that is time critical, better to have at least some support closer to all users hence able to treat in 'golden time'		
170	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.		
171	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.		
172	Medical patients constitute the largest number of emergency admissions, so taking away beds from CGH will leave patients at risk of lengthier travel times to GRH with the prospect of increased suffering and death. Cheltenham is a General hospital which has already the ability to offer medical inpatient and medical emergency services. It will have an impact on CGH A&E, essentially downgrading the use of this facility. It is more than possible that between 10,000-20,000 Gloucestershire patients a year will be affected if the acute medical take transfers to Gloucester. GRH will need a high number of extra beds to cope with the amount of people who will require care and support.		
173	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.		
174	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 it's downgrading. I understand the provision of a full A+E presents challenges to the trust however challenges do need to be overcome in order to match a clear need.		
175	Cheltenham would be more convenient for me, but Gloucester is potentially bigger and within easy reach		
176	Keeping track of all medicine and where they are used.		
177	GRH is inaccessible for residents of the north cotswolds		
178	More specialist nurses required in Acute Medicine. Real lull in activity when you get up to Acute Medicine.		
179	It is probably best to divide the centre of excellence status for best use of available expertise		
180	Crucial that there is sufficient capacity to easily meet demands		

**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
181	Quicker response to a service when needed - waiting times - if all under one roof - higher demand?		
182	If there is only one centre and something goes wrong will there be no back up service		
183	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		38.08% 115
2	Support		29.80% 90
3	Oppose		11.59% 35
4	Strongly oppose		14.24% 43
5	No opinion		6.29% 19
		answered	302
		skipped	11

Please tell us why you think this, e.g. the information you would like us to consider (162)

1	The rationale in the consultation booklet is compelling and makes the case very strongly. We need to put patient care first before all other considerations.
2	There is too little trust in the care provided by GRH, from poor food, lack of staff, nasty conditions and poor staff morale to convince me that a bunch of desk workers in Brockworth have the support of the grass root level staff. There needs to be far more public trust in CCG and GRH before big moves are planned.
3	Should also have one at Cheltenham General
4	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.
5	It should be able to be at both hospitals, hopefully this will mean less people at each of the hospitals and also the nearer the hospital the better chance you have of helping someone especially if it is life or death
6	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.
7	Total chaos at Glos Royal. I have complex health and since Cheltenham A and E closed to GP referrals I have gone to Gloucester Royal minimum 5 admissions. I am from Cheltenham so it is much further to go, having to explain everything about your history to another medic who doesn't know you even though they have read your notes. More importantly waiting hours in a assessment unit I mean 8 plus hours when in pain is not on then to be told you are being admitted then waiting hours to be allocated a bed. I have bowel problems and I for one wouldn't want to be operated on at Glos Royal!
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	There aren't enough staff to go around, so we need to make best use of those we have.
10	Same reason as before, I know there aren't enough specialists, it makes sense to me to have them in one location. If I was in need of emergency surgery I'm not sure I would care where I was as long as someone with the required skill and knowledge was in the same place.

**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
11	Long emergency waiting list. Long waiting times in a and e. No beds. Rushed surgery. Waste of Cheltenham General facilities and staff.		
12	Lack of beds, long a&e waiting times, longer wait for operations		
13	If the specialists and kit are all in one place, surely this makes patient care better regardless of an extra few miles for those who live on the east side of the M5.		
14	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.		
15	Far too far away from Fairford to be a good option for patients from that town/area		
16	GRH should concentrate on emergency work.		
17	Too Gloucester central, what about those of us in the East of the County?		
18	I strongly support this. With Accident and Emergency to be located in Gloucester this makes sense		
19	We have hospitals in the county i.e Cheltenham and Cirencester which could be used which would be better for those who live locally to them		
20	Same reason for my previous choice. Internal operation and streamlining should not come at the cost of local community well-being.		
21	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.		
22	As before I strongly support "centres of excellence". It seems appropriate that this should be colocated with Acute medicine		
23	Any centre of excellence must be good.		
24	As in previous answer not easy to get to from some parts of County and parking very difficult		
25	CGH can offer the same service, like they used to		
26	I want to see best staff possible in an emergency - I don't mind where it is but Gloucester makes more sense		
27	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.		
28	Services at CG H should be of equivalent quality.		
29	A sensible approach.		
30	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.		
31	Important to patients and staff.		
32	Both centres need to provide excellent emergency surgery.		
33	Please see earlier comments,		
34	This should be done in Cheltenham too		
35	Need these services at Cheltenham General Hospital too.		
36	Too far to travel for people living East of Cheltenham		

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

		Response Percent	Response Total
37	The establishment of a single site for emergency general surgery will lead to better access to subspecialist care. There needs to be adequate provision of beds and assessment areas. Junior doctors will be better supported. If the same staff provide emergency, elective and day case surgery surely making changes to one component will impact on the others. Why are the changes to generals not being considered as a whole?		
38	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.		
39	Best location and facilities in the county		
40	see above		
41	I have to travel to both hospitals, so it makes no difference to me.		
42	How would the rotas become more robust if the hospital is lacking enough trainees and junior doctors?		
43	Again one location makes sense		
44	There should be good emergency general surgery at both GRH and CGH together with 24 hour consultant led A&E departments at both locations.		
45	<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>		
46	<p>Skilled teams can provide care needed</p> <p>People may have to travel, but for a good outcome it is worth it</p>		
47	More efficient use of staff. The more surgeries completed the better the surgeons become and so patient outcomes should improve.		
48	If emergency treatment is performed at one hospital, GRH, it leaves planned surgery at the other, CGH, not liable to interruption for emergency surgery.		
49	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.		
50	The proposed solution in the Consultation Document appears sound.		
51	Service already good		
52	I believe it is essential to have emergency general surgery at two locations in the county ie Cheltenham and Gloucester.		
53	See my previous answer		
54	As mentioned on previous page		
55	As before		
56	Emergency treatment should be available at both hospitals. General surgery could be centred in GRH but both hospitals should be able to save lives.		
57	Much more favoured is spreading surgical procedures across the county's various community hospitals. It would also provide more centres of learning for the clinical staff.		

**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
58	because of location personally I would prefer Cheltenham to have a unit too but accept the managements experience. However have they experienced as a patient/patients family having to travel from Northern parts of our county?		
59	As for Acute medicine, access to multidisciplinary team and equipment		
60	Makes sense to specialise		
61	According to the Royal College of Surgeons ""Patients requiring emergency surgical assessment or treatment are among the most unwell patients in the NHS. Often elderly, frail and with significant other health problems, the risk of death or serious complication is unacceptably high."" This means the increasing unacceptable the risk to patients of making them travel from east of Cheltenham travel through the town and a further 10 miles to GRH		
62	It makes sense to concentrate expertise at one hospital, and GRH has already road tested this approach.		
63	As mentioned this sort of service MUST be available at both hospitals. Frankly I do not understand why it should be centred at one hospital. It appears to be a cost cutting ploy		
64	will it mean no surgery at other hospitals and will they then be less of a centre of excellence. Assume not so need care with wording and implications		
65	Forerunner to removing emergency from Cheltenham		
66	For my reasons under Acute Medical		
67	See my previous answer. All Emergency services should be excellent. The fact that many who come aren't emergency is another matter and requires more education and awareness raising to also not put those off that really should seek emergency help.		
68	There should be 2 full A&E services. Cheltenham should be full A&E not just sprained wrists.		
69	Having all your 'specialist' staff in one area may be better and more cost effective for you but as always it's the patients who suffer. Traveling to and from Gloucester is not easy for those without their own transport. Even if the patient is transported to Gloucester by ambulance, once discharged they have still got to find their own way home, probably still feeling very unwell. They may not have friends with a car or have sufficient funds to cover the cost of a taxi, which leaves the bus, if it is running and if it is not full - not very good for infection control following surgery. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
70	Concentration of key resources in one place to reduce duplication and wastage.		
71	It is a good idea, except again that as we are on the edge of the county Gloucestershire is further away		
72	As above		
73	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		
74	Smaller A and .e with nurse practitioners would lessen the load on the big hospitals		
75	Again, it makes sense to have one very well equipped and staffed hospital rather than 2 close but less well resourced units		
76	Right to co-locate this with the A&E centre of excellence.		
77	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?		
78	Benefits patients outcomes to have a centralised service, that will strive to become the centre of excellence		

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

		Response Percent	Response Total
79	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.		
80	Travel visiting and carers		
81	As I live in the northern tip of Gloucestershire, the extra distance to Gloucester for many of these services worries me		
82	Mocking all emergency services to GRH site logical in terms of collocation and impact on ambulance services		
83	It is important to have the acute services on one site so people can receive the emergency care they need quickly and easily		
84	Separate emergency services from elective services completely		
85	Please see my comments on the previous section regarding capacity and my support of the proposal IF the level of service is maintained to ensure that full and effective delivery, commensurate with the population of the area, can still be provided (or this proposal makes the service delivery more efficient).		
86	Better to have emergency care in one place with a full team of experts. Planned surgery can then take place at Cheltenham		
87	Why should we have a hospital in our town but only offering limited services		
88	Same as previous question - it's creating an even greater imbalance in the emergency care at the two hospitals.		
89	Essential for the county		
90	This leaves too much dependency on the Ambulance Service to deliver services in a timely manner. It seems ludicrous to have ambulances criss crossing the county with all the attendant traffic delays that seem to be on Gloucestershire's roads. Are there any Service Level Agreements with the Ambulance Service to ensure timely targets are met. What happens if (as seems to happen often) there is no availability of ambulances.		
91	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 abroad / different county for treatment and often end up worse		
92	Gloucester closer to M5 for post accident care and emergency admissions		
93	Agree with any proposal to avoid unnecessary duplication		
94	Emergency general surgery should be available at both hospitals		
95	It seems sensible and more cost effective to centralise services		
96	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.		
97	A centre of excellence at Gloucester Royal would detract from the service at Cheltenham General		
98	Anything that improves capacity, reduces cancellations must be good. I prefer option 2		
99	Reducing waiting time, planned surgeries that are performed on time contributes significantly to the health and wellbeing of patients and their families reducing stress and unnecessary waiting times		
100	Lessen impact on planned surgery		
101	Again, although this would be less convenient in respect of a present home the benefits would seem to outweigh the convenience		

**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
102	This presumably will ensure connection with acute medical care		
103	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		
104	As previous question.		
105	Glos Royal needs to improve.		
106	Pressure eased on gaps in surgery and better for consultants and trainees. Shorter waiting and being messed about.		
107	As previous		
108	Specialist staff and equipment in one location. Saves on time and money.		
109	As stated before about transport links.		
110	Same as Acute Medicine comments Experienced qualified staff centralised More opportunities for shared learning and research Intensive care facilities on one site High tech imaging facilities...		
111	Because it makes best use of all resources		
112	The other options are more suitable		
113	Being seen by the right specialist, not going through several appointments and being re-directed		
114	Gloucestershire royal already has good facilities and several operating theatres with experienced staff		
115	Larger teams with a range of skills should give better outcomes.		
116	Good communications hub.		
117	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.		
118	Quicker, more direct access for patients to the right specialist. A 'centre of excellence' will be an attractor for young doctors. Concentration of the right staff cover. Concentrated and improved learning opportunities for junior staff. However, resources, including beds, nursing staff and theatres, will need to be increased at GRH accordingly.		
119	I would fully support the concept of Centre's of excellence for all the reasons documented in your summary document 'Fit for the future'		
120	I do not think that Gloucestershire Royal is a large enough site and believe that patients should have the option to choose which hospital they are treated at and I believe the system works as it was before the shake up of services due to the Covid pandemic. It is blatantly clear that GRH cannot cope with being the only 24hr A&E unit as evidenced by the numerous complaints and concerns that have been raised about this.		
121	Again only if you will continue to have services available at Cheltenham Hospital		
122	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.		








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
123	As above Because I live in Gloucester		
124	The facilities can be enhanced at less cost at this hospital		
125	Distance from North Cotswolds		
126	This would be a more efficient use of resources.		
127	Surely access to care should be of primary concern to a hospital? Any solution should not have a negative impact? I query your statistics? The positive benefit for this change is for the homeless and people 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? 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?		
128	I can see the advantages of the proposal but I am concerned GRH's capacity to provide the capacity and service levels proposed.		
129	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.		
130	Central to county for all		
131	Unsafe, inadequate beds, chaotic, not essential to be on one site, worked very well on both sites. Poor bed flow inadequate ICU. Poor service for east side of county.		
132	Focus of resources on one site		
133	It makes sense to co-locate emergency medicine and surgery at GRH		
134	The creation of a General Surgery Centre of Excellence, would provide the best fit with Emergency Surgery. Therefore the first option.		
135	I would prefer to go to Cheltenham Hospital.		
136	Again Cheltenham should not be downgraded by taking away, not only medical beds but also the capacity to perform emergency general surgery. This will have adverse effects on the A&E, because patients will be directed to GRH, essentially downgrading Cheltenham A&E to a MIU. If I was pushed to decide on the two options - because I would not want Cheltenham to lose surgical services then I would choose the second proposal of making CGH a centre for pelvic resection etc.		
137	I like the idea of concentrating the expertise in a single location		
138	In line with acute medicine and A&E focus		
139	The risks mean that this should be with the Acute provision.		
140	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.		
141	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
142	Better building and access		
143	Because of the increased local population both sites should be used.		
144	I don't think GRH has capacity now or planned		
145	A specialist unit such as this makes sense.		
146	These cases can develop for the Acute Medical Take, so continuity in treatment, assessment and rehab will flow more easily. Confidence for patient.		

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

		<b>Response Percent</b>	<b>Response Total</b>
147	For the same reasons as above To concentrate the necessary skills in the centre of the catchment area		
148	No General Surgery beds at 1 hospital could impact badly on some patients.		
149	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).		
150	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.		
151	as per commentary in last page; fear over increase travel times		
152	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.		
153	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.		
154	Taking away this service from Cheltenham GENERAL hospital, where patients receive as the National Audit shows, good or excellent care, is a very short-sighted and poor decision. More patients will suffer and die needlessly because of lengthier travel to GRH. GRH will require to increase it's capacity of beds to cope with the extra demands. This will impact Cheltenham A&E department as surgical emergencies will be redirected to GRH. What sort of unit will CGH have then?		
155	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		
156	Look at the appointment systems and make the phone system shorter.		
157	see previous comment		
158	A centre of excellence is essential and you shouldn't spread your resources. The hospitals are close enough that no areas should be disadvantaged.		
159	It is probably best to divide the centre of excellence status for best use of available expertise		
160	Your second option		
161	Specialisation usually leads to higher quality service and the attraction of most able doctors		
162	always needed - Will specialist staff really be available or too busy elsewhere? How practical will this be or is sit just a hope		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).

			Response Percent	Response Total
1	Strongly support		46.44%	137
2	Support		33.90%	100
3	Oppose		4.07%	12
4	Strongly oppose		4.07%	12
5	No opinion		11.53%	34
			answered	295
			skipped	18

Please tell us why you think this, e.g. the information you would like us to consider (139)

1	If it means fewer cancelled operations and less disruption in the busy winter months then it has to be a good thing.
2	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
3	Or???? Which is it?
4	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.
5	You should be able to go to nearest hospital for treatment, staff should be split between the 2 hospitals if necessary so this can be done
6	If it's planned, why not just go to Oxford and build a bigger unit there?
7	Absolutely no way, Gloucestershire is way to big gloucester hospital can't cope with what services it so so provides, so sending colorectal patients to gloucester shouldn't happen. Cheltenham should keep all of the surgery especially colorectal.
8	I think it should be bk in Cheltenham
9	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.
10	There aren't enough staff to go around, so we need to make best use of those we have.
11	Planned care still requires experts and equipment, its unreasonable to expect the NHS to be able to fund this on two sites that are so close to each other
12	Based on my support for emergency care at Gloucester, presumably it would make room at Cheltenham for this area of non-urgent operations.
13	Silo'd services appear much simpler to locate on a single site.
14	Far too far away from Fairford to be a good option for patients from that town/area
15	Better than at Gloucester but improve parking
16	Gloucestershire Royal is the most modern of the two hospitals and parts of the Cheltenham Hospital are 200 years old and unsuitable for 21st century health care provision. The most recent blocks in College Road Cheltenham could be used to complement the services provided at the Gloucester base
17	As above
18	Planned surgery can be dealt either in cheltenham/Gloucester. But ideal would be in 2 different hospitals. so more cases can be conducted.

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	Main reason as before		
20	If some cases would follow on from an a & e visit it makes sense to have it where the larger a & e capacity is		
21	Cheltenham General should remain a major hospital together with great in the area		
22	CGH can do this just like they used to		
23	This is an 'either or' question without giving an opportunity to vote for either. It is nonsense.		
24	essential to attract good specialists and perhaps in time take on childrens so we dont have to travel to Bristol		
25	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.		
26	Both hospitals should offer an equivalent standard of care		
27	Specialist staff in one place should mean collaboration in terms of quickly dealing with patient problems. Quick treatment/ diagnosis of Crohn's can reduce the need for surgery, less time off work and a better quality of life!		
28	A sensible rational approach		
29	Yes it sounds fine but surely Gloucester Royal will want their own as well!		
30	As a sufferer in this speciality I consider it to be of great importance to provide the best possible service.		
31	I would support this to be at CGH.		
32	Both Cheltenham and Gloucester need to do general surgery, I was released from hospital in Gloucester at 11.30pm and as I was taken there by ambulance I didn't have my car, thankfully I have a son that drives but many people would be stranded, I could of walked home if I had been taken to Cheltenham		
33	Combining the service will provide greater scope for subspecialist practice within colorectal surgery. Training will be enhanced and a concentration of resources including medical and nursing will make the service run more smoothly		
34	Diagnostics are ok at Cheltenham, but specialist surgery needs to be where specialist surgery is based...		
35	But Cheltenham would be easier because of my disability and needing wheelchair accessible transport which cost more if I am required to go to Gloucester Royal		
36	Higher standards and expertise can be employed centrally		
37	Prefer Cheltenham for reason quoted earlier		
38	experienced good service/care at CGH		
39	But on both sites		
40	I support a centre for excellence.		
41	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		
42	Being able to have all services on one site is cost effective with equipment best outcome for patients if staff are experts		

**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
43	I agree with the center of excellence approach in principle. I think it will improve patient outcomes.		
44	I presume GRH would be a spoke and therefore provide back up.		
45	The relevant proposals in the Consultation Document appear sound.		
46	Need specialist services		
47	It is probably more efficient to concentrate resources at one dedicated hospital.		
48	Cheltenham is quite far enough for us to travel		
49	With elective surgery the distances to either hospital are manageable and can be planned. It the A&E that needs to remain available at both sites.		
50	As before		
51	GI is already at CGH why change it, rather expand on it		
52	As above		
53	Personal preference Cheltenham but would support either or shared		
54	seperating emergency from planned services should prevent cancellations and create the right number of beds for the planned procedures. Co-locating with other pelvic services makes sense as I suspect they often need to work together		
55	I accept it is no longer practical/affordable to have all specialisms at both sites		
56	Again, this is about providing the best patient service by locating staff at one centre.		
57	Again have services available at both Cheltenham and Gloucester		
58	dont know enough about this problem but previous comments would apply		
59	We need to establish strong bases in Cheltenham. Naive perhaps to suggest centres of excellence should be visible fairly equally in both hospitals, but there could be a tendency otherwise for one of the two (probably CGH) to have lesser standing, lesser research/funding potential		
60	Don't understand. Talking jargon.		
61	If it is planned surgery the patient will have had time to plan how they will get to and from the hospital, and anyone who wishes to visit can factor the distance into their preparations. There is still the question of the exorbitant parking fees on the GRH site. Although CGH also charges stupidly high parking fees, Cheltenham based patients being treated in Cheltenham and their visitors might not need to use their cars and could avoid these phenomenally high charges. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
62	Concentration of key resources in one place to reduce duplication and wastage.		
63	It is a good idea, except again that as we are on the edge of the county Gloucestershire is further away		
64	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		
65	Again, it makes sense to have one very well equipped and staffed hospital rather than 2 close but less well resourced units		
66	One world-class centre looks ideal to me.		
67	As per previous comments		
68	Good to have a centre of excellence. Attracts staff and makes good effective use of both equipment and staff.		

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
69	Personal experience of my life being saved this last May when admitted through A&E at CGH with Fournier's disease for immediate operation to deal with gangrene and sepsis from infected scrotum.		
70	Same reasons do not oppose a centre of excellence for Gloucestershire but do oppose strongly the lack of operations at either hospital		
71	Again the principle of centres of excellence is a good one - I would site it at the most appropriate site - if other planned surgery is at CGH then this should be there too		
72	It doesn't matter which site, so long as the service is there and available.		
73	Obviously to split up centre of excellence means less pushing people from one A&E to somewhere everything is not to hand		
74	I can't support that being at Cheltenham since you're proposing it in exchange for an inferior emergency service.		
75	ensure up to date medical procedures are available		
76	Planned surgery at least gives patients time to make suitable travel arrangements		
77	Pros and cons here but overall would support		
78	Agree with any proposal to avoid unnecessary duplication		
79	CGH would be the better location		
80	Again it seems sensible to centralise resources and staff		
81	Please bear in mind any treatments taken prior to appointments which may make a long journey very difficult		
82	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!		
83	We would prefer this service to be available at Cheltenham where my husband had excellence care		
84	As above		
85	Centre of Excellence required at both hospitals		
86	The proposal would seem to make more effective use of staff and facilities		
87	Planning the priority for hospitals makes sense		
88	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		
89	Likely to dilute service and so negatively impact patient outcomes.		
90	Confused!		
91	Not sure about this as people from the Cotswolds need the nearest place yet Gloucester is better for people from that area.		
92	Single centre would be preferred.		
93	Focussing a specialism in one location makes the most sense providing value for money.		
94	A good way ahead.		
95	Same comments Experienced qualified staff centralised More opportunities for shared learning and research Intensive care facilities on one site High tech imaging facilities...		

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
96	A single centre makes best use of staff and resources		
97	COE will benefit Patients and Staff, and make effective use of existing resources		
98	Often have to go to Cheltenham for appointments so makes sense to do it at Cheltenham		
99	Not qualified to judge.		
100	If its excellent, who cares where it is?		
101	Concentration of a specialised team and the necessary resources.		
102	Would prefer this option to be at Cheltenham General Hospital		
103	Near both		
104	If it is at GRH		
105	This hospital specialises in this area		
106	Again, it must be best to have all the specialists in one location.		
107	Centralising upper GI seems to have been beneficial, presumably the same will happen with colorectal.		
108	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.		
109	Not central to county. Parking nightmare, travel time - hours away		
110	Available beds, less likely to be cancelled calmer safe green site. Excellent ICU linked to essential other services to make centre of excellence. Oncology onsite national recommendations.		
111	Focus of resources on one site		
112	Need to locate the planned specialties into CGH if emergency medicine and surgery are going to GRH		
113	I am a strong believer and advocate of specialised services at one hospital, my choice is Cheltenham General Hospital.		
114	At Cheltenham		
115	Both are GENERAL hospitals, and as such should have the capacity to offer these services at both sites. But if I was to choose, based on my previous answer, it would make sense to have planned lower GI general surgery at Cheltenham to match with the idea of making it a centre for abdominal and pelvic surgery.		
116	Again, I like the centre of excellence approach and likelihood of fewer cancellations		
117	Public perception and access focused at one hospital for one type of health issue		
118	A centre of excellence would be good for everyone!		
119	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.		
120	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
121	As above Better building and access		
122	It needs to be Gloucester for access from the forest of dean		
123	In all cases time must be allowed to talk between medical staff and patients. Sufficient staff levels should be attained 24/7 of 'centres of excellence' comes into being.		
124	To help spread skills to other major assets		
125	It would help provide rotas for the appropriate surgeons.		

**Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).**

		Response Percent	Response Total
126	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.		
127	Strongly support PROVIDED that site is Cheltenham		
128	Makes more sense to be at Cheltenham.		
129	<p>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.</p> <p>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.</p>		
130	lose of this type of surgery would result in doctors/other specialists relocating hence would be unable to support A&E dept		
131	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		
132	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.		
133	Cheltenham already has the Cancer Centre so it would make sense for it to have the above service.		
134	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		
135	CGH has always been a centre for excellence for this surgery - let it stay so!! Don't change		
136	The plan seems to be to downgrade Cheltenham GH despite the wide catchment area and substantially increased population in the rural parts of North Gloucestershire		
137	Parking and the use of public transport enabling the general public to use buses from Waterwells through to GRH		
138	CGH is the preferred option		
139	To build expertise at CGH for this speciality		



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

			<b>Response Percent</b>	<b>Response Total</b>
1	Cheltenham General Hospital (CGH)		48.14%	142
2	Gloucestershire Royal Hospital (GRH)		22.37%	66
3	No opinion		30.85%	91
			answered	295
			skipped	18

Please tell us why you think this, e.g. the information you would like us to consider: (155)

1	A strong case has been made for both. On balance I think CGH.
2	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
3	Crucial item for me is that there is an equal balance between what is in Cheltenham and what is in Gloucester....with equal numbers of essential services in each. It must not be Gloucester is the centre with bits in Cheltenham
4	I believe that no one site can cope with providing the service for people who usually attend two sites. The waiting times increase, the staff are stretched and patients feel that they are suffering as a result. Gloucestershire is too big to have one site for a speciality.
5	As above so the specialists are on one site , can cross cover be available.
6	Just because it is the nearest hospital to where I live, I should imagine anyone living near to Cheltenham would choose the Cheltenham one as their option
7	Why should people from Cheltenham go to Gloucester when they can go to Oxford? If it's planned...
8	Both hospitals should have their own colorectal services.
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	Elective and CGH and emergency at GRH
11	CGH should be the site for all planned activity
12	Oncology centre.
13	Oncology
14	I think that the 'reputation' of Cheltenham Hospital needs to be preserved if emergencies go to Gloucester, even if in a new way, so putting excellent planned operations in Cheltenham would be good.
15	I don't support your preferred option at all
16	Calmer atmosphere. Better patient experience.
17	Is Great Western Hospital Swindon a better option for those living on The Cotswolds, perhaps a joint venture with Glos NHS
18	As above, the premises at Gloucester are superior and those at Cheltenham have fallen way behind. In my view Cheltenham should have constructed a new hospital to replace Cheltenham General in the hospital building boom of the 1990s and early 2000s when a large number of towns and cities constructed new hospitals, such as Worcester, Swindon, Birmingham, Stratford -on-Avon, Hereford, Taunton, etc, etc. Cheltenham missed out then and a new replacement for Cheltenham General is unlikely now
19	both sites.

**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
20	As this is intimately linked to gastroenterology (which is being focussed at CGH), it makes sense for this to be at CGH too.		
21	I have no views about which hospital should be the site - this is clearly a matter for the best use of resources - both physical and staff - and I am in no position to take a view on the information provided		
22	Don't like the single site option		
23	What CGH can do GRH can do the same		
24	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.		
25	As above		
26	Neither site should take priority.		
27	We have two major hospital sites in Gloucestershire. It makes better sense to have single site consolidated approaches to medical units		
28	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		
29	Cheltenham must be the planned care centre if the Emergency centre is going to work		
30	At present I am not familiar with either Hospital.		
31	My personal experience ,choice.		
32	Both need this		
33	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH.		
34	If the benefit of the emergency changes is to provide immediate subspecialist care why would you consider something different for elective patients? You propose to locate elective upper GI surgery on the same site as emergency surgery, it seems incongruous to propose that another group of general surgery patients should be treated differently. If the two sites could be staffed equally there would not be a need to change. You need to ensure that the level of cover out of hours for patients undergoing major colorectal operations is the same irrespective of their mode of presentation (emergency vs elective). Specialist nursing input eg stoma nurses, cancer nurses will be facilitated by being on the same site as emergency surgery. Will a unit on a separate site have sufficient patients to be a specialist ward or will it be overrun by other specialties? Would such an arrangement really enable specialist nursing care? How do the other components of the general surgery changes impact on colorectal surgery?		
35	See previous question		
36	For reason given previously		
37	As previous		
38	Surgical team availability. Easier to set up cell salvage, if needed during the oerations.		
39	To co-locate with urology and gynae-oncology. By taking elective lower GI from GRH space would be freed up for other needs.		
40	Only those involved with actually doing it and the resource implications can make this decision. Whatever is done must take into account the time and travel implications for the whole County and the environmental impact.		

**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
41	At the moment, both CGH and GRH seem to have a Planned Lower GI general surgery facility. I think the decision on which location to invest more excellency should mostly be focused on statistic and medical opinion, such as estimated time of arrival from one location to the hospital; percentage of local and not local patients who come to the hospital; accessibility to the yard; transportation accessibility etc. While Cheltenham could be more easily accessible, in my opinion, GRH offers facilities on Upper GI general surgery, which could contribute to the treatment of exceptional patients who may need assistance with both.		
42	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		
43	Where the best service can be provided. Ensuring correct equipment, staff & space.		
44	I think it makes more sense to have surgical units for upper and lower GI surgery in one location		
45	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.		
46	Important that each hospital has the ability to raise its reputation by having a centre of excellence. It must be ensured that Cheltenham is not regarded as a second choice.		
47	GRH is currently too busy. I presume GRH would be a spoke and therefore provide back up.		
48	I have no relevant technical knowledge to offer an informed view		
49	Either would do.		
50	See above		
51	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.		
52	As above		
53	personal preference only based on my location. Accept entirely that management team must consider a much wider criteria		
54	as previous question		
55	Hard to have an opinion unless you are a user		
56	Although my own experience has been of having colorectal surgery at GRH, I think location for this is less important than concentrating the expertise at one centre.		
57	Keep both hospitals operating as hospitals for all services. This centre of Excellence "" concept"" is in my opinion RUBBISH. Stop pretending that you are offering a better service when you are diluting what is already available		
58	not qualified to judge which would be best. Access, free parking other facilities to fit around this would need to be thought through		
59	I understand that there can some crossover between Upper and Lower GI* and this suggests to me that collocating them would be wise provided that the is sufficient space and facilities at GRH.  *Last year I had emergency Lower GI surgery carried out at CGH by an Upper GI consultant (excellent outcome!)		
60	As both centres do this now, just in terms of equalising the two hospitals as mentioned above		
61	GRH is a larger site, has better facilities and is more accessible for visitors. I have had surgery in CGH in the past and felt the facilities were poor and the care was lacking. It is also very difficult for visitors to find somewhere to park.		

**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
62	If it is planned surgery the patient will have had time to plan how they will get to and from the hospital, and anyone who wishes to visit can factor the distance into their preparations. There is still the question of the exorbitant parking fees on the GRH site. Although CGH also charges stupidly high parking fees, Cheltenham based patients being treated in Cheltenham and their visitors might not need to use their cars and could avoid these phenomenally high charges. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
63	I live in Stroud and find it easier to get to GRH and easier to park the car.		
64	From our point of view it is nearer		
65	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		
66	As I have mentioned, public views will revolve how location, for example, will affect the individual. CGH is closer to me than GRH so this is obviously my choice. That is naive and there are many many far more important factors that should determine the location. I really don't understand how public consultation on this matter assists the process.		
67	Most of the surgery might involve a cancer and Cheltenham is the cancer centre		
68	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		
69	the main center for this type of surgery is already in Cheltenham - so why would you want to move it ?		
70	Don't really mind but feels appropriate to co-locate with the cancer (oncology) centre in Cheltenham. Nb. I have a family history of bowel cancer so take particular interest in this area.		
71	To make a decision about this, there must be many other holistic factors about the sites, capacity, etc which I am not aware of.		
72	Either site so long it is centralised at one or other site. It would be advantageous to have both upper and lower GI planned surgery at one site. Staffing and equipment availability should be considered.		
73	I am not fully aware of the different skills between GRH and CGH but roughly would like to see a 50/50 spread of centres of excellence over the county's two leading hospitals.		
74	The emergency detailed above meant I had minutes to live, my kidneys had already failed . My family were called to the hospital soon after the operation as I was given about two hours to live. Living in Hewlett Road, Cheltenham meant a speedy access to A&E which ironically closed about a week or so later. If the timing of my illness had occurred two weeks later I would not be filling in this form.		
75	As above		
76	Having benefited from this excellent service, and still under their care, I would really like the service in Cheltenham to be bolstered. I live at the extreme Northern tip of the county, and Gloucester Hospital would have been a nightmare for family visits, and for me getting home from the multiple operations I have had. Given the fantastic care I had at Cheltenham, I would be keen for it not to be moved		
77	Ability to protect beds and theatre capacity		
78	Separate emergency services from elective services completely - Cheltenham must be the centre of planned excellence		
79	Again, it doesn't matter which site, so long as the service is there and available and ensure capacity and effective care for Gloucestershire residents. In my mind it would make sense to have a particular specialist treatment at both sites i.e. GRH is centre of excellence for XX and CGH is centre of excellence for YY. So that one or other site does not become defunct.		
80	Because should I or my neighbours need it, it is within easy reach for local transport. GRH in rush hour can take at least 1.5 hours		

**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
81	This closet to me and the family		
82	It makes sense for all GI (lower and upper) services to be in one hospital		
83	Care needs to be taken in assessing the user demographic to make a suitable choice. Ideally it would be in the centre of the most common user base.		
84	Greater diversity in Gloucester		
85	Gloucester seems the preferable site to develop. Far better access by public transport.... crucial for many people and their families		
86	Cheltenham and Gloucester hospitals should be equally recognised for their own specialisms and resources. Gloucester Hospital cannot have it all		
87	Obviously Gloucester is the closest to me, for same reason stated above. Cotswold residents would almost certainly disagree		
88	Obviously, given what I've said, I'd choose Cheltenham. Gloucester residents would presumably prefer it there!		
89	Which option is most cost effective		
90	Greater Diversity in Gloucester - some longer term health conditions higher with minority ethics Ease of access and family support as communities live close together		
91	There is an air of calm efficiency and care at Cheltenham General Hospital which leads to a more rapid recovery time whereas at Gloucester Royal Hospital I feel that the wards seem to be under more pressure.		
92	A good match with other services. Also seems too much at GRH which could lead to conflicts of staff time		
93	Both		
94	Ideal in respect of our place of residence		
95	As before; it is better not to centralise unless and until provision is made for transport between the sites. This is vital for the elderly and less financially secure. (Frequently these are the same.)		
96	Best for outcomes and workforce with limited negative impact on travel/access for those living east of Cheltenham.		
97	Either. But a Centre of excellence makes sense.		
98	Would keep at both		
99	If the majority of this department is located in GRH, it makes sense for all of it to be located at GRH.		
100	Better parking for staff and visitor options more mid way for Forest patient and visitors. Near to train links.		
101	A very confused layout that could be fixed easily.		
102	Quality of patient experience much improved if planned surgery is separated from emergency activity.		
103	Make effective use of existing resources		
104	Cheltenham should be the centre of excellence for all inpatient planned care		
105	Very important to have separate sites for emergency and elective surgery for better patient experience and outcome		
106	Important to keep services separate for patient experience and outcome		
107	Better on-site facilities and car-parking at Gloucester. Not sure where there is adequate space in Cheltenham		
108	As above		
109	The department already exists together with the oncology unit at Cheltenham General.		






**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
110	Not qualified to judge.		
111	If its excellent, who cares where it is?		
112	Would seemingly make best sense to locate this at CGH to create a centre of excellence for pelvic resection; and to keep this surgery service entirely separated from the pressures of the Emergency General Surgery at GRH (as suggested in the consultation booklet)		
113	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.		
114	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.		
115	Gloucester is MUCH easier to travel to		
116	This hospital specialises in this area		
117	It is important not to concentrate every resource at one location, e.g. Glos, as this would increase the possibility of a single point failure.		
118	If you think upper GI surgery needs to be on the same site as emergency general surgery, surely the same should apply to colorectal surgery. If you are struggling to run the general surgery service on two sites at the moment why would you want to set a a service that continues to run general surgery on two sites?		
119	I don't support it		
120	Again central		
121	As above		
122	If the plan is to have the Day Case focussed at CGH it would seem to be sensible to have the rest of the GI provision on the same site		
123	see previous response		
124	It would be sensible to co-locate with other pelvic area specialists.		
125	Having experienced prostate cancer surgery at CGH, I know it is well placed with excellent Consultants and support staff to provide a first class service service.		
126	Cheltenham has a better reputation in area.		
127	I would like to know, that if you make GRH the centre for emergency general surgery, what would happen in the case of an emergency following a planned abdominal/pelvic operation at Cheltenham? Does that mean a patient would be transferred to GRH as it would be the hospital receiving surgical emergencies? Planned day cases may become more complicated and require emergency surgical intervention as all surgery comes with risks, that is why patients have to sign a consent form. Will surgeons operating on planned cases have the ability to care for patients who have a surgical emergency? Will they have the experience?		
128	I like the link with the gynae cancer treatment at Chetenham to form Pelvic Resection centre of excellence		
129	To align with the upper colorectal service at CGH		
130	All major General surgery located with acute services makes common sense.		
131	I think a centre of excellence, a single one would benefit the local and wider community by being situated 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
132	Strongly support the idea of single site excellence for all and any hospital procedures		
133	Ditto Better building and access		
134	Its more central for Gloucestershire		
135	Which ever hospital has the space and facilities for development. CGH has very little space but other specialties can move. I leave to planning team!		
136	It would make the centre of excellence and help maintain Chelts specialism to attract staff.		
137	This is my biased opinion, as Cheltenham is so much more convenient to reach from the Fairford area.		
138	I know the GRH team are fantastic, but have had no dealings with CGH.		
139	north of zone seems to be where population will grow (housing plan) and south activity would likely be split between gch & new forest of dean hospital		
140	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.		
141	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.		
142	See above.		
143	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		
144	It doesn't make sense to have a centre for excellence across 2 sites but transport needs to be available and affordable for those that need it		
145	Seems like a lot of specialist services are at GRH so good to have this one at CGH		
146	It has always fulfilled. This need - leave it as it is		
147	See above		
148	More information about ones operations		
149	To fit in with the other related specialities at Cheltenham		
150	access to GRH is almost impossible for day patients and for visitors to in-patients if they reside in the north cotswolds		
151	Family orientated at Cheltenham and more friendly, smaller pods.		
152	So that centre of excellence status is not all centred at GRH		
153	Appears that more facilities are already there		
154	Prefer something at both sites		
155	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).**

			<b>Response Percent</b>	<b>Response Total</b>
1	Strongly support		37.29%	110
2	Support		36.95%	109
3	Oppose		5.08%	15
4	Strongly oppose		4.07%	12
5	No opinion		16.61%	49
			answered	295
			skipped	18

Please tell us why you think this, e.g. the information you would like us to consider (127)

1	Ring fenced facilities at CGH make sense to minimise disruption.
2	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
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
4	I think it should be at both hospitals, leaving it easier for people to go to hospital nearest to where they live
5	Why go to Gloucester when you can go to Oxford?
6	Cheltenham and Gloucester should have their own elected and day surgery cases.
7	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.
8	There aren't enough staff to go around, so we need to make best use of those we have.
9	If planned surgery is on the same site then you keep a cohort of skills in that location
10	As per previous answers - if Gloucester starts taking more of the emergency stuff, Cheltenham's position/prestige needs to be maintained for non-emergency stuff.
11	I don't support having only one centre for anything, given the size and demographic of Glos.
12	As before
13	It is obvious that some services will have to remain in Cheltenham for the time being as Gloucester is not large enough to accommodate them all
14	Why spend more money when there are already perfectly adequate hospitals
15	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.
16	In my view clearly better that this should be on one site.
17	Don't like the single site option, would like both hospitals to offer as many treatments as possible
18	Would these beds be ringfenced for day surgery and not have patients put in them overnight? as is the usual case.
19	Specialist equipment in one place, more efficient use of resources and specialist staff.
20	Rational, straight forward, clarity for patients in terms of where their care will take place.
21	Cheltenham is the obvious choice for the planned care centre
22	Very important to develop high quality standards whatever the length of visit or stay in a hospital



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
23	Really can't imagine what day case GI surgery would entail .		
24	See first comment re planned surgery being able to go ahead without theatres being needed for emergencies.		
25	Both Cheltenham and Gloucestershire need this		
26	Don't care as long as 24/7 type-1 consultant-led A&E services are restored to CGH.		
27	Does this have potential to be expanded to include short stay patients? Many patients undergoing gallbladder surgery stay overnight. The same is true for patients undergoing colorectal surgery. Would a facility to accommodate these patients be better than pure day case? This might allow increased numbers of patients to have their surgery in CGH and help maintain a vibrant hospital. How do the other changes to general surgery affect the ability to deliver either day case or short stay services in CGH?		
28	Helps to manage an appropriate split between hot and cold sites		
29	Easy access and close to carers who need to visit me and don't drive		
30	Would require better facilities at Cheltenham general in my opinion hospital dated and tired in appearance		
31	I support the idea of one team on one site locally		
32	I think Cheltenham does deserve a comprehensive GI surgery facility as it is a reasonably large town which hosts national and international visitors every year. The capacity of the town to provide extensive health assistance, alongside Gloucestershire Royal Hospital would also likely relieve the stress sometimes found in waiting rooms. The availability could also assist patients who are needed to stay longer in the hospital under supervision, allowing the medical team to have sufficient equipment in the event of an incident or emergency. GI conditions can be debilitating at times and the circumstance of having to travel could risk worsening, especially if no preventative methods were ever applied in their case.		
33	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		
34	Proposals in the Consultation Document appear sound.		
35	As above		
36	As before		
37	Spreading scarce resources around the county is a preferred method.		
38	have experienced it and was impressed		
39	as before		
40	Biased. Nearer me!		
41	As per my previous answer. Concentration in one centre is the most important issue.		
42	see earlier comments		
43	previous comments will apply to this		
44	Have just received attention at Cheltenham and Gloucester.		
45	For planned day surgery it makes no difference to where I travel to within an hour. Parking seems much better at Gloucester.		
46	Although I support the idea of a 'centre of excellence', I do think that CGH needs some significant investment in order to become this and it's not the easiest place to travel to/park at due to the limited facilities. I like the idea of specialist care and if this is more readily available at CGH than GRH, then I am in support.		

**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
47	As mentioned previously it is obviously better for those living in the Cheltenham area for as many services as possible to be fully delivered at CGH. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
48	Concentration of key resources to reduce duplication and wastage.		
49	day case can be done either site		
50	As before		
51	as previous answer		
52	This is already in Cheltenham. I have had to use it and found it excellent.		
53	I like the emphasis of removing emergency from CGH so that all the planned can proceed without interruption by the obviously unpredictability of emergencies.		
54	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.		
55	Good idea, for all the reasons previously given.		
56	But for day cases, there should be one at GRH as well.		
57	My personal experience detailed in previous page and previous personal observation of the Chichester Hospital whereas friend of ours son is a senior Consultant specialising in this area. He was able to advise my family on my predicament, which he only comes in contact with about once a year. I would like CGH to have this sort of level of skill set.		
58	Should've at both units if Gloucester hospital and Cheltenham hospital are Gloucestershire hospital service why not at both.		
59	Ability to manage beds and theatre capacity. Support to staff.		
60	Again you can develop excellence and process for support services to create the ideal environment for this		
61	Separate emergency services from elective services completely - planned at Cheltenham		
62	So long as patients can access the location where their surgery is taking place.		
63	One hospital for emergencies and one for planned surgery. As long as the hospital for emergencies has enough OR.		
64	This is valuable facility essential for the area		
65	Seems sensible to keep upper and lower together - otherwise in the middle might slip through the space inbetween		
66	Staffing levels		
67	Agree with any proposal to avoid unnecessary duplication		
68	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		
69	See previous 2 comments		
70	See previous.		
71	The journey to Cheltenham from Winchcombe is far better than Gloucester Royal when you are unwell		
72	Too much dependence upon centralising services at GRH is, in my opinion a mistake. Gloucestershire needs to use its two main sites fully		
73	As before - economies of scale basically		
74	More convenient from a personal point of view		






**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
75	As long as we know what we can expect from the two hospitals I think the sharing of responsibility for medical disciplines will ensure scrutiny		
76	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		
77	Key to this is ""Planned"" which increases Trust's capacity without negative workforce impact.		
78	Single centre of excellence preferred as above providing transfers are swift and well planned.		
79	Transport to CGH needs improvement		
80	Same comments as planned general surgery Experienced qualified staff centralised More opportunities for shared learning and research Intensive care facilities on one site High tech imaging facilities...		
81	Separating Planned surgery will reduce cancellation and improve patients waiting times		
82	As stated		
83	Fewer last minute cancellations and better throughput.		
84	Not qualified to judge.		
85	Concentration of expertise and dedicated staff in one location will improve patient care and efficiency.		
86	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		
87	I think further investment in CGH is very desirable		
88	N/A		
89	This hospital specialises in this area		
90	As there may be possible overlap between the two treatments it would be best if there were all located in the same site.		
91	If I need my gallbladder removed with an overnight stay would I be able to have this done in CGH?		
92	Why not at both, this involves improving Cheltenham at the expense of Gloucester		
93	Not central to county		
94	Not essential on single site		
95	See previous comments		
96	Need more emergency slots at GRH, ambulances queuing		
97	keeping planned activity in CGH if emergency services are going to GRH makes sense		
98	Reduces the potential for cancellations due to emergency surgery		
99	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.		
100	If you have the best and most experienced medical staff at one hospital site, it follows they can provide the best medical outcome.		
101	Cheltenham has a better reputation.		

**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
102	I cannot understand why all this has to be divided up, it is quite complicated.		
103	GPs' recommendations		
104	All skills and staff for GI health issues in one location. Single point of contact in Trust for GI		
105	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.		
106	This would work well because it is planned surgery instead of emergency surgery. Not so much of an issue around transport and time scales		
107	As above Strongly support the idea of single site excellence for all and any hospital procedures		
108	Makes sense to spread workload		
109	Because of the increased local population both sites should be used.		
110	It needs to be Gloucester more central for Gloucestershire.		
111	Which ever hospital has the space and facilities for development. CGH has very little space but other specialties can move. I leave to planning team!		
112	To centralise the entire colorectal skills		
113	Help develop skills of junior surgeons and provide good support for them.		
114	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.		
115	What does 'centre of excellence' mean? This is a ridiculous phrase. Who wouldn't want a centre of excellence. As opposed to trying to frame the question for your desired answer, you could try phrasing it the question in more balanced way. E.g. admitting that it means focussing resources and personnel in one or both of the sites, so those taking the time to engage with your questionnaire, do not feel manipulated.		
116	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.		
117	if there does need to be service better where county housing plan will put most new housing/greater need.		
118	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.		
119	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'.		
120	Cheltenham already has this function so it would be sensible to maintain this service.		
121	See my previous comments. This is a bad decision and the people of the forest of dean and Monmouth deserve better.		
122	It is very good as is		
123	N/A		
124	Keep Upper GI at Glos		
125	CGH is convenient GRH is useless for day patients		
126	Yes for centre of excellence and yes for Cheltenham.		
127	Helpful to split areas of excellence		

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

			Response Percent	Response Total
1	Strongly support		35.43%	107
2	Support		34.77%	105
3	Oppose		7.62%	23
4	Strongly oppose		5.63%	17
5	No opinion		16.56%	50
			answered	302
			skipped	11

Please tell us why you think this, e.g. the information you would like us to consider (123)

1	I support this on the basis that fewer people would need to travel outside of the county for treatment. We need to start thinking 'Gloucestershire' when considering these matters. If people are having to travel further beyond county boundaries then it makes sense to centralise some services here. That said, good to see there would be an IGIS spoke at CGH to support specialties there.
2	I suspect more money has gone into coming up with the terms / logos for hub and spoke than into IGIS. Both places should be equal and more money should be invested and the CCG shrunk to release the funds.
3	Image guidance needs to have services in both locations
4	both hospitals should have it
5	Makes sense as the oncology services are at Chet=Itenham so would need support
6	I think it should be at both hospitals so people can go to hospital nearest to where they live
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	Assuming this fits with the 'Gloucestershire emergency / Cheltenham planned' route, this makes sense, if this IGIS work is used a lot in emergency situations.
10	Grudging support since something will be offered at both sites
11	Cheltenham or Swindon
12	This is a very important part of present and future health care and will greatly increase in the coming years
13	Any
14	On balance on the information provided GRH seems the more appropriate site
15	Reluctantly support, again would like both hospitals to offer as many treatments as possible
16	Heart attack patients need treatment at closest hospital this would be better than using Bristol but should be available on both sites
17	what ever GRH can do Why cant CGH do the same
18	expensive kit and specialist staff - makes no sense to try and run 2 sites
19	As vascular and cardiology are at CGH then this service needs to be based on this site.
20	Need this to be on two sites to ensure no delay in treatments
21	In view of the distances patients are required to travel, I strongly support this proposal
22	Image Guided intervention main hub should be alongside ED

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

		Response Percent	Response Total
23	Both hospitals need this		
24	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH.		
25	Best located with the main emergency work		
26	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.		
27	This will reduce the need for patients travelling out of county out of hours and increase the ability to recruit high quality staff		
28	Reasons given previously		
29	Such specialised intervention should be centralised		
30	The way ahead if all the needed skill sets are in place.		
31	This would presumably mean that there could be more appointments available.		
32	I think investing in IGIS is a fantastic action. To my understanding and experience, IGIS provides an alternative to what could be a very invasive surgery and allows patients a safer and quicker recovery. It seems to me that it is something that should be evaluated to possibly be instigated in other areas of the country, if they so need it.		
33	Being a more modern hospital having the hub in Gloucester makes sense		
34	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		
35	Need more info on this reason, ie is it staff, facilities or something else?		
36	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.		
37	Proposals in the consultation document appear sound.		
38	Should have equal amounts at both hospitals		
39	In the AI age this can be shared between both hospitals		
40	seems sensible in view enormous cost of equipment		
41	updating equipment and locating in one site is more cost effective		
42	As long as the tech is good enough this is fine. But the tech has to be up to this task		
43	see earlier comments		
44	Imaging is already at Cheltenham, why move		
45	This makes sense. I assume the Spoke would deal with geographically favoured patients who are non urgent		
46	I am not sure why it is that CGH always seems to get the second best option of anything being considered, but as I have not needed treatment of this type I am not in a position to make further comment.		
47	Concentration of key resources to reduce duplication and wastage.		
48	it would be good if people could go to the nearer one if possible		
49	with major pelvic surgery we need interventional surgery which will also tie in with oncology		
50	More central for the county		

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

		Response Percent	Response Total
51	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		
52	Centralised approach is good. The equipment needed to undertake these investigations are often expensive, particularly the imaging equipment. Staffing levels are often difficult to maintain and are often difficult to recruit. State of the art equipment will help to attract highly trained staff.		
53	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.		
54	Interesting to see the hub and spoke concept. Will this leave the hub as a centre of excellence? Can there be other spokes such as Forest of Dean or smaller hospitals such as Cirencester?		
55	It depends what you mean by Spoke.		
56	Should be at both		
57	Help with recruiting and developing a centre of excellence good for population of Gloucestershire		
58	This set up should be in the best site for the overall plan. IGIS is an increasingly important part of urgent clinical care so it makes sense to create a hub and spoke approach.		
59	I have put 'oppose' because I feel neutral about this proposal (so I do have an opinion but not either way at the moment). My reason is as follows: as long as patients attending both have the same access to the surgery/treatment they need e.g. so that those patients attending a non surgical centre are not disadvantaged by this model/proposal.		
60	essential facility important for the community		
61	Probably necessary due to availability of technology and equipment.		
62	Reducing risks and stays in hospital and manual intervention is always good. Anxiety of carers and family is minimised as patients return home quicker		
63	Important to rationalise and make optimum use of very expensive and latest equipment		
64	Staffing levels		
65	Agree with any proposal to avoid unnecessary duplication		
66	Provided the spoke at Cheltenham is accessible and operational		
67	See previous		
68	We have the excellent cobalt centre in Cheltenham		
69	Makes sense to have a provision at both sites and reduce need for out of county travel by patients		
70	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		
71	This could have been a centre for excellence in cgh ?		
72	We've invested in Cheltenham already, make Cheltenham the Hub.		
73	Seems to make sense		
74	This is a very specialised service and heavy on equipment costs so centralisation makes sense.		
75	Bringing the hub into one location makes sense, as staff and equipment can be focussed on one place not split over two sites.		
76	Good choice based on current buildings		
77	It is more effective to provide a hub at GRI but a spoke allows more freedom for management		

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






		Response Percent	Response Total
78	This Provide the Best Option - and will mean patients can be seen locally.		
79	Less likelihood of being transferred to other hospital sites. Retention of staff is paramount		
80	Availability re transport and parking for patients and carers		
81	There should be one main centre as this should lead to improved patient outcomes.		
82	Seems effective.		
83	The staff who maintain the LINACS (at CGH) would be best to carry out emergency repairs and maintenance, surely?		
84	If EGS and Acute Medical Take are located at GRH, then it makes good sense to make GRH the hub for IGIS. It would also seem sensible for there to be a 'spoke' at CGH to work alongside oncology, urology and other specialisations there.		
85	Much of the reason why patients have to go outside the County for image guided surgery is that Gloucester is not in the centre of the County and certainly for people like me living in Chipping Campden it is a long way away		
86	N/A		
87	Combine the two centres to get maximum benefit.		
88	It would seem that more patients could be treated in this way.		
89	It looks as though this makes it more likely that i would be able to have my treatment in Gloucestershire		
90	Such a move would avoid duplication of expensive equipment. The proposal refers to a 24/7 hub, my support is conditional on this meaning availability 24 hours a day 7 days a week.		
91	see previous answers		
92	GRH should be main site		
93	Meets most eventualities		
94	This type of system is going to expand rapidly might need a target spike at Chelt.		
95	This depends where the activity is required - in emergency surgery or planned		
96	However, I do believe that more surgery will head in this direction and thus equipment at both sites to cover a range of specialities will be required.		
97	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.		
98	IGIS is the technology and service that will become more important in the future. Cost will dictate that only one hospital can invest in this equipment and reluctantly I have to chose GRH, with a "spoke" at CGH.		
99	If we can choose where we go.		
100	There is a 2.5 million centre that has not long been built at Cheltenham. To move this hub to GRH is a waste of money when the service is already functioning well at Cheltenham.		
101	Gloucester Royal is best for me		
102	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		
103	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.		
104	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.		



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

		Response Percent	Response Total
105	As above - is the 'spoke' necessary? Strongly support the idea of single site excellence for all and any hospital procedures		
106	Because of the increased local population both sites should be used.		
107	This makes sense with use of 'on call' specialists. CGH 'cold' centre for elective procedures.		
108	Explain why this can't just be at Gloucester		
109	Sounds sensible. Emergency cases coming into either unit may need IGIS - so good back up for A&E.		
110	It is the logical place		
111	Having read the information in this booklet I think it would be better to have 1 place for IGIS at GRH.		
112	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.		
113	My quick thought is spoke detracts from the economies of scale argument.		
114	I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH		
115	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.		
116	Most cases are already performed in Cheltenham and it should be the main Hub because it already has a new purpose built facility costing several millions. It would be hugely wasteful to remove this service from Cheltenham.		
117	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		
118	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???		
119	Good idea		
120	patients can be taken to/from GRH by ambulance, access problems are therefore left crucial.		
121	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.		
122	Single location		
123	Need to be able to meet the demand and provide the highest quality of service		

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

			Response Percent	Response Total
1	Strongly support		32.54%	96
2	Support		30.51%	90
3	Oppose		6.78%	20
4	Strongly oppose		10.51%	31
5	No opinion		19.66%	58
			answered	295
			skipped	18

Please tell us why you think this, e.g. the information you would like us to consider (102)

1	both hospitals should have it
2	Again it should be at both hospitals so that people can go to hospital nearest to where they live
3	Again, why not just go to Oxford if you live east of Cheltenham?
4	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!
5	Far too far away from Fairford to be a good option for patients from that town/area
6	Speciality doesn't really have elective admissions. They have urgent emergency type patients
7	Too Glos central
8	This should be concentrated at Gloucestershire Royal and it is not asking too much for patients needing such procedures to have them carried out at Gloucester
9	I prefer vascular surgery in one hospital either cheltenham or gloucester.
10	as above
11	See my previous answers, Great getting too busy with parking and accessibility problems
12	Heart attack patients need treatment at closest hospital this would be better than using Bristol but should be available on both sites
13	What ever GRH can do , CGH should do the same
14	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.
15	Once again rationalised approach to medical unit
16	An important part of medicine that needs a Centre of excellence
17	As above,
18	Both hospitals should do this
19	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH

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

		Response Percent	Response Total
20	Ideally it would be located with the IGIS hub. Needs adequate provision of beds and and appropriate theatre.		
21	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.		
22	Access to skilled medical staff in the right location		
23	Ditto		
24	see above		
25	One team working closely together		
26	Same as the above		
27	Again confused - suggest you need to engage some communications experts to put the proposals AND link them to the survey in plain english/language understandable by non medical persons.  Appears to be specialist treatment needing expensive specialist equipment operated by experts. Given this seems better to centralise as one service - some people may travel a little further but far fewer would need to travel out of county at evenings/weekends. Going to hospital unexpectedly (or even planned) is not a good experience so removing a longer journey with some of the complications this can lead to seems a beneficial step		
28	Would seem to complement IGIS		
29	Proposals in the consultation document appear sound.		
30	As before - transport is a serious worry for us		
31	Might use this		
32	see earlier comments		
33	I am not sure why it is that CGH always seems to get the second best option of anything being considered, but as I have not needed treatment of this type I am not in a position to make further comment.		
34	Concentration of key resources to reduce duplication and wastage.		
35	Again reducing Cheltenham		
36	Again more central for the county and transport links		
37	Again, the same point of view. Maximise the use of resources in one place rather than try to do everything everywhere		
38	As per previous observations		
39	Same reasons as above.		
40	This should be true of CGH too		
41	As before services should be at both to ease travel for elderly who do not drive		
42	Should include mechanical thrombectomy for LAO strokes		
43	Meets best practice requirements		
44	I support the whole concept of of centres of excellence		
45	Planned care should be at Cheltenham General - that's the Centres of Excellence model		
46	Please read my earlier comments regarding capacity, service delivery and my reservations that moving particular services to GRH alone must not lead to the closure of CGH (based on the assumption that GRH alone cannot service the whole catchment community).		
47	If Gloucester is the best hospital then yes but don't overload it.		

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

		Response Percent	Response Total
48	Essential facility important for the community		
49	It would be good not to have to go out of county for this		
50	Agree with any proposal to avoid unnecessary duplication		
51	See previous		
52	Seems to make sense		
53	As above		
54	Needs to be at both hospitals		
55	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		
56	As above		
57	Very good choice		
58	One excellent speciality		
59	I Struggle to see the Justification for the move - other than to be Closer to Trauma unit.		
60	Planned care at Cheltenham		
61	Better facilities and car-parking at GRH		
62	Good parking, already has a good unit at GRH		
63	Not qualified to judge.		
64	As I said before, as long as it is excellent, who cares where it is?		
65	Patients and clinical teams will have continual access to other acute speciality services, and these can operate in a more efficient linked-up manner.		
66	Vascular Surgery had a very good set up at Cheltenham General Hospital with the IR theatre being built and utilised. The theatre sessions at Gloucestershire Royal Hospital are inadequate and the ward is literally a joke, not fit for purpose and the ward is dirty and the bed capacity is severely lacking. The service works perfectly well at Cheltenham General Hospital and would be costly to move on a permanent basis and even the consultants in the department are strongly opposed to moving on the grounds of patient safety and capacity issues.		
67	I appreciate that these skills cannot be shared between too sites but for emergencies people living in many of the remote parts of Gloucestershire they need quicker access to a hospital and Gloucester is far from us		
68	N/A My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
69	This site has more suitability for these operations		
70	It seems that this is closely linked to the IGIS hub		
71	see previous answers		
72	Main site		






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

		Response Percent	Response Total
73	Focus of resources on one site		
74	Having Vascular surgery at GRH will mean that vascular surgery will be able to support the emergency services better.		
75	If the investment in IGIS is at GRH, it follows that "A Centre of Excellence for Vascular Surgery, should be at GRH.		
76	I would like to make sure that we get best care not sure which hospital is best.		
77	Again the facility is already at CGH and working well, make the hub at Cheltenham and the spoke at Gloucester, as it makes sense as this is the way it operates at present. Why put all that money and energy into building a purpose built facility at Cheltenham only for it to be downgraded.		
78	In line with decision to locate the IGIS primarily at GRH		
79	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		
80	I appreciate the fact less invasive surgery would be needed and reduced travel time for some procedures, so that would be a bonus.		
81	As above Strongly support the idea of single site excellence for all and any hospital procedures		
82	Because of the increased local population both sites should be used.		
83	As long as there is critical care support e.g. for aortic aneurysms		
84	It needs to be Gloucester central for Gloucestershire		
85	Why not? The importance is that the unit exists and is available 24/7 as and when.		
86	This and IGIS should be in the same location		
87	Single specialist centre would enable better and timely patient care.		
88	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).		
89	Is there not a new vascular theatre in Cheltenham?		
90	As previous answers.		
91	as noted earlier CofE reduces resourcing supporting A&E from other hospitals		
92	I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH.		
93	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.		
94	The Trust commissioned a new facility at Cheltenham which cost several million. It is regarded as the very best in the South West. It would be hugely wasteful to take it away. Most cardiology and inpatient vascular surgery is already performed at Cheltenham, it should stay.		
95	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.		
96	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.		
97	Another very good idea.		
98	CGH already does it		

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

		Response Percent	Response Total
99	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.		
100	The need to create the centre of excellence for specific specialisation over the 2 hospitals		
101	Single location		
102	BME communities have higher rates as diversity to Cheltenham and Gloucester - GRH is perfectly placed		

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

		Response Percent	Response Total
1	Strongly support		44.90% 132
2	Support		32.99% 97
3	Oppose		3.06% 9
4	Strongly oppose		2.04% 6
5	No opinion		17.01% 50
		answered	294
		skipped	19

Please tell us why you think this, e.g. the information you would like us to consider (108)

1	Good to see this could be made permanent. It appears that a lot of progress has been made since the pilot scheme was put in place. Good clear proposal.
2	It should be at both hospitals so people can go to hospital nearest to where they live
3	Gastroenterology at cheltenham is the best. Keep it in cheltenham.
4	Both hospitals need a centre of excellence due to the size of the population and the location of the services .
5	I would also like to see continuing support for Gastroenterology services at Cirencester hospital. I have had excellent treatment there.
6	Better for patients from Fairford, but not good for patients living at the west edges of Glos.
7	Consider Great Western Swindon for Cotswold residents
8	Some services will need to be continued at Cheltenham as Gloucestershire Royal will not be able to accommodate them all
9	Should be in Gloucester with the rest of medicine
10	prefers a medical unit in cheltenham which helps all people
11	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.

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

		Response Percent	Response Total
12	This has been piloted successfully and seems a sensible balance between the two hospitals		
13	See all my previous answers		
14	Save me travelling to Gloucester and pay expensive park fees for long visits and bus fares		
15	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.		
16	Efficient use of resources, access to specialist staff at all times, no waiting for them to travel from GRH to CGH and vice-versa. The total patient capacity must still remain the same (and hopefully higher!), not reduce as a result.		
17	It makes total sense to be clear which of the two sites is the centre for excellence and notmtnto have activities on two sites		
18	This goes along with the idea of a centre of excellence in planned care		
19	Again, important to have these services readily available		
20	I fully support the Centre of Excellence principle and am happy to leave the 'where' to those more qualified than me to make that decision.		
21	Both hospitals need this		
22	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		
23	There needs to be an outreach service to GRH. Interaction with emergency general surgery is still possible - need to ensure this is not affected. Interaction with elective surgical patients is principally on an outpatient basis		
24	Easily accessable		
25	The data presented strongly supports not reverting back to the old model		
26	Reasons given previously re: buildings		
27	prefer location of all specialist resources at GRH, Gloucester City site		
28	experienced excellent care re gastro at CGH		
29	Already in place? One stop shop.		
30	Expertise and resources at one site.		
31	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		
32	if teams are on site to support patients		
33	Would compliment other specialisms		
34	Proposals in the consultation document appear sound.		
35	Need specialist services		
36	As above		
37	simply accept the judgement of the people making the recommendation		
38	co-locating with planned day cases with specialist staff and contact points for inpatient and long-term ongoing care		
39	Yes both hospitals should be capable of offering all services		

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

		Response Percent	Response Total
40	Bias on my part. No real rationale to be honest		
41	Again, makes no difference to me as a patient where this is based		
42	I am in support of this if it means that all the specialists are in one place. I do have concerns about the lack of parking facilities at CGH - especially if patients are being asked to travel from further afield to attend this site.		
43	As mentioned previously it is obviously better for those living in the Cheltenham area for as many services as possible to be fully delivered at CGH. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
44	Concentration of key resources to reduce duplication and wastage.		
45	will tie in with colorectal making patient experience & expertise seamless		
46	I have a potential gastroenterology condition, so Cheltenham suits me. That should not be the criteria, when professionals have studied the situation extensively and come to a conclusion.		
47	One unit to maximise use of resources but tempered by the fact that Cheltenham hospital is in drastic need of refurbishment.		
48	But not only at CGH.		
49	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		
50	As long as it meets patient need, is accessible and effective. My responses are based on the assumption that this proposal will deliver better efficiency and improved clinical outcomes than the current model/service provision in place.		
51	Balance of services between the hospitals.		
52	Essential facility important for the community		
53	GI and gastroenterology services should all be at the same hospital		
54	These are common ailments and overall benefits outweigh the negatives		
55	Can see reason to concentrate into a single centre of excellence but accessibility of Cheltenham a problem eg public transport		
56	it depends on staffing levels		
57	Agree with any proposal to avoid unnecessary duplication		
58	This is a linked to ties in with a centre of excellence for planned lower colorectal and day case surgery at Cheltenham		
59	See previous		
60	I have received excellent care at Cheltenham		
61	If the pilot showed improvements why revert back to former arrangement Proposal sounds more efficient from hospital and patient prospective		
62	Urgent general need for many people. Reduced waiting times - quality focused attention and care for the patient is always a win win		
63	Support concept		
64	Ideal location from a personal point of view		
65	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		








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

		Response Percent	Response Total
66	Proven already via Pilot.		
67	As above		
68	Focus a centre of excellence on one site, don't try to split it across two geographical locations.		
69	Layout issues at CGH		
70	The Pilot seems to indicate that this is and will continue to work well		
71	Treated more quickly by a specialist		
72	More specialist case throughput should lead to better outcomes.		
73	Not qualified to judge.		
74	Improved conditions for medical staff, and therefore beneficial for patients.		
75	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.		
76	As mentioned before this is utilising this hospitals strengths.		
77	Your pilot appears to have worked well		
78	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		
79	Not central site. Too far away for lots of people and parking a nightmare and expensive		
80	I support this if linked with colorectal surgery at Cheltenham		
81	Makes sense with plan to have centre of excellence at CGH for Colorectal surgery.		
82	If other GI services are to be at CGH then this should be too		
83	linking this with the Cancer centre streamlines care		
84	It appears that the pilot works.		
85	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.		
86	CGH has an enviable reputation in this field and with more investment can become the "Centre of Excellence".		
87	As this appears to be working well from the pilot then it seems sensible to keep the service as it is now.		
88	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.		
89	Cheltenham General Hospital concentrating ofn elective support in the area is sensible.		
90	We think all procedures should be available at all hospitals, but Cheltenham is preferable to us over Gloucester as it is marginally closer.		
91	Yes, always keep anything that is excellent and working well!		
92	As above Strongly support the idea of single site excellence for all and any hospital procedures		
93	Because of the increased local population both sites should be used.		

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

		Response Percent	Response Total
94	Will need surgical support		
95	It needs to be Gloucester more central for Gloucestershire		
96	This probably follows on from the other gut services, so yes.		
97	Keep the gastro disciplines together		
98	A centre of excellence would benefit both staff, services delivered and patient care.		
99	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.		
100	As before really.		
101	Cheltenham as an older demographic than other parts of the zone covered by trust however might be best not to have CofE so specialist doctors are available for A&E support at all the hospitals in the trusts zone		
102	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.		
103	this is a service which should, as far as possible, be located as close to the existing Cancer Centre in Cheltenham General Hospital.		
104	This could work well alongside the Cancer Centre.		
105	See my previous comments		
106	Perfect - the ideal site and facilities for such a service.		
107	CGH is best located for the whole of the county		
108	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		49.83%	148
2	Support		29.63%	88
3	Oppose		6.73%	20
4	Strongly oppose		2.36%	7
5	No opinion		11.45%	34
			answered	297
			skipped	16
Please tell us why you think this, e.g. the information you would like us to consider (127)				
1	Fully support and it appears to reflect the wider logic of the overall Centres of Excellence approach. Supporting staff to provide the very best specialist care.			
2	absolutely - this should be a number 1 priority - better trauma and A&E care at both destinations - there is NO WAY that one centre will suffice and we know this undermines public trust in CCG (who honestly now must be loved about as much as covid 19 itself).			

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

		Response Percent	Response Total
3	both should have trauma and ortho		
4	If it is a trauma case, it is quite possibly an ambulance admission and GRH cannot cope now. All ambulances go to GRH and then orthopaedics would have to be transferred to CGH, increased cost, risk, time and staff		
5	Need to be on one site . Have CRH as cold , non emergency surgery and GRH as emergency. Which would protect beds at CRH		
6	Again both of these subjects should be at both hospitals so people can go to nearest hospital to where they live		
7	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!		
8	Prefers a unit in cheltenham for orthopaedics.		
9	Again this seems to have been piloted successfully and I support the proposed allocation of services		
10	Just what I would like, both hospitals offering service		
11	I still think one trauma centre would be better but understand why Cheltenham seen as important		
12	Each sit should cover both services due to the size of the county.		
13	Trauma at Gloucester and Orthopaedics at Cheltenham makes total sense		
14	because this would be an excellent idea		
15	In view of the large numbers of traffic accidents that seem to have been taking place recently it works appear that the service is essential		
16	For similar reasons as already explained, orthopaedics more likely to be planned.		
17	Glad both are being considered		
18	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		
19	Only makes sense if full A&E restored at Cheltenham		
20	If elective T&O operations are low risk then basing them on a site away from emergencies makes sense as there will be a reduced chance of cancellation. Trauma is best location near the main A&E.		
21	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.		
22	Separating out trauma surgery increasing the likelihood of planned activities going ahead		
23	Agree need in both locations		
24	both equally important and necessary		
25	Best idea for the specialist teams. Already happening. personal experience.		
26	Because the two are so closely linked, why not have one Centre of Excellence in one place?		
27	This would seem to imply that services could be maximised.		
28	There seems to be a lot of opportunities on time management, however not much information around patient care, consideration of harm, preventative measures or long-term future routine checks. The prevention of further complications could be also considered in the new plans.		
29	Given the nature of these services it makes sense to have in both locations		
30	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		
31	If data shows that it is needed at both sites & provides best patient care		

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

		Response Percent	Response Total
32	I went to Gloucester A&E on 2 Jan this year with a comminuted, displaced fracture of my elbow. I was assessed by a nurse and sent home with a box of cocodamol, in shock and terrible pain, to await a phone call to arrange an operation. I was operated on 5 days later. I feel that my treatment that night, and subsequently was appalling. I have since been left with nerve damage affecting my right hand. A centre of excellence approach would hopefully mean that patients such as myself would have prompt, consultant led assessment and treatment, which would lead to better outcomes and less stress and suffering for patients.		
33	If this is practicable and possible.		
34	Excellent for response times and flexibility to cope with peaks in demand, disasters and infections.		
35	One centre would be better, but the Consultation Document identifies insufficient Theatre capacity on a single site.		
36	Always a need, for all age groups		
37	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.		
38	keep specialisms together for better access and equipment		
39	Everyone needs trauma services nearby		
40	Yes both hospitals should be capable of offering all services		
41	Can't answer. You're once again going down the route of 'Cheltenham or Gloucester '.		
42	As mentioned previously it is obviously better for those living in the Cheltenham area for as many services as possible to be fully delivered at CGH.		
43	Concentration of key resources to reduce duplication and wastage.		
44	Long waiting lists currently for NHS. GPs really just prescribe anti inflammatory drugs and until your condition deteriorates badly before referral process is even initiated.		
45	cant decide as pilot study not complete & compared nationally		
46	To shore the load between hospitals		
47	Tie in with need to keep A& E open at both locations		
48	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?		
49	Reasons the same as previous answers		
50	This is needed in both locations		
51	Most sensible response to needs of this large community although leadership could be in either hospital		
52	Separating trauma and planned surgery proven model, elsewhere, in terms of bed base, theatre capacity and managing infection rates.		
53	Again this principle is sound - to concentrate emergencies on one site and orthopaedics on the other and it will help the ambulance service to direct patients to the appropriate site		
54	This is another example of why planned - elective things should be at Cheltenham General and Emergencies at Gloucester Royal		
55	Please refer to my previous comments, I support this if it will service the community more effectively and if it will lead to improved clinical outcomes.		
56	Orthopaedics can usually hang around and be given pain killers for a certain amount of time.		

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

		Response Percent	Response Total
57	Again, despite some weasel words, you're clearly proposing to focus emergency/trauma care at Gloucester, with Cheltenham remaining second fiddle. Both hospitals need full emergency capability.		
58	This an essential facility important for the community for accidents		
59	I think this is necessary because of what people are constantly being told about the ""Golden Hour"" for successful outcomes. It seems useless in trauma cases if a large part of this period is used in travelling to the necessary hospital		
60	Urgent need for excellent, quality, immediate support when there is a need. Quality of services is literally a balance between life and death		
61	Ok, need to give county spread. But Cheltenham not so easily accessible and very difficult for family and visitors without a car.... Cheltenham has a very limited evening bus service eg from stroud		
62	Presume there is sufficient workload to justify 2 similar services. CGH is closer to us, so of course I'm having to have anything that may be needed urgently as close as possible		
63	Again sensible and more cost effective to locate particular areas of expertise and resources in specific places		
64	Why would you not make one orthopaedic department in one hospital. would that ensure specialist care available always		
65	See previous		
66	We have an ongoing population in Winchcombe and Cheltenham General is very much more convenient for everybody. This is very important when you are unwell. A&E, MRI and scans, Orthopaedics, Oncology all provide an excellent service for us and or course surgery as well		
67	Once again if the pilot arrangements provide improvements, use this model as the way forward		
68	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		
69	As above		
70	Having had a very successful hip replacement at Cheltenham eighteen months ago, I can only say that every aspect of my treatment was excellent, the surgeon was informative, the nursing was brilliant, even the food was good, and the outcome has given me my life back. It is working really well there, so perhaps Cheltenham is a good place for it to be based.		
71	makes effective use of resources		
72	That makes sense		
73	Proven via Pilot already.		
74	An excellent idea.		
75	Common injuries from all over the County will benefit from 2 sites.		
76	We need a 2 point disperstion for this		
77	The divide between the two disciplines is required given the extra resources for orthopaedics		
78	The results of this pilot indicate that the proposal is and will continue to work wll		
79	Trauma surgery has long wait times and increasing number of patients for hip, knee surgery can only be of benefit particularly the age demographic in Gloucestershire		
80	Parking and general access for patients		
81	Should lead to less last minute cancellations of planned surgery. Planned cases should be treated quicker.		
82	Not qualified to judge.		
83	Trauma needs unambiguous and fast treatment. I've no idea where/when I can go to CGH so I'd call an ambulance rather than go by car. What a stupid waste of resouces.		

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

		Response Percent	Response Total
84	It suggests a more efficient and effective division of labour, building upon the existing specialisations in both hospitals.		
85	These are widely required services and so it makes sense to share them between the two hospitals		
86	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.		
87	Perfect for both hospitals strengths		
88	Best to have two centres as this creates redundancy to allow combined work in the event of failure at one site without affecting the other.		
89	Your pilot seems to have worked well		
90	Seems to be the first area that recognises the need for quality services at both sites		
91	One centre of excellence at GRH. Reduce travel time for medical staff etc.		
92	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.		
93	Not seen enough evidence as pilot		
94	Seems very complicate. What happens to a trauma case requiring orthopaedic in patient treatment?		
95	I don't see the need to split resources over two sites.		
96	Important to have pre op at the place of operation		
97	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.		
98	If in the opinion of all medical staff the present system is working to a high standard, then both hospitals should continue operate in tandem.		
99	Having Trauma at one site (GRH) reduces the function of Cheltenham A&E department. As with medical and emergency surgery, the proposal to send emergency trauma cases (road traffic accidents for example) to GRH will make CGH A&E department less viable and will it then become a MIU?		
100	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.		
101	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.		
102	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.		
103	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		
104	As above Strongly support the idea of single site excellence for all and any hospital procedures		
105	Because of the increased local population both sites should be used.		
106	I think insufficient capacity on the site		

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

		Response Percent	Response Total
107	It needs to be Gloucester more central for Gloucestershire		
108	Would like to see both under one roof. Trauma can often lead to cold orthopaedics. ie. RTA - to joint replacement. Rehab via physio and occupational therapy can be used by both.		
109	I have no support or opposition		
110	Trauma is a very immediate service and i helpful for patients.		
111	Seems sensible to have two options.		
112	What happened to the pilot of trauma surgery in Gloucester?		
113	I think one centre of excellence is the way forward.		
114	Trauma will in many cases also require Orthopaedics support so it seems best to have both specialist available in both hospitals		
115	I am concerned that having these two sited at different hospitals will result n increased patient transfers due to the overlap of specialities.		
116	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.		
117	The pilot study at GRH regarding Trauma has not been publicly scrutinised. I gather it has not been successful due to pressure on beds and operating time, consequently causing delays to surgery. It would not be sensible or responsible to continue this service at GRH. Orthopaedics at CGH on the other-hand has performed better.		
118	as long as a streamlined service can be provided at both sites consultants, ultrasound etc need to be available. Registrations are fine but it duplicates appointments. If you could see a consultant sooner service would be slicker		
119	Fits both communities with respective ages of those communities		
120	I recently had a 2 week stay in Gloucester hospital after I had a trauma to my ankle (I completely shattered all the bones in my ankle and required 4 hours of surgery under general anaesthetic to mend it)		
121	Convenient for residents of both areas		
122	Yes very well needed		
123	The 2 centres provide good coverage but CGH has to provide the facilities for trauma patients.		
124	Yes, have the planned events at Cheltenham as this is the direction of travel and would work well.		
125	These will not be planned procedures - some instances and being able to receive treatment at the nearest hospital therefore an advantage		
126	Maintain present pilot scheme		
127	Anything that reduces waiting times and ensures quality of surgery would be good		

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

		Response Percent	Response Total
1	Open-Ended Question	100.00%	189
1	All proposals. There could be more travel for patients depending on the proposals, but clearly the aim is for people to have world class care and I personally would be prepared to travel a bit more and not be so territorial. It's your health that matters at the end of the day. Also, some of the proposals like IGIS should mean fewer people having to travel out of county which is a good thing.		
2	extra travel time, costs and difficulty if services are required.		
3	Although not explicitly mentioned, I worry that the A&E department at Cheltenham hospital will have a reduced service, particularly for children, as part of the proposal. Having to travel to Gloucester for emergency treatment would have an adverse impact, it is a long distance and we would struggle to get there, and in a severe emergency I worry that the extra time to get to the hospital could adversely affect the outcome. It is bad enough that children cannot be treated at Cheltenham A&E after 8pm.		
4	Both hospitals should have centres of excellence and provide all facilities - the catchment area for Cheltenham is very large and such services should not be transferred to Gloucester Royal		
5	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.		
6	I want the best care for my family and whether we travel to Cheltenham or Gloucester is irrelevant and has no bearing.		
7	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		
8	Cant answer that as no way of knowing if or what treatment me and my family are likely to need in the future		
9	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.		
10	I live in cheltenham and like I have explained I have complex bowel needs and going to gloucester when my family live in cheltenham puts a lot of stress and strain on my husband when they come to visit. Colorectal surgery and gastroenterology. Parking is a rip off. Parking should be taken back within the nhs and monies made put into equipment or services provided. For patients relatives who dont drive and have to use public transport it not fair on them as it takes around 45 mins on a bus from chelt to glos then same on a return trip, even harder for families who have small children going to see a relative in hospital and have to travel further to see them.		
11	no 24hr access to A7E at Cheltenham - transfer time to GRH - longer waits then at GRH		
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	The travel between sites may become a problem for us.		
14	Travelling and parking. Cheltenham nearer for all services.		
15	Any emergency situations would mean a longer journey to Gloucester for us, but with two young children that's less of an issue as the emergency children's services are already there anyway.		
16	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.		



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
17	In modern healthcare the only way to deliver efficient, research based and effective services is to centralise in a centre of excellence. Services cannot be diluted just because that's the way they've always been. We need to keep up with advances in health care so that the current and future population benefits		
18	One major impact on having services at both Cheltenham and Gloucester, How do elderly patients get to these hospitals. Public transport is not good and Taxis are very expensive. We need more localised services!		
19	Any move to create single centres of excellence in Glos OR Chelt is going to have an adverse impact on patients living furthest away from both hospitals.		
20	You need to consider access/travel time		
21	I live in Cheltenham and fortunately at the moment I am not receiving any services from either hospital . I recognize that there are issues with Cheltenham General in view of the fact that parts of the building are 200 years old and not in current use because they are not fit for 21st century health care. I favour a new facility in Cheltenham being constructed on the edge of town so that the present buildings can be vacated and the land redeveloped. In the meantime I realise that the bulk of the services will need to be provided at Gloucester or even out of the county		
22	You are making a big mistake most people want local facilities and the Cost!!!		
23	Will be able to get looked after by specialist people whether in Glos or Cheltenham		
24	Nothing		
25	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?		
26	For us CGH and GRH are equally accessible and the essential issue is the provision of the highest quality of services		
27	Getting to GRH is very difficult for us so keeping both hospitals offering treatments best option		
28	CGH has served Cheltenham for over a 100 years Why change it		
29	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.		
30	my son comes under gastroenterology and a strong specialist team is what is important not where they are based		
31	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.		
32	longer ravel times are a reality, not a possible consequence		
33	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.		

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
34	Gastroenterology. Patient myself, diagnosed with Crohn's at the age of 13, 27 now. Dr Shaw and the Gastro team are extremely skilled, and give good treatment to their patients. However during my latest severe flare up (2015/16) I struggled to get the medication and testing I needed, this delay of several months stopped me being able to work as a teacher for 9/10 months, eventually leading to surgery to remove scar tissue. I hope that if the proposed centre of excellence goes ahead patients would be able to access testing, medication and surgery much faster. Faster treatment would save the need for surgery in some cases, saving the NHS money if the disease can be controlled by medication as soon as a flare up occurs.		
35	As I live equidistant between the two hospitals this has no impact on me. However for those living in the outer reaches of Gloucestershire there will be more impact		
36	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.		
37	Please reinstate the full blood service at Cirencester Hospital - it gives an immediate, quick service. GP service will cause long delays and worries to patients, inconvenience and cost to travel to Glos.		
38	Centralising emergency surgery will make it harder to get to the hospital. Making Cheltenham general the planned centre for GI surgery will make to safer and better to have major surgery. We need more major surgery at Cheltenham		
39	As a Volunteer Patient Representative working directly with the NHS, all aspects of medicine concern me and my family		
40	I do not believe they would impact negatively, the distance between the two centres is not very far, if it was an emergency the patient would be blue lighted anyway. I would rather get the best possible care than decisions being made on geography. If as a plus this means that patients may not need to be sent out of county this is huge benefit		
41	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		
42	Any proposal that fails to deliver the full restoration of 24/7 type-1 consultant-led A&E services at CGH, will make it considerably more difficult to access emergency health care for me and my family.		
43	Neither site is well located for people living outside Gloucester or Cheltenham. Especially relevant for critical A&E cases where time is critical. Closure of Cheltenham A&E for people like us living East of Cheltenham means significant additional delays, on top of what are already poor response times. We would be better served going to Oxford or Worcester.		
44	Access to subspecialist care across the board		
45	Rationalised services produce better outcomes.		
46	Think these changes will be positive overall - they will provide clarity over what each hospital provides, reduce duplication and ensure that staffing rotas can be more robustly filled which means we will receive a more timely and quality experience		
47	I think you are ignoring a large percentage of residence east of Gloucester not to have a full equipped center of excellence at CGH covering every eventually from A&E to full trauma situations		
48	Positive impact		
49	Removal of services from Cheltenham would make it very difficult for people of North Cotswolds who depend very strongly on Cheltenham.		
50	Additional travel.		

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
51	In 2019 I had a IGIS abroad, in my country of origin. I could have returned to the UK, but instead I stayed overtime in the country to have an emergency surgery for removal of my gallbladder after going through a routine appointment where I had no symptoms. My experience with the NHS is that there is not much investigation on preventative measures. I had had an ultrasound before, to follow up on my IUS, and there was no interest in verifying the state of my internal organs at that appointment. I hope that by investing in a more thorough facility, incidents can be avoided.		
52	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.		
53	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.		
54	We may have to travel further to access services, but if they provide excellent care & outcomes its worth it. Good example of this is the breast care services. As a patient if all done in one visit on one site worth the travel		
55	We are equidistant from Cheltenham and Gloucester, so the planned changes will not have any real impact on us		
56	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.		
57	We are fortunate to have transport, so if we had to travel to Gloucester it would not be a big deal.		
58	A&E All of Cheltenham and North of Cheltenham would benefit from A&E as response times, time to treatment would be minimised.		
59	Proposals overall seem likely to lead to better patient care and improved medical training.		
60	Orthopaedic: every age group needs this support		
61	No current impact on us.		
62	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.		
63	All service development has the potential for increasing the health service possibly needed in the future by my immediate		
64	We might have to travel further to Gloucester hospital in the event Of a certain condition as we are in Bourton-on-the-Water so neither sites are especially close but the extra distance is a small price to pay for increased expertise/ excellence and reduced cancellations of operations		
65	Impact if all works well and delays in appointments are reduced will be of benefit to my family and myself.		
66	I am so far healthy therefore none of these proposals would impact me but I would like you to consider patients travelling to either hospital.		
67	Positive impact on any proposal. We live in Hucclecote and have easy access to either hospital		
68	Centralisation of treatmentsand procedures becomes wasteful because they lead to long waiting lists, and inevitably centralise specialist staff to the detriment of other hospitals and staff skills loss.		
69	rarely require hospital intervention in the past with only one referral to NHS Gloucestershire in 20+ years but now in mid seventies I suspect that will change. The negative aspects for me living in a rural location with little or no public transport are therefore based around access both distance and time taken and cost		
70	Gastroenterology and General surgery both needed and would be better if it is clear what service is offered where, and so that continuity of care can be improved. THE proposed changes will achiee this for me		
71	I think all these plans are terrific. Thank you.		

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
72	As stated above I am concerned for myself and all others like me who live east of CGH that relocating acute medical intake and emergency general surgery solely to Cheltenham may put my life at risk in future		
73	Concentration of some services in Cheltenham may involve us travelling 8 miles further (I live in Gloucester) but I would be happy to do that as the expertise would be in one place.		
74	Any medical treatment should be available at a local hospital. It is wrong to expect patients who are obviously ill to travel to long distances for treatment. Ecologically it is also better for a few medical staff to move between hospitals than for large numbers of patients to travel		
75	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.		
76	Local and ease		
77	I imagine most opposition to the proposals will come from those who live significantly closer to one hospital or the other. We are fortunate in living more or less halfway between the two. Despite it being easier, therefore, for me to agree to the proposals, I do feel strongly that rationalisation of provision is important.		
78	I am over 65 and whilst in good health and newly permanent in Cheltrnham the idea of access to a local hospital for potential issues related to age is attractive. This I am not referring to a particular service		
79	I am hugely concerned about the already much reduced emergency cover at Cheltenham. I feel the centre of excellence (!! ) for acute medicine in Gloucester will further reduce care for Cheltenham (and surrounding areas) residents. This is not a small place but with 100000 inhabitants and an elderly population.		
80	The gastro services will have a direct impact on me. Theft that all specialists will be in the one place, and waiting lists will be lower is a hugely positive thing. My main concern is the lack of parking and facilities at CGH vs GRH.		
81	I anticipate that the most likely service that I or my family would need would be the Acute Medicine. Being dragged over to Gloucester in a crisis situation would significantly increase the levels of stress experienced by both the patient and their family.		
82	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.		
83	Gloucestershire is a longer journey for us		
84	This would mean more journeys to Gloucester hospital which isn't easy to get to. Also bad for the environment and I wonder if there is room at Gloucester Royal over the long term.		
85	My concern is for those living particularly in rural parts of Gloucestershire and the transport problems for reaching the two hospitals. There are implications for public transport, patient transport and for patients and carers attending hospital in their own cars, when having to travel further, or in challenging conditions. It would be reassuring to know, as in data] more about how the ambulance service has managed the extra distance to Gloucester Royal from the outlying areas of North Gloucestershire, for example.		
86	It is a significant journey from my part of Gloucestershire to both hospitals. So in journey terms the proposals wont impact negatively on me or my family. I believe it makes sense to coalesce the various specialties on one site to maximise expertise and capacity. I would therefore support the proposals.		
87	The Report and its recommendations have been prepared by hugely professional, experienced and competent personnel. Ninety nine per cent of feedback from the public is likely to be simply based on how it affects their personal situation regarding treatment required and location, and not necessarily related to what is best for the community at large and indeed the NHS.		
88	To have the experts in one place is a positive		
89	None at the present time none at the present time q		
90	noone		

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
91	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.		
92	Looks fine. We live in Shurdington so GRH and CGH and both readily accessible		
93	As someone of working age with access to independent transport, I think this is a positive move for me. However, I am concerned about the social practical impacts for people who are dependent on public transport, elderly, need support to to travel, more financially disadvantaged.		
94	These proposals I think would have a positive impact, for all services mentioned. I would like to be able to access any service that is a centre of excellence to allow my family and I to have the best outcomes.		
95	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.		
96	Until and unless we have the need for any of these services, I find it difficult to comment.		
97	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 .		
98	<p>I would like to suggest the establishment of a 24hour mechanical thrombectomy centre in Gloucestershire with the capability to deal with LAO strokes.</p> <p>There also needs to be a link with the ambulance service and emergency call handlers to ensure these strokes are quickly recognised so that patients are transported directly to the centre without delay.</p> <p>A related issue is the use of ongoing tests for every patient "MOT-style" to determine risk factors and identify problems early - this applies to other areas too, particularly cancer detection [apart from human suffering, this has the potential to save money by avoiding cases in the first place]</p> <p>A significant proportion of ischemic strokes are due to LAO's with their associated high morbidity and mortality. The effectiveness of recanalisation by mechanical thrombectomy (compared with alteplase which is largely ineffective due to the high clot burden) to deal with these devastating strokes has recently been established and has led to an Implementation Guide being produced for the UK:  <a href="https://www.oxfordahsn.org/wp-content/uploads/2019/07/Mechanical-Thrombectomy-for-Ischaemic-Stroke-August-2019.pdf">https://www.oxfordahsn.org/wp-content/uploads/2019/07/Mechanical-Thrombectomy-for-Ischaemic-Stroke-August-2019.pdf</a></p> <p>A potential further benefit, even for later presenters, is the avoidance of edema and need for craniectomy. Err on the side of going for it.</p> <p>Gloucestershire would fit well geographically with the current centres at Oxford and Bristol (not currently 24hrs). Bringing the UK up to european levels. Lack of treatment is an unnecessary cause of morbidity / mortality. Overall money saver, considering rehabilitation and ongoing care costs.</p> <p>I am personally living in total devastation following the death of my wife aged 63 in April 2019. She was taken to a local hospital where a severe stroke was quickly identified but unfortunately she deteriorated after a few days due to edema. She was just 3 years too old to be considered for decompressive hemicraniectomy. Her stroke came completely "out of the blue", she was always so fit and well with low risk factors. She was an extremely talented person and her untimely loss is so far reaching.</p>		
99	Find travel to GRH difficult		
100	It's a long way from the edges of the county to these hospitals...		
101	<p>Potential, impact from travel requirements depending on hospital site services centred on. Parking already challenging at sites.</p> <p>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.</p>		
102	I am able to travel to both sites and I would be happier with centres of excellence rather than splitting expertise across 2 sites		

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

		Response Percent	Response Total
103	Only by separating emergency and planned care will the proposal really work		
104	No impact.		
105	For me an my family we can access either GRH or CGH but I know that this will not be the case for all residents requiring care.		
106	No should be ok.		
107	The move of cardiology and the creation of a centre of excellence to Glos Royal makes no sense....This already exists at Cheltenham Gen and will effect me personally .....I have an existing heart condition.		
108	I think that both hospitals should be running independently like they have as not everyone can get to Gloucester royal hospital and why should Cheltenham residents be penalised for extra charges gained from transport.		
109	I accept the principle tat it is impossible to finance all services at both hospitals. I was recently in GRH for ""draining"" excess water thus preventing heart failure and was treated very efficiently. However, it was disappointing five minutes in my journey to be passing CGH and making the significantly longer journey to Gloucester. Is this ""emergency"" treatment not available from Cheltenham General.		
110	I and my family have been served very well by the Health Services - but I have had to be referred to both Banbury and Oxford hospitals in my time and was very well looked after. My husband however visiting his mother and my in different hospitals (Banbury and Chelt) went to sleep at the wheel of the car and had a slight crash		
111	I don't see any adverse effects		
112	We live in Stroud so both Cheltenham and Gloucester hospitals are easily accessible to us		
113	Better patient care, less waiting time, easier access, better holistic care & treatment. Less travel time - better all around outcomes		
114	I think any change to trauma or emergency services will impact my family where reduces easy access to services is involved. Also the assessments seems to only produce marginal gains from a staffing point of view.		
115	Strongly favour Gloucester as so well served by trains and buses. Cheltenham hopeless for the former and very difficult for the latter. We cant all afford taxis		
116	Transport??		
117	some services will be further away if located at GRH, but when traveling by car it doesn't make a great difference		
118	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.		
119	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		
120	If as set out, the proposals provide quicker, more efficient service, linked to reduced wastage. I am fully in agreement. If one was in the ideal world of developing a brand new single site solution then a site between Gloucester and Cheltenham would make a lot of sense to all concerned. But we aren't. We need to make best use of what we have and some centralisation of services make best sense		
121	I need, from time to time, the need for treatment for colorectal and/or gastroenterology problems. I always feel more comfortable in Cheltenham General Hospital		
122	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
123	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.		
124	I suffer from Ulcerative Colitis and my wife has a liver condition. Whilst we have a car if I were to have to stop driving we would have real difficulty accessing Cheltenham hospital if necessary.		
125	Due to the "Centre of excellence" approach and optimising the logistics around 2 hospitals within 30 minutes of each other there will be an overall benefit to: 1. Patient outcomes. 2. Workforce environment and job satisfaction. 3. Improved staff retention and recruitment.		
126	Very important that Accident and Emergency teams are operational at Both hospitals as speed is essential when time is of the essence.		
127	Any proposals impact us if we have to go to Cheltenham as I don't drive. However all options have to be considered when cost is involved.		
128	Some increased travel time for some services but a specialised centre of excellence should offset this.		
129	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.		
130	I live at the extreme edge of any area that will use these services, I need to see transport in and out for relatives.		
131	Concerns: Transport availability to both sites Can GRH accommodate more activity - car parks, visitors etc Cheltenham Hospital not become the 'poor relation' regarding investment in buildings, staff and education.		
132	I live in Cheltenham but have had both inpatient and outpatient treatment at both hospital I have no argument with proposals that lead to improvement in services and staffing		
133	I think overall there will be a positive benefits having local COE's with appropriate staffing		
134	Having a centre of excellence in planned care at Cheltenham will make it better for us to have treatment.		
135	Positive impact, we have all been treated under the NHS in the last 12-18 months and these proposals can only improve primary healthcare in Gloucestershire		
136	For either hospital it is access from the forest and other outlying areas such as Stroud. Good transport links might be essential		
137	The convenience of travelling to GRH and CGH is very similar for me.		
138	There needs to be a fair balance of services available for people living in different areas of the Trust.		
139	Support the best option proposed by medics.		
140	None at present. Who knows the future?		
141	Concentrating expertise in one of two hospitals will be beneficial for staff and patients; improve the capacity of hospitals to be both centres of excellence and centres of medical training; reduce waiting times and improve chances for patients of being seen by the right specialists more quickly, with the necessary follow-up care.		
142	Additional impact would be increased travelling to GRH but this is outweighed by the benefits as described in your documentation.		

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
143	I started to work for Cheltenham Hospital 27 years ago when I lived in Gloucester and have since moved to Tewkesbury and then Evesham. The travel time now is almost an hour each way and moving the department I work in (and have worked in for nearly 8 years) to Gloucestershire Royal Hospital will add at least an extra 30 minutes each way to my journey. I will not be able to sustain this and will subsequently be forced to look for work elsewhere within Cheltenham Hospital, something I do not want to do as I thoroughly enjoy working in Vascular surgery. I work in Vascular Surgery.		
144	All - I think the most important consideration is how to provide the best services to the widest number of people including my family and residents of my Cotswold ward. Psychologically we all feel that Gloucester is a remote, far away place whilst Cheltenham is more familiar with better access - we have no public transport to Gloucester		
145	Lack of choice		
146	I believe both hospitals have their strengths and as mentioned this is probably one of the better solutions to get the maximum use out of the top class facilities they would have.		
147	A possible positive impact would be an increased likelihood of a successful outcome of any treatment in the future.		
148	As long as the clinic appointments are in the same place I think it will have very little impact on my family		
149	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.		
150	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.		
151	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		
152	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.		
153	Major elective general surgery - I am concerned if located in GRH - COVID cancellation of operations, poor quality care, chaos not good environment for recovery		
154	We have yet to have need of any of these services		
155	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.		
156	Because we live in the very south of the county to a certain extent these changes will have very little impact on us as we are pretty much as far away from one hospital as the other. The time taken to get to either of them is about the same, and as there is no public transport to either hospital, it doesn't really matter for any of the services at either hospital.  However, I know that having centres of excellence can generally improve patient outcomes, which is why I support the developments of the centres of excellence.  At the moment some trauma and emergencies from our area are dealt with at Southmead, so if GRH and CGH can become superior centres of excellence, then perhaps we would be more likely to be treated in county. I would rather battle the traffic into Cheltenham or Gloucester than Bristol.		



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
157	I received knee surgery at Cheltenham General Hospital four years ago. My surgeon decided after opening up my right knee that I only required a half knee replacement. The operation has provided with pain free mobility. The follow up by my surgeon, Mr Aung is ongoing, this year it will be a telephone call. Friends who opted for private treatment, have not received this follow up service.		
158	The parking fees are an outrage and would stop us being able to visit, I feel uncomfortable with being in Gloucester Royal due to bad reputation		
159	We live on the border in Herefordshire but our nearest GP surgery is in Gloucestershire where we access services. Having to travel to Cheltenham is too far.		
160	I think the impact this will have on all residents in Gloucestershire is a serious one. Gloucestershire is a big county that is growing. The number of homes being built and with the Cybercentre bringing new jobs to Cheltenham will mean that both hospitals will need to offer high quality services, that include, medical and surgical facilities and the ability to offer specialities, including viable A&E departments. The downsides are that both hospitals will not be able to offer basic services. There will be increased travel for many people. Surgeons will have to opt for being either trauma specialists or non-trauma specialists. Same for General Surgeons - upper or lower specialists.		
161	General Surgery at Gloucester Royal		
162	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		
163	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.		
164	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.		
165	It was traumatic for my husband to be transferred to CGH at 2am because of vascular problems. It would have been beneficial to have been beneficial to have had a vascular centre at GRH.		
166	None		
167	Gloucester Royal has a record of poor patient satisfaction! To loose Cheltenham General would only increase the workload on GRH. In the long term, because of local increase in population, a new DGH should be considered! The proposed changes are just sticking plaster.		
168	I have good mobility and transport but would affect other members of my family if they had to travel.		
169	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.		
170	Having had various admissions and day case appointments in the last few years I have received excellent care at both hospitals for which I am more than thankful. The locality is immaterial - the efficient and professional care are what matters.		
171	Any movement away from Cheltenham would be more difficult for us to access. This applies to all disciplines.		
172	Having to travel further for urgent trauma surgery from Cheltenham to Gloucester could affect anyone.		
173	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.		
174	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.		
175	Hope fully our only need will be A&E based and in this area I fear the proposals are negative		

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
176	<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&amp;E at that site in question.</p>		
177	<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.</p> <p>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>		
178	<p>Taking away services from Cheltenham is not looking after Gloucestershire residents welfare. Any General hospital should have the ability and capacity to offer basic medical and surgical services. Moving emergency cases to GRH will mean lengthier travel times for residents living to the North and East of Gloucester. The consequences of this will mean more suffering and death. As the term implies Surgical or Medical emergencies require prompt action and this will certainly not happen if Cheltenham loses these vital services.</p>		
179	<p>As agree people this could - and likely to - have very dramatic effect on us</p>		
180	<p>I hope that under the new proposed services any future problems i have with my replaced ankle will be dealt with by highly trained specialists in a very well educated and informed manner kindly and efficiently. The service I received was great (the surgeon was excellent) and the consultant aftercare was brilliant</p>		
181	<p>Gloucester GH is twice the distance than Cheltenham GH is and there is no patient transport to Gloucester</p>		
182	<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>		
183	<p>no opinions but good idea</p>		
184	<p>I live in Moreton-in-Marsh and I am not able to drive. Gloucester is a foreign country! Oxford or Worcester is easier to reach. any suggestion of concentrating services at GRH is therefore bad news. only super specialist services should be located here.</p>		
185	<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>		
186	<p>The service I use most is eye care and there is no reference to Ophthalmology: any reduction in this service at Cheltenham would be greatly concerning for me.</p>		
187	<p>Should be good</p>		
188	<p>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</p>		
189	<p>Easy travel time Minimal waiting</p>		
		answered	189
		skipped	124

**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%	124
1	On balance I don't think they would - on health outcomes I mean.		
2	this should not be undertaken this year, if a government integrated review has to be delayed I don't see how it can be ethical that Gloucestershire CCG even have the man power to consider this - let alone spend money on making it happen. Is this a project pushed to the forefront to benefit an individuals career?		
3	To protect Cheltenham A&E		
4	Both hospitals should have centres of excellence and provide all facilities - the catchment area for Cheltenham is very large and such services should not be transferred to Gloucester Royal - travelling time and distance		
5	Keep both sites running and share the workload between them as they are. GRH is difficult to get too, the parking is unsatisfactory and the building totally unwelcoming and difficult to navigate - i had to run to theatres ? 7th or 8th floor via the stairs because both lifts were out of action for maintenance - I had to leave on the ground floor someone who was in a wheelchair. In CGH, there are other route options so this wouldn't happen.		
6	I consider the effect will be positive		
7	Cant answer that as no way of knowing if or what treatment me and my family are likely to need in the future, if services changed to Cheltenham then we would need to get there and the parking in Cheltenham is awful and the hospital is not near the actual town centre		
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	Colorectal, general surgery and gastroenterology should stay in Cheltenham.		
10	Reassess A&E times		
11	You should retain Cheltenham as a fully functioning hospital - no excuse for not offering excellence at both!		
12	Can patients utilise a shuttle bus?		
13	Better 'advertising' of which conditions and situations are for which hospital so we can make decisions without convoluted calls to 111.		
14	See previous answer.		
15	Needs to be more Glos central or joint venture with Great Western Hospital Swindon		
16	The proposals will have no impact on me as I am not receiving any services at either hospital at present.		
17	As above		
18	Long awaiting in emergency department can harm the life of people and also travelling with illness is a high risk.		
19	None		
20	Difficult for us to get to and park at GRH so would like CGH to keep full service		
21	I feel reading and answering your question - you want to close CGH and turn it into a cottage hospital		
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	work with the transport services		

**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
25	Retain full facilities at both sites.		
26	Capacity must remain the same or increase in totality for Gloucestershire.		
27	See above		
28	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.		
29	Downgrading Cirencester Hospital blood testing service		
30	Accident and Emergency must stay open at Cheltenham even if emergency surgery and medicine is in Gloucester		
31	Any proposal that fails to deliver the full restoration of 24/7 type-1 consultant-led A&E services at CGH, will make it considerably more difficult to access emergency health care for me and my family.		
32	If A&E centre of excellence is going to be based at GRH, there needs to be more 24x7 ambulance provision for remote areas to compensate for additional journey time.		
33	Minor impact on travel but this is offset by the improvement in the quality of the service provided.		
34	None		
35	None		
36	Personally at present not, but who knows as we get older!		
37	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.		
38	I think accessibility is the main key in these new proposals, such as transportation, informational and also medical - providing a knowledgeable doctor who takes the patients concern into account when making decisions on examination and treatment.		
39	See above.		
40	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		
41	Providing value for money parking on site.		
42	No negative impact, however I think that there needs to be clear communication about which services are provided by which hospital		
43	As above		
44	-		
45	N/A		
46	See above		
47	I can think of no negative effects of adding to or developing services unless such development diminishes the value already present.		
48	Travelling by car more likely to be required to get to more distant Gloucester hospital so Additional parking provision would help.		
49	No		

**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
50	The answer for me and my wife would be to make consultations for all but time critical issues, available at Cheltenham even if subsequently any surgery had to take place in Gloucester		
51	Further to travel to Gloucester Royal for emergency/trauma but if the care is better tht should be mitigated. Cheltenham is still available but not consultant led overnight, which is a concern for trauma admissions		
52	As far as possible try to maintain urgent/emergency/acute facilities at both sites while splitting care not in those categories into centres of excellence across the two sites		
53	It is important that free public transport is available for patients between the two hospitals, so that (for example) people living in Cheltenham are not financially disadvantaged by having to travel to GRH, if they do not have a car.		
54	YES! All the proposals. you are trying to reduce the service offered.		
55	Travel distances, free parking, access to other services		
56	Travelling to Cheltenham from the south end of Gloucestershire is difficult.		
57	Biggest concern is travel for people like us with no car		
58	Offer 2 centres of excellence for Acute Medicine		
59	A&E should have two sites not one		
60	Any service which compels patients to travel a significant distance gives a significant negative impact. It is not just the physical and financial inconvenience of organising travel to and from the hospital, there is also the significant negative psychological impact of the actual GRH site, which is noisy, confusing, over-crowded and uncomfortable. Every time I have visited the site, even as a visitor, I have left it feeling completely drained and unwell. I realise you are going to do the changes anyway as you have to cut costs and this consultation is a 'box ticking' exercise.		
61	Better parking facilities at CGH.		
62	No immediate impact but a potential long term negative impact.		
63	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		
64	none		
65	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.		
66	Not that I can see		
67	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?		
68	In all cases of treatment there is the question of transport but both hospitals have reasonable provision for access and parking (albeit at a fee which is a matter for separate discussion).		
69	Try leadership and staff support for both units from one hospital. Sharing good practice teams can meet online.		
70	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.		
71	Longer way to travel for emergency services - could be too long		
72	We need to have centres of excellence I. Gloucestershire		

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

		Response Percent	Response Total
73	Logistics, ensuring that patients can access the site they need. Ensuring that care is not compromised by having specialisms at a particular site i.e. will there be enough Nurses, Doctors, Specialists to provide effective care under the models proposed or will it mean less capacity. Will the proposals be affected by inevitable budget cuts that will take place from now as a result of the economic decline for this country we are entering now. I am assuming the proposals were put together at a different point in time and wonder if the current economic climate and impact that this will have on costs (budget) and the health of the population means that the proposal has to be reviewed to ensure it is still fit for purpose.		
74	Any moves of existing heart, cancer treatment, colo-rectal and imaging facilities to a Gloucester Royal 'centre of excellence' is a retrograde step and a huge waste of funds already spent ..... There should be a full and proper published and publicly available for review Cost Benefit analysis which includes in the model a true and comprehensive explanation of the previous expenditure and costs both current and capital at Cheltenham General. This previous expenditure and the proposed 'write off/downgrade' must be part of the costs.		
75	Open Cheltenham general with all services		
76	So far at 90 no negative feedback, but I'm glad I did not have to go to GRH for babies. its a long way and can take a long time. Ambulances when I have needed them have not usually taken too long, but I think a car service, where possible, with blue light supplied might be useful.		
77	I don't see any negative effects		
78	The main problems we have for both hospitals and across all proposals are 1) parking 2) accessibility for older patients		
79	As long as you don't try to close cgh a&e you will have my support.		
80	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?		
81	Relating to all centralisation proposals. I firmly believe that centralisation should only go ahead as and when a free transport service is available for patients and their families between the two sites. Only then will your objective of good accesability be achievable.		
82	None		
83	As above, it is distance to visit.		
84	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		
85	As above		
86	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.		
87	None I can foresee		
88	I work in Vascular Surgery which has currently been moved to Gloucester Royal Hospital ""temporarily"" because of the Covid pandemic. I do not think this decision is likely to be reversed as I believe the Trust has been looking to move the service to Gloucestershire Royal and the pandemic has simply meant they could move the service earlier than planned and they have simply said it is ""temporary"" to stop any backlash. I do not think that the Trust will be able to limit this as the distance I travel to work if I am forced to move to Gloucester cannot be changed.		
89	In emergencies the ambulance service often takes people from out locality to Warwick Hospital as it is quicker to reach		

**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
90	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.		
91	N/A		
92	Acute medicine and A&E needs to be fully supported in both hospitals. I have already detailed why.		
93	Don't specialise in only one place without considering and doing everything you can to alleviate the transport difficulties of patients and their family.		
94	As above		
95	As above		
96	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		
97	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.		
98	It is the high cost of IGIS that means it is necessary to concentrate this service in one hospital. If both hospitals could be equipped with similar IGIS then this would be perfect.		
99	I cannot understand why it seems the Trust struggles with employing adequate staff for both hospitals. Gloucestershire is a beautiful county, more and more people are leaving cities and moving into the countryside, like the Cotswolds and Cheltenham is the home of the 'festivals' after all! So providing more staffing and investing in equipment etc should be a priority for both hospitals. Why do staff have to cover both sites? The two hospitals are separate sites and should continue to provide equal facilities because Gloucestershire is such a large growing county.		
100	No		
101	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.		
102	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.		
103	All hospital services - whilst I am able to drive at present, for the future and for all patients a dependable public transport system becomes even more vital if these proposals are enacted.		
104	?24 transport links (99 bus useful but only mon-fri) between CGH and GRH. Cheaper parking if patient needs transfer from/to CGH/GRH.		
105	Its going to cause a lot of hardship and missed appointments		
106	Progress must go on. 24/7 is important to deal with an ever increasing population - also 7 days a week for all services particularly rehab and back up.		
107	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.		
108	Keep the A&E dept running properly in Cheltenham General.		

**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
109	See above re transport.		
110	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.		
111	if we do set up CofE then we need to maintain 24/7 coverage elsewhere via a core of specialists (maybe a little more junior with access to more senior experts via telepresence)		
112	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.		
113	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.		
114	Possibly		
115	I am worried that the aim to be more efficient to reduce waiting times and free up beds will lead to hasty treatment and rushing patients out of the hospital without proper care or after-care treatment. I felt disappointed with a few aspects of the service I received		
116	Recruit more staff to enable you to operate both hospitals as has been the case for the past 30years.		
117	n/a		
118	no negative impact		
119	all services other than super-specialist ones need to be mirrored at CGH		
120	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.		
121	We live only 12 min walk from CGH, therefore the centres of excellence in Gloucester will be less accessible. Not having access to 24 hour A&E is a downside for us.		
122	None that come to mind		
123	Parking issues		
124	If there is only one centre of excellence will parking be not adversely affected		
		answered	124
		skipped	189



**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%	69
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	As mentioned previously I think the services should be in both hospitals, don't see why the staff cannot be shared between the hospitals or more staff if required - if I was running the hospitals I would make it far more efficient that it currently is, I think there is a lot of money wasted in services the hospitals have to pay for, I would be obtaining them cheaper and would not waste items that have to be thrown away from a packet that 1 item has been removed. It is ridiculous and wastes so much money, it can all be sterilised and then money saved on these things could help with the services		
4	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.		
5	Open A&E fukky to cover both Gloucester and Chektenhsm		
6	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.		
7	Can any of these services be done away from the two main hospitals, to make parking and other access easier, and use the two hospital spaces better for essential healthcare?		
8	We need to keep the blood monitoring service at Cirencester Hospital, even Cheltenham is too far away. If you need a frequent test it would be impossible to do this if you do not have your own transport.		
9	Jpoint venture with Great Western Swindon for those living on The Cotswolds		
10	As before, the answer to all the questions is to provide a new hospital for Cheltenham designed to provide the location for all the latest developments in 21st century health care		
11	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.		
12	No		
13	The size and geographical location of Gloucestershire warrants two fully functioning hospitals.		
14	Both CGH and GRH need 24/7 type-1 consultant-led A&E services to support their growing communities. Anything less is totally unacceptable. GRH clearly cannot cope.		
15	Close both existing sites and build new Gloucestershire central hospital at a more accessible location, e.g. by Staverton airport. More scope for providing CoE departments, whilst being accessible to more people - including out-of-area opportunities. Old sites could be sold for offsetting capital cost.		
16	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.		
17	No		
18	no		
19	Keep 24 hour consultant led A&E at CGH.		
20	I feel that the centre of excellence approach is the way to go. I don't have a strong opinion as to which services should be provided by which hospital - it depends on the current strengths of each team in the hospitals I think.		

**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
21	No		
22	On occasion I have come across some silo issues where, for example, such provision as physiotherapy is not always referenced in relation to other clinics where a natural connection seems relatively low priority obvious. This could be achieved through the GP intermediary or by direct referral within a hospital.		
23	No your proposals are well thought through and you know the business needs better than I do. I feel confident you will have used best endeavours to get it right.		
24	whatever is decided should be very clearly communicated as it is rather confusing at the moment		
25	To be "Fit for the future" try to repair the damage that has been afflicted to the NHS over recent years. Stop putting operations out to private companies. Work on restoring services which have been cut, reduce waiting times. Put NHS money into the NHS and NOT into private companies		
26	no.		
27	Reducing costs and providing a good service to all patients do not go hand in hand. You have already done your 'cost / benefit' analysis and decided what you are going to do, so even if I had sufficient knowledge of hospital processes to offer suggestions it would be a waste of time.		
28	No.		
29	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		
30	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		
31	no		
32	Are there options for co-operating with neighbouring Trusts, Hospital groups etc? Depending on the level of cases there could be opportunities for cross-border (whatever those borders may be) co-operation.		
33	Assessment should be done by an expert in hospital. The amount of staff appointed could be the answer. One person travelling is better than ten patients.		
34	No, if the statistics show that this model will provide better clinical outcomes, less waiting times, joint working and attraction/retention of the right staff, then I do not have another model to suggest.		
35	""developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet)."" This just means that the one's who shout loudest are listened too the most.....It also assumes the the voices from the deemed 'stakeholders' [ NHS chosen or invited!!] are the truly interested parties. Most of us are too busy in our everyday lives to give up time to be part of this stakeholder echo chamber.		
36	I think most of possible suggestions seem very sensible, but perhaps more use could be made of voluntary services (stopping blood flow from nasty cuts or wounds where the nearest A&E is not very near and it is closed). Dealing with fits in children, concussion (small blows to the head). 999 is excellent but Gloucestershire is a big county and the borders far from the centre. Surely we should have a service that can take us to the nearest centre for help and rely on zoom for specialism?		
37	I don't current suggestions		
38	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		
39	Could make CGH the vascular centre.		
40	No suggestions - the proposals seem to make sense		

**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	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.		
42	Fully supportive of the changes planned, as timing will be improved and better staffing.		
43	No		
44	Extra hospital in FOD used by visiting team		
45	None		
46	No		
47	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.		
48	I am a civil servant so I recognise the phrases used here - which don't really mean anything. How can you have a new modern hospital in CGH? It's an old maybe listed building. It all sounds really good but basically it's a money saving scheme. Charge people who come into A&E when it isn't an emergency. You have to pay to call an ambulance to your home or your insurance pays when called to a road accident.		
49	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?		
50	New hospital that would be fit for the future with our expanding population. We deserve it!!		
51	If you wish to attract the best Clinicians, Consultants, Doctors and medical staff, it is necessary to provide the best environment, and the best equipment. There are many negative reasons for Consultants / Doctors and patients having to travel to use specialist equipment in say, Birmingham or Bristol. Time and money is wasted. We must provide all services in our two excellent hospitals.		
52	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.		
53	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.		
54	No		
55	No		
56	Gloucestershire Royal has major problems, very poor booking system, staff morale. Sorry to say but patient experience has over years been negative.		
57	Quality - travel times may influence this - delays in transfer can be critical Access - as above - patient choice used to be primary concern, but less so now. 24 hour access is important. Not everyone has a car or access to one. Deliverability - need clarity on proposals and times for implementation Workforce - joined up working essential. Staff stress must be minimised. Staff travel times should be minimal. Development for staff essential - colleges will be watching training.		
58	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
59	Help! As a sometime retired physiotherapist in the NHS I have been out too long to justify comment. I think 24/7, 7 day a week is important, people have problems 7/7 not 5/7 - this possibly goes beyond your remit. I was very glad recently to see doctors from the max-fac department as some ungodly hour on a Sunday morning (CGH).		
60	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.		
61	A covering team at each hospital with more senior staff visit each site to under take teaching etc but always being available for support/advice via telepresence or VR		
62	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.		
63	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.		
64	ensure each patient sees a consultant on their first occasion and gets ultrasound etc in the hospital closest to their home ie Gloucester people in GRH etc. Email appointment letters to people. Its faster and saves on postage. It also reduces the number of telephone calls coming in. If you offer email as a way to communicate ensure NHS staff have the ability to email the patient back		
65	no		
66	I live in Moreton, We have a fine new hospital building which is woefully underused, Yet I am invited to travel to Gloucester for a routine exam, The NHS needs to resolve service delivery issues of this kind, preferably before the new forest of dean hospital opens, for the same problems will arise there. The general impression given in this survey is that services will be organised for the convenience of patients who will usually be sick or indisposed.		
67	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.		
68	My alternative suggestion rather than wasting money on expensive surveys like this is to have ONE hospital, between Cheltenham and Gloucester, which could then be available for both. The overall saving to the NHS would after the initial expense, be enormous. I believe the only reason this has not already happened is the ridiculous failure by the two relevant local authorities to agree on a site.		
69	None		
		answered	69
		skipped	244

## Anything else you would like to say?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	131
1	Good quality consultation materials and great glossary.		
2	This is the wrong time, please spend the funds on dramatically improving A&E / Trauma and on building public trust in our local health services.		
3	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 !!!!		
4	Don't think so		
5	-		
6	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.		
7	Trying to maintain two hospitals with duplicate services so close together makes no sense in any regard. This is the best compromise that I have heard suggested for a very long time		
8	Just get on with it.		
9	Get Cirencester and Tetbury hospitals better integrated into the services provided for patients		
10	Just think more about travel access, parking facilities and best of all getting appointments and blood tests done promptly. The Cotswolds is treated as a backwater by Glos NHS		
11	I have responded to a number of surveys such as this over the years and none of them appears to have resulted in any changes being made.Hopefully this one will result in some positive action		
12	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.		
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	It seems a well thought out plan		
16	To save money on postage go back to the old system of pencil and a diary for appointments I am an ex NHS employee in Bath Royal united hospital and GRH and CGH and Standish. The old saying is with the NHS If it works - Change it		
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	Thank you for putting Gastroenterology in the spotlight!		
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	Downgrading the blood testing service at Cirencester impacts heavily on local residents		

## Anything else you would like to say?

		Response Percent	Response Total
21	Centres of Excellence is really good but only if they are really separated - emergencies in Gloucester and all planned in Cheltenham		
22	I would like to see a very positive statement, and concrete proposals for the better care of patients presenting with mental health problems in ED. This has been a long ongoing concern, how will Fit for the Future ensure that mental health is given proper consideration?		
23	It is completely cynical to perform this type of public consultation during a "once in a century" global pandemic. By proceeding with this the NHS trust are showing utter contempt for the communities they serve. These proposals and this consultation should be put on hold until Covid-19 restrictions have been lifted by central government.		
24	No		
25	Build a new County Hospital between Gloucester and Cheltenham, or focus development on the Gloucester site.  Improve access (sheltered pedestrian links) to Gloucester rail and bus stations.		
26	Cary on with the plans.		
27	Whatever you do, do it well. Avoid letting politicians, who are only interested in the next election and showing that they can get things done on the cheap, get too involved. I realise that they hold the purse-strings, but don't let it just be about money. The USA really DO NOT have it right.		
28	no		
29	Yes. Use some common sense, for goodness sake.		
30	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.		
31	I haven't the experience to comment on most of this questionnaire.		
32	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.		
33	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.		
34	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.		
35	No		
36	No		
37	thank you for inviting comment. I do hope that patients views are taken into account if trends emerge and that this not just a "going through the motions" exercise		
38	I cannot thank the NHS enough in Gloucestershire for all your brilliant ideas and work.		

## Anything else you would like to say?

		Response Percent	Response Total
39	<p>The NHS was a great organisation. Over the years it has slowly been destroyed. One great problem is with the GP service. It effectively stops patients from accessing the main NHS services. It is almost impossible to get to see a GP. An example - In November 2019 I had a fall. I damaged my arm. A shard of metal punctured the arm to quite a depth. The arm from elbow to palm of hand went blue and remained blue for weeks. A huge swelling erupted at the puncture point. It was impossible to see my GP. By late December the arm was still swollen and bruised. I was concerned with Christmas upon me. I live alone. I phone 111 I was referred to see my GP the following day. When I entered the GP surgery the first words from GP were I don't usually see people who just walk in off the street.</p> <p>Obviously the GP service is NOT there for older people. The telephone 111 service is a farce. Please don't talk about centre of excellence and fit for the future. Just restore the NHS to a functioning system now</p> <p>The whole of your document has annoyed me. you say that you are attempting to provide centre of excellence while what you are doing is actually trying to whittle away even more of the flesh from the skeleton of the NHS which was a great organisation but which is now a shadow of what it once was.</p> <p>The hospital work is good still once one can get past the deliberate obstacle of the local GP. I have already mentioned the case of my GP who said "" I don't usually see people who walk in off the street"" when I had been referred by 111 service. The episode convinced me that the NHS is simply not there for older people. Please stop trying to fool me into thinking that you are trying to offer centre of excellence</p> <p>Long before that event I went to the GP reception as I have done in the past, to ask for an appointment. The receptionist who is obviously there to protect the doctors from seeing patients, told me that the system had changed. I had to go home and telephone for an appointment. I pointed out that I was there, talking face to face to her so why not organise an appointment. I simply wanted a routine appointment because I was concerned about a long term health issue I have. The receptionist then became aggressive and told me to go home and phone for an appointment.</p> <p>I returned home and phoned the surgery. The line was engaged. I tried to phone many times. The line was always engaged. Making an appointment is now virtually impossible. I presume that your aim is to force people who can afford to, to opt for private treatment. Pleased do not try to disguise your actions as creating centres of excellence</p> <p>The other possible method of getting medical attention is via the A&amp;E. It is a last resort. When I badly damaged my arm I did not bother the A&amp;E system. I would not abuse such a service. However other people who are desperate for treatment have used A&amp;E. You have tried to counter that by removing the A&amp;E from Cheltenham hospital. A lot of public pressure prevented that move completely but you ask about centres of excellence. It is in my opinion impudence on your part.</p> <p>I have health issues. I am elderly and live alone. If I get covid it will no doubt kill me, but I have determined that I will not even try to contact my GP. you so obviously intent on destroying the NHS as it stands. The government says it will be free at the point of delivery and so you are ensuring that there is no point of delivery.</p> <p>I do remember times before the NHS. What a disagree that we are returning to such times again. Centres of excellence RUBBISH</p>		
40	Living in the Stroud area means that either Cheltenham or Gloucester are equally accessible (or not) for treatment or visiting. I feel it is important that specialisms are concentrated where they can best be delivered effectively and efficiently.		
41	whatever the experts in the NHS think I would be supportive of.		
42	Please keep to your word about reversion to prev Covid A and E at Cheltenham.		
43	<p>From recent experiences in the past two months and two days. Cheltenham A&amp;E open 24hrs. Gloucester A&amp;E was EXACTLY as shown on TV on Wednesday. Wait outside on an ambulance followed by wait inside in the corridor.</p> <p>We understand that you state there are no proposals to close Cheltenham A&amp;E, yet you have! It is currently a minor injuries unit. Sorry, don't believe you.</p>		
44	What consideration has been given to accessing these locations both by public transport and by car? Parking at both sites is difficult and iniquitously expensive.		
45	These are excellent consultation proposals but miss one very important heading - THE CUSTOMER CARE EXPERIENCE. Visits to both major hospitals are still very poor experiences. Everyone does their best with awful facilities and it's time we moved from a 1958 experience to 2020		

## Anything else you would like to say?

		Response Percent	Response Total
46	I am extremely dissatisfied that there is not a department at CGH which specialises in treating children. When my grandson was 6 years old he fell at school and received a large gash to his forehead which needed stitching. I was told I would have to get him to GRH because it could not be dealt with at CGH. I had to drive him over the Golden Valley by-pass, in the rush-hour, in the pouring rain, trying to keep him from falling asleep on the journey because I was concerned about possible concussion. He was kept at GRH for 6 hours without being treated then sent home overnight and told to come back the next day for the stitches. An injured child should not have to undergo such a lengthy and hazardous journey or be left so long without proper treatment. Fortunately I had a car and sufficient petrol to get to Gloucester, but if I hadn't how would I have got him there, with his head cut open, by bus?		
47	No.		
48	It		
49	I am very concerned about the closing down of some services at Cirencester Hospital. The town is about to expand by about 30% with the Bathurst development at Chesterton. The hospital (which is excellent) should be expanding for the future, not declining. The climate change agenda requires us to have less reliance on car transport. For many the only realistic way to get to Gloucester or Cheltenham Hospitals is to drive. With a town population of around 20,000 (probably 27,000 with the new development) and with many surrounding villages, it seems to make more sense to develop local services better in Cirencester.		
50	Access to local facilities is important as I live in Tetbury. However, for specialist care I am prepared to travel further a field to Gloucester, Cheltenham and Oxford.		
51	Both Cheltenham and Gloucester hospitals are quite old and have grown in a piecemeal fashion with inefficient layouts. I can see the point of centralising specialist units. I think the only long term solution is to build a new hospital half way in between and then sell the existing sites which are close to city centres. The pressure should be put on the government and not to ask the public to accept dwindling local services.		
52	why oh why do this survey during a pandemic and why hasn't elective & emergency surgery been separated as per recommendations ?		
53	I understand and agree with your reasons for wanting to change things in these two big hospitals, but I would urge you to also consider our more rural hospitals (Cirencester, Stroud etc.) when it comes to where funds go. I would hate these to be underfunded at the expense of these changes.		
54	Pure fluke heard about the consultation apparently running since late October. Leaflet only came with post on 2nd December. Good way of minimising responses		
55	no		
56	I would be interested to know what consideration One Gloucestershire have given to inclusion in terms of practical access to the hospital sites e.g. public transport providers, charities with volunteer drivers, support groups in disadvantaged areas. Given the health inequalities which have been demonstrated through the Covid-19 situation, it is vital to me that these considerations are given a platform in any changes, else we risk worsening inequalities already present. As well as the patient, this can impact visitors, whose support can positively bolster outcomes for a patient. Also, there is no mention of the impact on ambulance services, but presumably there will be an impact in terms of transfers needed (not just when ambulance first called to patient, but also transfers between GRH and CGH) . Am wondering how this has been assessed? Thank you for appreciating the importance of having an A & E service in Cheltenham to local people, I am really pleased this is reflected in the plan.		
57	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.		



## Anything else you would like to say?

		Response Percent	Response Total
58	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.		
59	Good luck changing services is always a problem and change for this reason seems ridiculous		
60	Parking at both centres is problematic and public transport during Covid19 advised against		
61	My experience of being treated at CGH has been very positive. I am very supportive of its ongoing centrality to future plans		
62	The trust obviously has a plan for the medium/ longer term about how the 2 sites should be developed. Would be better to review these 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?		
63	Page 6 doesn't state what happens to "Hyper Acute Stroke Unit and Acute Stroke" under the preferred option. Page 23 does but is isn't clear if that include treating people with Acute Stroke cases.		
64	Thank you for the opportunity to participate		
65	I worry about the link and relationship between these proposals and GP services. GP services need to be as much a part of this as the hospitals and the hospitals cannot do this in isolation of community services. I can see part of the proposal is to enable more joined up working but this has to work in practice with collaboration and cooperation across the services. While I have experienced fantastic GP services in Gloucestershire (up to about 10 years ago). Unfortunately I have also experienced some poor GP service provision in Gloucestershire, which has deteriorated over the last 8 to 10 years. My biggest concern is that if the GP services are not joined up with these proposals, this will not be able to succeed.		
66	I live on my own so for me it is important that my nearest hospital covers all of my needs		
67	This appears to me to be yet another way to spend money to create 'something new' and the associated empire building both administratively and medically tghat goes with that. All proposals need to be matched to realistic assumptions of need and the first priority should be proper utilisation of existing resource. Acceptance of the waste of resource [ both income and capital ] appears to be a huge part of the default NHS model.		
68	The provision of some tests possible available at Cheltenham but routinely carried out at GRH, does not seem to take into account the impact on elderly patients. For example my wife, aged 82 had her second cataract procedure at Cheltenham, where we live and she is pleased with the outcome. In preparation for the procedure, she was required to attend GRH for tests the day before. She assumed that these would be similar to those done previously and was prepared for a lengthy amount of time away from home. In fact the only test carried out was for Covid19 which surely could have been done at Cheltenham!		
69	I find taking part in the survey stimulating and support the developments		
70	The assessments continually refer to the BAME and homeless community if Gloucester (some 32,000 quoted) as being a major criteria in deciding where the services will be located. There are over 600,000 people in Gloucestershire . Do you not think this is a case of "the tail wagging the dog" . I also believe that some of these changes are being brought in to cover up for poor management in the past. Surely better recruitment schemes and a decreased insistence on nurses being degree trained would improve day to day outcomes for most patients.		
71	Any improvements as to how patients are treated are welcome		
72	Have several times mentioned access by public transport. This is clearly not a clinical issue, but in the general context of availability of the best services for people reliant on public transport, it can make a huge difference. Facing cancer surgery and daily radiotherapy it was actually cheaper and easier for me to go to UCH in London than try to use buses and taxis from Stroud to Cheltenham. Yet Gloucester is easy and has been very good for other health needs		

## Anything else you would like to say?

		Response Percent	Response Total
73	Consider what minor injuries services etc could be made more easily available at GP surgeries. Even discounting the Covid effect, the GP is a bottleneck. Overall the treatment me and wife have received from CGH and GRH has been timely and very successful. Thanks to everyone.		
74	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		
75	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		
76	1) As someone whose wife died recently of cancer we found the oncology unit in Cheltenham an excellent facility. That is centralised not necessarily most conveniently to u living in Dursley area but very accessible. 2) Reduce waste by greater use of electronic mail and not sending out lots of letters. Sometimes 3 in same post. 3) We need to make greater use of excellent facilities in Dursley and Tetbury		
77	We are extremely fortunate to have two such good hospitals serving us.		
78	I find it really hard to comment sensibly since most the areas of medicine are not known to me or what is currently available. I don't feel competent.		
79	1. I was very concerned at the poor timing of this exercise. I received the 'Fit for the Future' flier in the post today (9/12/20) with consultation closing on 17/12/20. Although I was able to go online for some of the information there was insufficient time to get the 'Pre-consultation Business Case' and read it before the deadline.(Minimum 2 days for freepost card, 5 days including the weekend for a response, 3 days for parcel post and the deadline is past.) 2.		
80	Refreshing to see such an in depth review and consultation.  How about integration of Social Services and the NHS next?		
81	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?		
82	Maybe it is my age? It took a long time to read and digest mentally the information in the Fit for the Future book. I would prefer excellence in all hospitals with adequate staff - well paid and well trained. It would seem that the changes are needed for inpatient care. However, small local hospitals like The Vale at Dursley are most needed for being specialists in maintaining health especially the elderly. Travelling 6 miles is much preferable than 26 miles especially if you cannot use a car!		
83	No. A future proof plan for reduced waiting times, reduced hospital stay, access to cutting edge skills and equipment along with optimal training of junior staff and attracting the best must be a positive move.		
84	Inappropriate and dangerous hospital discharges happen regularly, particularly at GRH. I hope these changes will help reduce these. Mental health support is very poor, particularly in GRH, I hope the cost and staff savings can be used to provide better mental health support for patients with mental ill health.		
85	No		

## Anything else you would like to say?

		Response Percent	Response Total
86	Having experienced such changes in Cornwall staff were concerned in the smaller hospital about their education, training and personal development Staff who were near retirement were sometimes sidelined out of the acute setting, consequently did not feel valued Recruitment difficulties occurred Elderly population struggled with the changes on all site. Major review of signage was required and more volunteers needed to guide patients around the sites. Strong communication strategy required I am unaware of your IT strategy but would hope all hospital sites have equal access to current IT and future developments. Good luck		
87	Please look at improving the bus links ! The fact that you use a stagecoach bus for one part of your journey and a pullman for other part - is just not Cost effective for patients.		
88	Centres of excellence works if it is a proper complete split		
89	None		
90	It is essential that if a service is on one site then serious consideration is given to how patients are cared for on the 'other' site. Each specialty needs a plan that is put into action and monitored to ensure safety and quality. This is not something that I think the trust is very good at at the moment.		
91	Overall i agree with the proposals as specified in the consultation booklet 'Fit for the Future.'		
92	Key is to have confidence in our medics. My area of concern is- Communications. Followup (after discharge). Options/Expectations.		
93	I think you have spent too much on your glossy booklet - it could have been made simpler and cheaper - a poor use of resources		
94	The survey is difficult for non medics to comprehend. See points above.		
95	Why are there so many different names? It's only one NHS. Get Government to stop giving large wage rises to consultants but give better rises to nurses.		
96	More free car parking at GRH and CGH		
97	If would help if other bodies such as Glos Highways and bus companies could be persuaded to consider better road access and enhanced public transport facilities to reduce difficulties in trying to access two sites.		
98	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.		
99	The consultation makes no reference to the impact on transport issues for staff and patient visitors. For instance establishing a specialist centre in Gloucester only is bound to necessitate greater staff movement from Cheltenham and vice versa. Is greater capacity on the bus service and/or for car parking required? The success of whatever strategy is adopted should not be only measured in clinical terms.		
100	Bring back Cheltenham A&E full-time and with full services as soon as Covid restrictions are lifted		
101	I have concerns about the length of waiting times for children's appointments as these are impacting on childhood development		
102	We have had need to avail ourselves of Cardiac - pacemaker/heart valve and bypass Oncology - Thyroid cancers TIA Trauma - hips A&E Endoscopy Audio Other family members use the Cardiff/Newport hospitals where we assist them		

## Anything else you would like to say?

		Response Percent	Response Total
103	Improving continuity of care, reducing outliers and improving communication with families might be improved if a balance in activity across the hospitals is achieved		
104	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.		
105	1. On both sites the outpatients should be fully maned such that if an appointment is cancelled for what ever reason, the new appointment offered should be at the same site. 2. The A&E at CGH should be 24/7 with a doctor, such that if someone walks in late at night, then (assuming not needing a bed) they can be dealt with and avoiding them being referred to GRH without an examination. With the result that the person has to find their way to GRH whilst not knowing how bad their situation is. All ambulances 8pm - 8am still directed to GRH.		
106	I was treated for prostate cancer by open surgery in 2009 at CGH, my surgeon was Mr Sole, based in Hereford but twice a month he would operate at CGH. This was to ease the pressure on the Urology medical staff. Since my operation 11 years ago the department now has a robotic system. This type of equipment had been identified as an improvement for both the patients and the medical team, unfortunately, it could not be purchased immediately because of its high cost. If the two Gloucestershire hospitals are to be A Centre of Excellence then cost of equipment must not be a barrier to purchase. Only the best medical staff will be persuaded to work in CGH and GRH if we can provide the best equipment.		
107	Relatives need to be able to visit very ill patients at moment this will delay recovery.		
108	I am strongly opposed to downgrading one hospital over the other. They should have equal value and maintain safe staffing levels on both sites. It seems to me that there is a faction that wants to take away basic services from CGH, a hospital that has offered its services for over 200 years and highly valued to residents in and around it.		
109	Thank you for providing the public the opportunity to have our say on this important issue		
110	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.		
111	This survey is part completed because we accidentally submitted the form when part way through the survey.		
112	No		
113	No		
114	I think consultation period is too shore and suggest extension for 3 month. Very few people are aware of the deadline on Dec 17 amid covid 'lockdowns' and tier 2 restrictions. I only happened on the documents by chance (and I've been a user of services this year and was health professional for approx 40 years).		
115	Do not ignore the publics opinion we have a right to choose where we have our care.		
116	Keep up the good work. Will be interested in the result of survey. Any plans for head injuries, chest surgery - including cardiac or neurosurgery, so these still go to Bristol of John Radcliffe, Oxford. Guess if you live west of the M5 you want all in GRH, east of the M5 CGH. There are of course major incidents to remember where anything and everything can turn up.		
117	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.		

## Anything else you would like to say?

		Response Percent	Response Total
118	<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>		
119	This feels like a token consultation. I do not know anyone outside of the medical sphere who has even heard of this.		
120	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?		
121	Covid-19 as shown us that resourcing can come back to bite us		
122	<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>		
123	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.		
124	See above please re-think before its too late		

## Anything else you would like to say?

		Response Percent	Response Total
125	When I was in hospital following the trauma to my ankle I felt well looked after by some of the nurses on shift, especially the "day" nurses. I was shocked however by a "night nurse on the night shift asked me if I could hop!!! to the toilet rather than waste her time with her getting me a walking aid - remember this was when my leg was still in a very heavy plaster cast and I'd only just had the operation on my ankle that day - I was weak and very much in pain and certainly wouldn't be able to HOP to the damn toilet!! I couldn't believe my ears when she asked me that and that she almost seemed put out that i was in need of her assistance as the night nurse on shift. I was in hospital for two weeks but it was hoped and suggested by some junior doctors and at least one consultant that I leave after my first week. I was no where near ready to leave hospital after one week. I was still in tremendous pain and still had a heavy plaster cast on which considering my living situation at home was not at all ideal for supporting me with this current disability. I was discharged after two weeks after my insistence that I stay for Inger. I still feel I was discharged too early. My date to get my plaster cast removed was ill-scheduled and I was lumbered with dragging a heavy, itchy and uncomfortable cast around for about four weeks when it should have been two weeks after my operation that the temporary cast removed and a lighter more comfortable one put on. I requested transport to the hospital by ambulance which was denied so after getting a taxi half of the way still had to make my way through the grounds and the various corridors to get the appropriate place. I very much feel I was left unsupported durring my out patient recovery, especially during the time I was discharged and waiting for my new and lighter cast. The stress and anxiety was very detrimental to my fragile mental health. I suffer with anxiety and depression and undiagnosed and untreated OCD and complex PTSD all of which compounds to instable moods and frequent mental breakdowns. I do manage my mental health with medication and receive mental health support. I just wish my treatment as outpatient in aftercare was better monitored by professionals and I was better assisted and supported. I feel the COVID19 situation is part to blame for the seemingly hurrying of me out of the hospital and the quick discharge out of my own private room at the hospital where I have to say, I would have recovered better and faster perhaps rather than being herded onto an open ward where I was constantly disturbed by other patients and nursing staff. If I hadn't come into hospital during the corona virus pandemic I do believe my stay would have been far more pleasant and i wouldn't have struggled as much as i did with anxiety that i was using up vital bed space. I feel i should have stayed recovering in hospital for longer than i ended up staying.		
126	Quick and easy access is essential when you are ill. There is a much larger older population in North Cotswolds. Moreton in Marsh hospital is not included in this survey. So is a modern hospital intended to serve the North of the county yet when ever I or friends have visited it is empty. Why is this expensive new building not being used?		
127	no		
128	I used to work for the department of health. The fashion for building new hospitals would alternate between big is beautiful and small is beautiful on a 10 year cycle. The result was that all current buildings was out of step with prevailing thinking. Health trusts need to resolve this conundrum and ensure a successful balance between specialist and locally delivered hospital based options.		
129	Addition of trainee nurses and other healthcare professions in specialities means you can retain them more easily and get more money!		
130	Great believer in logic		
131	seems like GRH has a more specialist focus under one roof - will this lead to overcrowding, parking issues, less quality face to face time with staff / professionals		
		answered	131
		skipped	182

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

		Response Percent	Response Total
1	Open-Ended Question	100.00%	276
	1	GL54	
	2	gl2	
	3	GI4	
	4	GL52	
	5	gl53	
	6	GL4	
	7	GL51	
	8	GL52	
	9	gL50	
	10	GL4	
	11	GL5	
	12	GL4	
	13	GL4	
	14	GL53	
	15	GI52	
	16	GI51	
	17	GL6	
	18	GL52	
	19	GL52	
	20	GL53	
	21	GL2	
	22	GL2	
	23	GI4	
	24	GL52	
	25	gl51	
	26	GI16	
	27	GL7	
	28	GL7	
	29	GI50	
	30	GL50	
	31	GL7	
	32	GI50	
	33	GI50	
	34	GL5	

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

		Response Percent	Response Total
35	GL5		
36	GL5		
37	GL51		
38	GL7		
39	GL51		
40	GL18		
41	GL53		
42	GL2		
43	GL5		
44	GL52		
45	GI14		
46	GL52		
47	GL3		
48	GL53		
49	SN6		
50	GL19		
51	GL19		
52	GL19		
53	GL19		
54	OX18		
55	GL52		
56	GL53		
57	GI51		
58	GL51		
59	GL2		
60	GL54		
61	GL53		
62	CV36		
63	GL52		
64	GL7		
65	gl52		
66	GL3		
67	gl1		
68	GL54		
69	GL18		



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

		Response Percent	Response Total
70	GL16		
71	GL13		
72	GL52		
73	GL11		
74	GL12		
75	GL53		
76	GL2		
77	GL52		
78	GL52		
79	GL52		
80	GL6		
81	GL20		
82	GL8		
83	GL16		
84	GL53		
85	GL52		
86	GL6		
87	GL6		
88	GL5		
89	GL5		
90	GL54		
91	GL54		
92	GL2		
93	gl2		
94	GL54		
95	GL51		
96	GL19		
97	GL53		
98	GL3		
99	GL5		
100	GL52		
101	GL7		
102	GL6		
103	gl5		
104	gl51		

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

		Response Percent	Response Total
105	GL3		
106	GL1		
107	GL52		
108	gl5		
109	GL6		
110	GL5		
111	GI51		
112	GL53		
113	GL3		
114	GL53		
115	GL20		
116	GI52		
117	GL6		
118	GL52		
119	GL7		
120	GL51		
121	GL4		
122	GL5		
123	GL7		
124	GL7		
125	GL8		
126	GL53		
127	GL54		
128	GL53		
129	GL7		
130	GL18		
131	GI7		
132	GL54		
133	gl15		
134	GL19		
135	GL2		
136	GL51		
137	GL50		
138	GL52		
139	GL18		

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

		Response Percent	Response Total
140	gl53		
141	GL7		
142	GL		
143	GL7		
144	GL52		
145	GL56		
146	GL15		
147	GL15		
148	GL19		
149	GL20		
150	GL19		
151	GL19		
152	GL19		
153	GL19		
154	GL5		
155	gl51		
156	GL4		
157	GL18		
158	GL51		
159	GI51		
160	GL53		
161	GL14		
162	GL52		
163	GL53		
164	GL7		
165	GL6		
166	GL51		
167	GL1		
168	GL5		
169	GL15		
170	GL13		
171	GL52		
172	GL5		
173	GL17		
174	GL17		

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

		Response Percent	Response Total
175	GL52		
176	GL54		
177	GL11		
178	GL1		
179	GI51		
180	GL14		
181	GI4		
182	GL53		
183	GL52		
184	gl3		
185	GL6		
186	GL11		
187	GL54		
188	GL12		
189	GL56		
190	GL56		
191	GL2		
192	GL15		
193	NP16		
194	GL52		
195	GI53		
196	GL1		
197	GL53		
198	GL52		
199	GL14		
200	GL13		
201	GL53		
202	GL16		
203	GL53		
204	GL15		
205	GL52		
206	WR11		
207	GL55		
208	GL8		
209	GL3		










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

		Response Percent	Response Total
210	GL20		
211	GL16		
212	GL5		
213	GL54		
214	GL3		
215	GL6		
216	GL50		
217	GI19		
218	GL50		
219	GI51		
220	GL12		
221	GL53		
222	gl51		
223	GL16		
224	GL52		
225	GL51		
226	GL52		
227	GL3		
228	GL4		
229	GL6		
230	GL53		
231	GL8		
232	GL20		
233	GL5		
234	HR9		
235	GL52		
236	GL2		
237	GL51		
238	GL19		
239	GL52		
240	GL7		
241	GL4		
242	GL2		
243	GL11		
244	GL3		



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

		Response Percent	Response Total
245	GL6		
246	GL53		
247	GL15		
248	GL20		
249	GL11		
250	GL53		
251	GL7		
252	GL7		
253	GL53		
254	GL6		
255	gl50		
256	GL20		
257	GL50		
258	GL52		
259	GL16		
260	GL1		
261	GL50		
262	GL52		
263	GL54		
264	GL50		
265	GL2		
266	NP16		
267	GL51		
268	GL56		
269	GL3		
270	GL50		
271	GL50		
272	GL5		
273	GL7		
274	GL1		
275	GL1		
276	GL4		
		answered	276
		skipped	37









### Which age group are you:

			Response Percent	Response Total
1	Under 18		2.56%	8
2	18-25		0.96%	3
3	26-35		4.81%	15
4	36-45		7.37%	23
5	46-55		15.71%	49
6	56-65		23.40%	73
7	66-75		27.56%	86
8	Over 75		17.31%	54
9	Prefer not to say		0.32%	1
			answered	312
			skipped	1


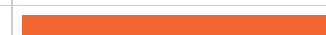

### Are you:

			Response Percent	Response Total
1	A health or social care professional		0.00%	0
2	A community partner		2.56%	8
3	A member of the public		97.44%	305
4	Prefer not to say		0.00%	0
			answered	313
			skipped	0

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








			Response Percent	Response Total
1	No		64.95%	202
2	Mental health problem		4.18%	13
3	Visual Impairment		4.18%	13
4	Learning difficulties		0.32%	1
5	Hearing impairment		7.07%	22
6	Long term condition		23.79%	74
7	Physical disability		6.75%	21
8	Prefer not to say		2.57%	8
			answered	311
			skipped	2

**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		33.11%	101
2	No		64.92%	198
3	Prefer not to say		1.97%	6
			answered	305
			skipped	8







### Which best describes your ethnicity?

			Response Percent	Response Total
1	White British		87.10%	270
2	White Other		2.26%	7
3	Asian or Asian British		3.23%	10
4	Black or Black British		0.97%	3
5	Chinese		0.00%	0
6	Mixed		0.97%	3
7	Prefer not to say		5.16%	16
8	Other (please specify):		0.32%	1
			answered	310
			skipped	3
Other (please specify): (1)				
1	White English			



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

			Response Percent	Response Total
1	No religion		34.42%	106
2	Buddhist		0.32%	1
3	Christian (including Church of England, Catholic, Methodist and other denominations)		53.90%	166
4	Hindu		0.65%	2
5	Jewish		0.65%	2
6	Muslim		2.27%	7
7	Sikh		0.00%	0
8	Other		1.62%	5
9	Prefer not to say		6.17%	19
			answered	308
			skipped	5





### Are you:

			Response Percent	Response Total
1	Male		46.77%	145
2	Female		49.35%	153
3	Transgender		0.32%	1
4	Prefer not to say		3.55%	11
			answered	310
			skipped	3





### Do you identify with your gender as registered at birth?

			Response Percent	Response Total
1	Yes		96.46%	300
2	No		0.00%	0
3	Prefer not to say		3.54%	11
			answered	311
			skipped	2

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

			Response Percent	Response Total
1	Heterosexual or straight		89.61%	276
2	Gay or lesbian		1.62%	5
3	Bisexual		0.65%	2
4	Other		0.00%	0
5	Prefer not to say		8.12%	25
			answered	308
			skipped	5

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

			<b>Response Percent</b>	<b>Response Total</b>
1	Yes		0.98%	3
2	No		64.26%	196
3	Not applicable		31.80%	97
4	Prefer not to say		2.95%	9
			answered	305
			skipped	8