Fit For The Future - What matters to you?

Postcodes from East of county

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		30.47%	71
2	Support		30.47%	71
3	Oppose		13.73%	32
4	Strongly oppose		19.31%	45
5	No opinion		6.01%	14
			answered	233
			skipped	7

Please tell us why you think this, e.g. the information you would like us to consider (132)

1	If its means reliable and consistent access to specialists regardless of the the day or night then it deserves full support.
2	There should be one at Cheltenham General also
3	All acute work should be on one site.
4	Very misleading question. I would doubt anyone will not want a centre of excellence, but more importantly how will this impact the other services
5	How would you support acute medical at CGH and that side of the county? Increasing travel time for a seriously unwell patient
6	Centre of excellence as opposed to two try hards
7	It will be easier to manage 24/7 and we will be able to afford the best equipment if only one piece is needed instead of several.
8	AMU should be spread across both sites to prevent a bottle neck where we are changing wards such as gynaecology into a amu. It is not appropriate for women going through tough times and having to have miscarriages in bays with patients from other specialties. It violates privacy and dignity and is heartless, but no other choice due to hospital management.
9	There needs to be acute medical services at CGH also.
10	Both hospitals need to be able to assess and treat from both A +E departments. Currently Cotswold patients are having to be admitted to GRH meaning extra journey time for them and their families. Transferring Stroke and elderly patients back to CGH is not ideal and would be better being able to being able to provide holistic care for patients on both sites as we have done well for some time.
11	To centralise services in one place. To have the specialist equipment and staff on one site.

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12	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.		
13	I think the gastrointestinal ward should be bk in Cheltenham as I have a stoma and Gloucester hospital is far from me		
14	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:		
15	There aren't enough staff to go around, so we need to make best use of those we have.		
16	It is not clear what this actually means. Does it mean A&E will not be available in CGH?		
17	this is completely unsafe and ludicrous		
18	unsafe for patients		
19	stupid idea how can a county this size have no medical take in cheltenham		
20	Makes sense as A&E located there		
21	Cheltenham is a large town that deserves an ED and Acute medical intake. Previous to this change Gloucester would on a regular daily basis divert either their GP and acute admissions to CGH ACUC as GRH could not cope with the high demand of patients. I feel the care is unsafe and compromised as a result of the change. Cheltenham ED and ACUC would receive patients from the Cotswolds which is an ageing population who relied on CGH service.		
22	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.		
23	Coming from Cheltenham and having spent over 30 years working in CGH before moving to GRH, I am quite saddened that CGH seems to be the 'poor relation' and while I understand that for many reasons, services need to be streamlined and centralised, it's hard not to feel upset at certain changes.		
24	Please consider the effect this will have on the large number of elderly, frail patients admitted,(and readmitted) who are often MSFD early on but have multiple moves within GRH and CGH before eventually transferring out of hospital.(recent example: 89 yr old with advancing Parkinsons Disease and increasing frailty admitted for 5 days and had 5 moves: ED/AMU/7A/Snowshill/Bibury. Family were contacted when in AMU and happy to have him home from AMU). This is not uncommon.These moves have a deteriorating effect on cognition, general physical functioning and continence. How can we make this better for this cohort of patients? Consider direct to FAS/AMU then transfer to specialist Elderly Care Ward. Also please consider use of beds at CGH: Ryeworth is the only specialist COTE ward,far too many outlying COTE pts across Bibury/Cardiac2/Knightsbridge. Consider reinstating a second COTE wards at CGH. Our 'back door' is as important as out 'front door'.		
25	localised care rather than having to transfer out/ redirect ambulances at great cost and challenge to the patient		
26	Far too far away from Fairford to be a good option for patients from that town/area		
27	it makes sense to have a collection of acute medicine departments in a single place. But these do need to be fit for purpose and fit for the 21st century, neither site currently is fit for purpose		

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28	there is nothing in the questionnaire relating to cardiology. But the booklet clearly states amalgamating cardiology and cath labs with other radiology procedures. these are NOT the same, they are specialised and individual. This would break up any cardiology teams who foster good relations with other disciplines and work very well together. A general recovery area for these patients would be detrimental to their care and knowledge the staff hold diluted to basic and not the high standard of care we give at the moment. - its a bonkers idea. Why is cardiology constantly treated like the poor relation and not one of the jewels in the crown. why not try to create a cardiac centre of excellence?? its an increasing issue with increasingly younger patients. we do not service the population of Gloucester well without a Cardiac Centre of excellence. please don't shoehorn cardiology within radiology - isn't good and generalist staff haven't worked elsewhere. It has been tried and didn't succeed. staff will leave and will reduce staff and patient wellbeing alike.		
29	Cheltenham should remain an acute general hospital		
30	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		
31	good to have all services in one place.		
32	Gloucester Royal is not easy to get to from many pay of the county		
33	Cheltenham General can offer the same service if you let them		
34	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.		
35	I believe CGH should offer equal services to GRH and not all resources diverted to Gloucester		
36	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.		
37	This will reduce ease of access for Cheltenham and Cotswold patients. The site at GRI is difficult to access and navigate and crucially parking facilities are woeful. Traffic congestion around GRI is often very bad - this will add to the problems in people from Cheltenham and Cotswolds getting to the hospital easily for treatment,		
38	Both centres need to provide all sorts of emergency medicine .		
39	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.		
40	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		
41	Need a 24/7 type-1, consultant-led A&E at Cheltenham General Hospital.		
42	Evidence is that specialist stroke unit and cardiac units provide better patient outcomes		
43	There will need to be adequate space to accommodate the increased workload		

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	Response Percent	**Response Total**

44	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
45	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
46	Gloucestershire Royal is a difficult journey from North Cotswolds with poor bus services. Difficult for older people to visit relatives.
47	Better treatment for all
48	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.
49	Broadly support this measure although concerned about travelling distance for patient and/or family and friends if having to travel from e.g. the east/north of the county. Using a bus (could be 2+), particularly later in the day/evening, or having to fork out a for a taxi/persuade a friend/family member to drive further is far from ideal. Some concerns over whether there would be sufficient bed space for services to be centralised - other hospitals who have merged services from two sites relatively near to each other onto one site have experienced issues with capacity e.g. a county to the north of Gloucestershire Can see the benefits of seeing the right person sooner which is very beneficial for all concerned
50	More efficient use of specialised staff
51	Both Cheltenham and GRH should have full facilities. This will give flexibility in terms of capacity and also provide options should one facility be unusable through disaster or infection. Currently I have experienced GRH A&E is working beyond capacity with beds in corridors'
52	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.
53	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.
54	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.
55	I think the proposal is fine for the short/medium term but with major population growth planned for both Tewkedbury and Cheltenham, planning should commence for sharing between both hospitals in 5/10 years
56	24/7 access to multidiciplanary teams. Specialist equipment. RIght disciplines to provide services and ability to train more staff
57	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
58	I feel that this sort of service should be available at Both Cheltenham and Gloucester
59	Local
60	GCH is so far away from the majority of the county

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61	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
62	Whilst GRH is further travel time for me, I recognise the need for focussing practice		
63	Worried about what you promise but probably won't do at Cheltenham.		
64	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.		
65	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.		
66	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		
67	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.		
68	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.		
69	I understand the need to concentrate resources.		
70	acute medicine is required both sites. CGH has ICU beds nad medical meds to help ease the patient load		
71	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.		
72	It's closer for most people. Ie the forest and cotswolds		
73	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.		

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74	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.		
75	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.		
76	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.		
77	there is ample evidence that diffusing resources results in worse outcomes for patients. The term centre of excellence is best avoided - it sounds good but means nothing - why would anyone not want excellence? How do yo define a centre of excellence?		
78	Had an acute kidney stone admission few years ago just after Xmas - live next door to CGH - last thing would have wanted would have been to have been taken to GRH!		
79	Separate emergency services from elective services completely		
80	Centers of excellence has to be the way forward to benefit the use of technology and Consultant/specialist skills.		
81	Why have a hospital in your own town that your not able to use for all services		
82	It is better to complete the assessment of a patient where they are and transfer once if needs be to the correct place.		
83	No clinicians I have spoken to think that this is a good idea - and I am dubious as to whether this is about patient care or whether it's to save money. Sadly I suspect the latter.		
84	There are still likely to be acute medical beds in CGH, so many patients will be being transferred. Currently, even prior to COVID there was too much disorganised movement of patients to aid flow that was/is detrimental to their care. CGH has now become an overflow hospital for GRH not a centre of excellence.		
85	The area of Gloucestershire requires services at both Cheltenham and Gloucester		
86	Clear clinical advantages in not duplicating staff, so long as sufficient / additional staff numbers are working shifts to deal with increased numbers (you couldn't just shift the take and keep the same number of staff with increased number of patients).		
87	Up to date medical science and future developments		
88	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.		
89	make the best use of the expertise for each discipline. Not point in having too many duplicated services.		
90	Our guests (we're from Cheltenham Open Door) have complex needs and issues (addiction, mental health issues, etc). If we don't have local emergency care (or suspect, if they have to be admitted, it will be in Gloucester) they are unlikely to seek help when they need it and may wait until the situation is critical and they have to call an ambulance. This will make for worse outcomes for them and the need for (presumably) more expensive and complex intervention for the NHS. Not all our guests have hugely complex needs but most would struggle if everything acute was at Gloucester. Very few would be able to have people bring stuff to them or visit if they're in Gloucester (bus fare, logistics, etc). Many rely solely on their groups of friends for support, being estranged from their families, and simply wouldn't present until the last minute if they thought they'd be taken to Gloucester. You mention ""The importance of mental health support as part of all services"" BUT not all mental health support is provided by the NHS. Sometimes, perhaps, it is as or more important to have the people who regularly provide your stability and support able to easily access and reassure you. On a personal note, I and my colleague have elderly parents who have been in A&E/ambulance situations. It's a nightmare when they are taken to Gloucester. If it's rush hour, following the ambulance takes an hour and a half and you can't pop in and out to take them things they need. You feel you have to abandon them, and they feel abandoned, when you are trying to support them from a different town. It creates anxiety, logistical issues and upset. It isn't what anyone wants.		

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91	My Husband had excellent care at Cheltenham General. A serious op for Bladder Cancer in 2015		
92	Do things well in one place. Concentrate skills and workload.		
93	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.		
94	Reduced waiting times Specialised staff in one place, so prompt decisions, better staffing		
95	Localised specialist care hub should improve quality of care and outcome providing any delay in transit CGH to GRH is avoided.		
96	Experienced qualified staff centralised More opportunities for shared learning and research Intensive care facilities on one site High tech imaging facilities...		
97	I respect the reasons set out in the consultation document		
98	Timelyt assessment and diagnosis and improved staff cover		
99	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.		
100	Gloucestershire Royal Hospital is not large enough to accommodate such a move		
101	I agree with this ONLY if the A&E at Cheltenham is maintained at the same level they were pre-COVID		
102	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.		
103	Good to centralise it but please consider things like parking etc. Slapping a biblically expensive P + D doesn't cut it.		
104	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
105	Distance to travel from North Cotswolds to Gloucester is to far.		
106	will you have enough beds? Some of the other changes seem more pressing		
107	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)?		
108	Don't see why this needs to be only available in Gloucester and services removed from Cheltenham		
109	I want to know acute medical expertise is available locally to me		
110	Mainly happy - but difficult to travel to GRH from Cheltenham area if unwell		

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111	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		
112	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.		
113	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!		
114	I like the ""centre of excellence"" approach		
115	In line with the A&E focus		
116	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.		
117	Too far to GRH for large areas of the county. I live in Cirencester, it can take an hour in peak times to get to GRH.		
118	I don't think GRH has the capacity, now or planned.		
119	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.		
120	Less need to transfer between hospitals which takes ambulance time away from emergency calls.		
121	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.		
122	All acute services including the ED and both takes should be on a single site (GRH) to allow for CGH to be developed into a major elective cancer surgery hub.		
123	Need to consider how beds will be managed without disrupting more urgent changes. Eg transferring to emergency acut admissions to specialist teams on CGH site.		
124	Too far for people from east Gloucestershire to go and it is always busy.		
125	locating all resources at centre will remove from other part of zone hence increase travel time for a type of care that is time critical, better to have at least some support closer to all users hence alble to treat in 'golden time'		
126	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.		

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127	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.		
128	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.		
129	Cheltenham would be more convenient for me, but Gloucester is potentially bigger and within easy reach		
130	GRH is inaccessible for residents of the north cotswolds		
131	It is probably best to divide the centre of excellence status for best use of available expertise		
132	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 Emergency General Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
1	Strongly support	28.57%	66
2	Support	31.17%	72
3	Oppose	14.29%	33
4	Strongly oppose	17.32%	40
5	No opinion	8.66%	20
		answered	231
		skipped	9

Please tell us why you think this, e.g. the information you would like us to consider (121)

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	Should also have one at Cheltenham General
3	How would you support those that need emergency surgery at CGH - are patients fit to travel between sites if they need emergency surgery?
4	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
5	Needs to reopen Cheltenham.
6	There needs to be capacity for this at CGH also.
7	We do not have the bed capacity at GRH to provide the care that patients need. . Lack of beds mean that all surgical patients are often outliers on various wards making it difficult getting the surgical teams to review patients when needed.
8	To centralise services, staff, expertise and equipment at one site. If this ensures that planned surgery is protected and not impacted by emergencies, then I would strongly support this option.

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
9	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.		
10	Total chaos at glos royal. I have complex health and since cheltenham a and e closed to gp referrals I have gone to gloucester royal minimum 5 admissions. I am from cheltenham so it is much further to go, having to explain everything about your history to another medic who doesn't know you even though they have read your notes. More importantly waiting hours in a assesment unit I mean 8 plus hours when in pain is not on then to be told you are being admitted then waiting hours to be allocated a bed. I have bowel problems and I for one wouldn't want to be operated on at glos royal!		
11	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.		
12	There aren't enough staff to go around, so we need to make best use of those we have.		
13	There should be surgery facilities at both sites, and both should be ""excellent"". Transferring emergency patients to GRH wastes precious time and could risk lives.		
14	county too big for this to work		
15	makes sense as A&E located there		
16	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.		
17	As before		
18	this is a big DGH with high numbers of patients and population often requiring more than the basic care on offer outside of tertiary centres. transporting or redirecting patients involves time, money and stress for all concerned so more localised specialist care will better meet all stakeholders		
19	Emergency surgery on one site means patients will be treated by appropriate surgical specialist		
20	It seems sensible for emergency surgery to take place in the same hospital where there is a 24/7 consultant led emergency department		
21	It is bigger hospital and easy for access (not confusing as opposed to CGH which is a maze and patients are constantly lost)		
22	Far too far away from Fairford to be a good option for patients from that town/area		
23	as the main ED is currently at GRH this would make sense, however I would be anxious to avoid all eggs in one basket. this also involves the elderly and infirm travelling distances to a site that isn't easy to get to by public transport especially if you are unwell		
24	GRH should concentrate on emergency work.		
25	Cheltenham should also be a centre of excellence for surgery.		
26	Cheltenham should remain an acute general hospital		
27	I strongly support this. With Accident and Emergency to be located in Gloucester this makes sense		
28	We have hospitals in the county i.e Cheltenhem and Cirencester which could be used which would be better for those who live locally to them		
29	I don't think any of the 4 options are enough - I would like to know what happens to people who are admitted to CGH before 8pm in an emergency situation where a delay to GRH could be critical and could be criticised by the Coroner should something happen? The time delays - picking up a patient from, say, the other side of the Cotswolds - surely they need to get to the correct help as quickly as possible and GRH may be quite a lot further away than CGH.		
30	As in previous answer not easy to get to from some parts of County and parking very difficult		
31	CGH can offer the same service, like they used to		
32	Cheltenham needs surgery. As some people can not travel to Gloucester		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.			
		Response Percent	**Response Total**
33	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.		
34	Services at CG H should be of equivalent quality.		
35	Many people from Cheltenham and North Gloucestershire would die on the way to Gloucester Royal. The traffic at many times of the day is apalling in Gloucester. You seem to be considering Cheltenham as a small village when in fact it has a population of 112,700. When you include the Cotswolds it rises to 196,300. With the regular increases of population throughout the year this should surely make a difference to your decision.		
36	To keep emergency and elective surgery seperate.		
37	Similar concerns to those outlined in first answer. Access problems, insufficient parking, traffic congestion and in addition the removal of general surgery is a highly significant reduction in the capability of the Cheltenham Hospital which will in due course be used as the rationale for full closure. Having services available on two sites also provides capacity and resilience in terms of space and equipment etc if one site has to be closed due to an outbreak of norovirus or covid for example. Please don't say this won't happen as you know this is the tried and tested route taken in other hospital reorganisations that have taken place across the country.		
38	Both centres need to provide excellent emergency surgery.		
39	Please see earlier comments,		
40	This should be done in Cheltenham too		
41	Need these services at Cheltenham General Hospital too.		
42	Trauma units have better expertise		
43	Too far to travel for people living East of Cheltenham		
44	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?		
45	How would the rotas become more robust if the hospital is lacking enough trainees and junior doctors?		
46	centralised is better		
47	There should be good emergency general surgery at both GRH and CGH together wit 24 hour consultant led A&E departments at both locations.		
48	Please note I don't fully follow the options here - the short booklet seemed to refer to the longer booklet. the long booklet was too confusing as to what you really meant. A picture /diagram of the before vs after might help add the clarity required Would support measures to be seen by the right person sooner but some concerns about travelling distance for patient and/or family and friends if having to travel from e.g. the east/north of the county. Using a bus (could be 2+), particularly later in the day/evening, or having to fork out a for a taxi/persuade a friend/family member to drive further is far from ideal. Some concerns over whether there would be sufficient bed space for services to be centralised - other hospitals who have merged services from two sites relatively near to each other onto one site have experienced issues with capacity e.g. a county to the north of Gloucestershire		
49	More efficient use of staff. The more surgeries completed the better the surgeons become and so patient outcomes should improve.		

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
50	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.		
51	See my previous answer		
52	As mentioned on previous page		
53	As before		
54	Emergency treatment should be available at both hospitals. General surgery could be centred in GRH but both hospitals should be able to save lives.		
55	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?		
56	As for Acute medicine, access to multidisciplanry team and equipment		
57	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		
58	As mentioned this sort of service MUST be available at both hospitals. Frankly I do not understand why it should ben centred at one hospital. It appears to be a cost cutting ploy		
59	Forerunner to removing emergency from Cheltenham		
60	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
61	For my reasons under Acute Medical		
62	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.		
63	There should be 2 full A&E services. Cheltenham should be full A&E not just sprained wrists.		
64	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.		
65	It is a good idea, except again that as we are on the edge of the county Gloucestershire is further away		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
66	As above		
67	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		
68	Smaller A and .e with nurse practitioners would lessen the load on the big hospitals		
69	Concentration of emergency team in one place means		
70	Right to co-locate this with the A&E centre of excellence.		
71	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?		
72	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.		
73	in line with evidence, a well equipped unit with expert doctors, nurses, pharmacists, physio and other AHP is associated with better outcomes; travelling further is a hard but worthwhile price to pay		
74	As I live in the northern tip of Gloucestershire, the extra distance to Gloucester for many of these services worries me		
75	Again would like CGH to be able to continue to provide this to local residents and not all centralised at GRH.		
76	Separate emergency services from elective services completely		
77	Why should we have a hospital in our town but only offering limited services		
78	Full AE needs to be at both sites to cope with capacity		
79	Again reduce duplication of doctors. Allow prompt senior review by team. Again sufficient senior staff must be on shift. One team operating and one reviewing pts. Busy team (CGH & GRH worth of pts at GRH) with only one team available will mean operating or reviewing not both. NEED BOTH. Also if this is to happen more GRH emergency theatre space will be needed so that other surgical specialities can do their cases promptly too!		
80	Essential for the county		
81	This leaves too much dependancy on the Ambulance Service to deliver services in a timely manner. It seems ludicrous to have ambulances criss crossing the county with all the attendant traffic delays that seem to be on Gloucestershire's roads. Are there any Service Level Agreements iwth the Ambulance Serviced to ensure timely tarhgets are met. What happens if (as seems to happen often) there is no availability of ambulances.		
82	Agree with any proposal to avoid unnecessary duplication		
83	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.		
84	A centre of excellence at Gloucester Royal would detract from the service at Cheltenham General		
85	Lessen impact on planned surgery		
86	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
87	Pressure eased on gaps in surgery and better for consultants and trainees. Shorter waiting and being messed about.		
88	As previous		
89	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...		
90	Because it makes best use of all resources		
91	Being seen by the right specialist, not going through several appointments and being re-directed		
92	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.		
93	I would fully support the concept of Centre's of excellence for all the reasons documented in your summary document ' Fit for the future'		
94	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.		
95	Again only if you will continue to have services available at Cheltenham Hospital		
96	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.		
97	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
98	Distance from North Cotswolds		
99	It seems that this is working well in the temporary changes that you have made		
100	Surely access to care should be of primary concern to a hospital? Any solution should not have a negative impact? I query your statistics? The positive benefit for this change is for the homeless and people fro deprived areas (why what is the number of these that have general surgery) You quote 25% of Gloucester are from deprived areas but how many of these have emergency surgery? What is the proportion from the deprived and homeless areas around cheltenham? The negative benefit is for 40% of patients! So you already know that 40% of your most vulnerable are over 65 and these are the people most affected? So you are negatively affecting almost half your patients?		
101	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.		
102	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.		
103	The creation of a General Surgery Centre of Excellence, would provide the best fit with Emergency Surgery. Therefore the first option.		

Please tell us what you think about our preferred option to develop:A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
104	Again Cheltenham should not be downgraded by taking away, not only medical beds but also the capacity to perform emergency general surgery. This will have adverse effects on the A&E, because patients will be directed to GRH, essentially downgrading Cheltenham A&E to a MIU. If I was pushed to decide on the two option - because I would not want Cheltenham to lose surgical services then I would choose the second proposal of making CGH a centre for pelvic resection etc.		
105	I like the idea of concentrating the expertise in a single location		
106	In line with acute medicine and A&E focus		
107	The risks mean that this should be with the Acute provision.		
108	I don't think GRH has capacity now or planned		
109	These cases can develop for the Acute Medical Take, so continuity in treatment, assessment and rehab will flow more easily. Confidence for patient.		
110	No General Surgery beds at 1 hospital could impact badly on some patients.		
111	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).		
112	As with previous question, centralising acute services on the GRH site will allow CGH to be a major elective surgical centre with patients following, on the whole, a relatively fixed pathway allowing for optimal flow and best use of the existing critical care unit at CGH which otherwise risks being mothballed.		
113	Ensure the facilities are set up with adequate space to assess patients in a timely manner. The current temporary changes are working well with more patients seen in a shorter time frame. However, limited space and beds in assessment rooms impacts on the the ability to deliver a truly first class service.		
114	Nothing in the proposals that says emergency general surgery is better here than anywhere else.		
115	as per commentary in last page; fear over increase travel times		
116	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.		
117	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.		
118	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?		
119	see previous comment		
120	It is probably best to divide the centre of excellence status for best use of available expertise		
121	Specialisation usually leads to higher quality service and the attraction of most able doctors		

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		45.81%	104
2	Support		35.24%	80
3	Oppose		4.41%	10
4	Strongly oppose		3.08%	7
5	No opinion		11.45%	26
			answered	227
			skipped	13

Please tell us why you think this, e.g. the information you would like us to consider (101)

1	If it means fewer cancelled operations and less disruption in the busy winter months then it has to be a good thing.
2	Less bed issues for elective cases if away from emergency pathways. Fully staffed DCC at CGH barely used currently.
3	It makes sense to consolidate planned care at either site, but does an emergency service need to remain at the other site?
4	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
5	Elective services would benefit from single site 'centre of excellence' but with the capacity to transfer from Acute medicine/surgery at both sites.
6	care of all patients in the trust has deteriorated in the last few years due to lack of access to specialist services that used to be on both sites. Patient discharge is often delayed by days awaiting review by specialities based on different sites. This is frustrating for Staff, patients and their relatives
7	Centralising planned aspects of care could take pressure off these being cancelled due to emergency procedures taking precedent.
8	If it's planned, why not just go to Oxford and build a bigger unit there?
9	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.
10	I think it should be bk in Cheltenham
11	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.
12	There aren't enough staff to go around, so we need to make best use of those we have.
13	I think planned surgery could be better placed within CGH so that GRH can focus on the emergency general surgery.
14	The service needs to be split across the county with two centres of excellence. A dedicated stand alone day case unit in CGH will enable the vast majority of Goucestershires' patients to have their elective surgery in a protected cold unit. Resectional surgery needs to be co-located with emergency general surgery for safety and staffing reasons.
15	Making Cheltenham a centre for elective surgery makes sense if you are wishing to centralise emergency at GRH, especially with covid. However patient choice does not seem to factor in your decisions.
16	Based on my support for emergency care at Gloucester, presumably it would make room at Cheltenham for this area of non-urgent operations.

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
17	It has been mooted for some time, so that GRH would become the 'hot' hospital, while CGH would take 'cold surgery'. This seems to have been an accepted version of things to come, so it is no surprise, and for me, there is no good reason to oppose		
18	as above		
19	Major colorectal surgery should be on one site		
20	It should be CGH, because you want everything to be easy and understandable not only for the patients, but also for the workforce. I mean try to close the cycle within one medical field. Get Endoscopy, Theatres at one place.		
21	Far too far away from Fairford to be a good option for patients from that town/area		
22	planned surgery in a centre of excellence is nothing but good, but the site needs to be fit for this and to be able to accommodate patients staff and services alike		
23	GRH cannot cope with the surgical requirements, especially if they take all the elective surgery too.		
24	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		
25	As above		
26	Cheltenham General should remain a major hospital together with great in the area		
27	CGH can do this just like they used to		
28	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.		
29	Both hospitals should offer an equivalent standard of care		
30	Yes it soulnds fine but surely Gloucester Royal will want their own as well!		
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	What is the evidence for specialist bowel surgery ?		
34	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		
35	But Cheltenham would be easier because of my disability and needing wheechair accessible transport which cost more if I am required to go to Gloucester Royal		
36	Prefer Cheltenham for reason quoted earlier		
37	But on both sites		
38	Again slightly confused as to the proposal here - a before/after diagram might have helped. Would support measures to cut risk of operations being cancelled at the last minute / being able to be seen/treated by the right person sooner. Again this needs balancing with the risks of insufficient bed spaces if centralised on one sight (e.g. county to the north of Gloucestershire. In addition there are the same travel concerns - if one is not well, coming by car may be the most practical method of transport, however unpalatable it may be. Hence adequate parking facilities are a must e.g. a dedicated carpark with more short term spaces say of up to 45 minutes		

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
39	I agree with the center of excellence approach in principle. I think it will improve patient outcomes.		
40	I think it would be beneficial to have lower G.I. consultants operating or based at Cheltenham. Often other specialities such as Gynae-oncology and urology doing pelvic surgery require assistance or advice from lower G.I. surgeons.		
41	I presume GRH would be a spoke and therefore provide back up.		
42	Cheltenham is quite far enough for us to travel		
43	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.		
44	As before		
45	GI is already at CGH why change it, rather expand on it		
46	Personal preference Cheltenham but would support either or shared		
47	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		
48	I accept it is no longer practical/affordable to have all specialisms at both sites		
49	Again have services available at both Cheltenham and Gloucester		
50	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
51	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		
52	Don't understand. Talking jargon.		
53	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.		
54	It is a good idea, except again that as we are on the edge of the county Gloucestershire is further away		
55	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		

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
56	Team work is vital to good patient experience and outcomes - fragmented teams cannot provide this and do not attract the best to come and work in them.		
57	One world-class centre looks ideal to me.		
58	As per previous comments		
59	but only in one centre		
60	Support options where there is access to both sites so this is good		
61	I strongly prefer this to be at the CGH site as this will ensure elective care for surgical patients will not be affected by the emergency admissions and operations, as is the case now. Also, the ITU at the Cheltenham site can be used solely for elective surgical patients.		
62	Elective care should be split from emergency where clinically appropriate / demand exists - which it does in GS		
63	ensure up to date medical procedures are available		
64	Planned surgery at least gives patients time to make suitable travelkarrangements		
65	Agree with any proposal to avoid unnecessary duplication		
66	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!		
67	We would prefer this service to be available at Cheltenham where my husband had excellence care		
68	Centre of Excellence required at both hospitals		
69	The proposal would seem to make more effective use of staff and facilities		
70	Not sure about this as people from the Cotswolds need the nearest place yet Gloucester is better for people from that area.		
71	Single centre would be preferred.		
72	Same comments Experienced qualified staff centralised More opportunities for shared learning and research Intensive care facilities on one site High tech imaging facilities...		
73	A single centre makes best use of sataff and resources		
74	Lower GI surgical provision impacts on other surgical specialties including gynae oncology. Gynaecology is linked to Obstetrics, an acute specialty based in Gloucester. Acute gynaecology, including acute gynae oncology admissions, is based in Gloucester hospital. It is not possible to move this acute provision as the registrars cross cover Gynaecology and Obstetrics when on shifts. Moving gynae oncology with Lower GI to Gloucester would provide better training and ward safety for patients.		
75	If its excellent, who cares where it is?		
76	Would prefer this option to be at Cheltenham General Hospital		
77	Near both		
78	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
79	Concentrating the service presumably means that I will be able to see a subspecialist all the time.		
80	Centralising upper GI seems to have been beneficial, presumably the same will happen with colorectal.		

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
81	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.		
82	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.		
83	I am a strong believer and advocate of specialised services at one hospital, my choice is Cheltenham General Hospital.		
84	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.		
85	Again, I like the scntre of excellence approach and likelihood of fewer cancellations		
86	Public perception and access focused at one hospital for one type of heath issue		
87	A centre of excellence would be good for everyone!		
88	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.		
89	It would help provide rotas for the appropriate surgeons.		
90	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.		
91	Strongly support PROVIDED that site is Cheltenham		
92	Combining expertise will enhance surgical training and allow us to offer tracing in sub specialist areas of colorectal surgery. There will be greater standardisation of care. Also enhanced nursing care.		
93	Makes more sense to be at Cheltenham.		
94	It makes sense to have this at CGH where the gynaecological oncology is carried out. (Pelvic surgery)		
95	lose of this type of surgery would result in doctors/other specialists relocating hence would be unable to support A&E dept		
96	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		
97	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.		
98	Cheltenham already has the Cancer Centre so it would make sense for it to have the above service.		
99	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		
100	CGH is the preferred option		
101	To build expertise at CGH for this speciality		

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

			Response Percent	Response Total
1	Cheltenham General Hospital (CGH)		60.53%	138
2	Gloucestershire Royal Hospital (GRH)		14.47%	33
3	No opinion		27.19%	62
			answered	228
			skipped	12

Please tell us why you think this, e.g. the information you would like us to consider: (115)

1	A strong case has been made for both. On balance I think CGH.
2	Crucial item for me is that there is an equal balance between what is in Cheltenham and what is in Gloucester....with equal numbers of essential services in each. It must not be Gloucester is the centre with bits in Cheltenham
3	I believe that no one site can cope with providing the service for people who usually attend two sites. The waiting times increase, the staff are stretched and patients feel that they are suffering as a result. Gloucestershire is too big to have one site for a speciality.
4	As above.
5	Insufficient bed base of acute medicine, let alone medicine plus surgery. Certainly no possibility of a centre of excellence for planned care in a hospital with insufficient bed capacity for acute services.
6	I don't know enough about existing surgical set up, but you would think the site that is currently best set up to house surgery would be the most sensible choice.
7	Wherever you feel it is easier and safer to provide this from. Where other support services are on hand.
8	I
9	If the 24hr A&E is at GRH, then the planned surgery to be at CGH.
10	Why should people from Cheltenham go to Gloucester when they can go to Oxford? If it's planned...
11	Both hospitals should have their own colorectal services.
12	To remove it from the impact on bed capacity of the seasonal variation in medical emergencies.
13	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?
14	Elective and CGH and emergency at GRH
15	I believe it would be sensible to try and ensure that CGH takes on planned / elective surgery with lower risks involved, and that GRH is responsible for caring for emergency surgery. However, I also appreciate that this could result in specialist surgical cover required across both sites rather than just covering one and could be confusing for the public if there is general surgery offered at both sites.
16	Elective days-case/short stay surgery in a dedicated unit in CGH. Resectional lower GI surgery co-located with emergency general surgery in GRH.
17	a cold, elective hospital allows access to beds, ITU, and allows all the relevant surgical specialities to work closely together to deliver excellent care. The removal of colorectal surgery from CGH would mean that urology and gynaeoncology may not be able to stay, which would put more pressure on GRH
18	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.

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
19	What will there be about CGH to attract anybody to work there, if surgery is removed from Cheltenham altogether?		
20	1. co-located with other pelvic cancer services (urology, gynae-oncology) 2. co-located with oncology 3. co-located with gastroenterology inpatient care 4. Protected bedbase from emergency admissions (if going with the emergency hub in GRH) and allows screened admissons only in the covid era 5. Ease of access to HDU / ITU for all planned major resections 6. Separated (geographically) elective v emergency care as recommended by a) GIRFT, b) Current President of the RCS Eng (Prof Neil Mortensen) c) external senate review		
21	wherever the facilities allow best at minimal cost and upheaval		
22	Needs to be co-located with the emergency general surgery service.		
23	I can see benefits to both hospital, GRH because of workforce but for patients which may also involve other organs in the pelvis, CGH seems more appropriate		
24	It is easy to get all GI surgeries in one place closer to Endoscopy.		
25	I don't support your preferred option at all		
26	CGH would make sense as there is the oncology dept is also there. The dots are joined up in that respect		
27	Calmer atmosphere. Better patient experience.		
28	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		
29	As it is planned surgery the patient can arrange transport beforehand so I don't see any issues		
30	Don't like the single site option		
31	What CGH can do GRH can do the same		
32	As above		
33	Neither site should take priority.		
34	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		
35	As already said emergency and elective surgery needs to be kept separate as they require differnet sorts of treatment. Keep CGH clean and where there ae more beds to keeps elective particually cancer surgery running no matter what the emergency take is		
36	Cheltenham must be the planned care centre if the Emergency centre is going to work		
37	It would appear logical to have all cancer services on one site and given Cheltenham's preeminent role in cancer treatment then all related services should be located there,		
38	My personal experience ,choice.		
39	Both need this		
40	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH.		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
41	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?		
42	See previous question		
43	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.		
44	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		
45	I think it makes more sense to have surgical units for upper and lower GI surgery in one location		
46	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.		
47	Due to other specialities already doing pelvic surgery in this hospital. Surely a 'centre of excellence' would allow surgeons to assist and advise each other when required.		
48	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.		
49	GRH is currently too busy. I presume GRH would be a spoke and therefore provide back up.		
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	personal preference only based on my location. Accept entirely that management team must consider a much wider criteria		
53	as previous question		
54	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		

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
55	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable. I cannot determine which site I would prefer this service to be provided on without the information referred to above as this becomes merely a geographical preference rather than an option considered as to what is right.		
56	As both centres do this now, just in terms of equalising the two hospitals as mentioned above		
57	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.		
58	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.		
59	From our point of view it is nearer		
60	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		
61	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.		
62	Most of the surgery might involve a cancer and Cheltenham is the cancer centre		
63	This is major surgery and should be carried out in fully staffed hospital having access to all facilities 24/7		
64	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.		
65	To make a decision about this, there must be many other holistic factors about the sites, capacity, etc which I am not aware of.		
66	I am not fullt aware of the different skills between GRH and CGH but roughly would like to see a 50/50 spread of centres of excellence over the county's two leading hospitals.		
67	the centre should be close to GI medicine, specialist inpatient care (as in ITU) and imaging		
68	It seems likely that management of complications would be best on the site with the most robust emergency cover		

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
69	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		
70	Separate emergency services from elective services completely - Cheltenham must be the centre of planned excellence		
71	This should be based at the site with emergency theatres.		
72	Whichever site the clinicians feel is most appropriate		
73	This closet to me and the family		
74	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.		
75	Obviously, given what I've said, I'd choose Cheltenham. Gloucester residents would presumably prefer it there!		
76	A good match with other services. Also seems too much at GRH which could lead to conflicts of staff time		
77	Both		
78	Ideal in respect of our place of residence		
79	Would keep at both		
80	Quality of patient experience much improved if planned surgery is separated from emergency activity.		
81	To colocate it with Gynae and Urology for a pelvic oncology surgery centre of excellence		
82	Cheltenham should be the centre of excellence for all impatient planned care		
83	Better on-site facilities and car-parking at Gloucester. Not sure where there is adequate space in Cheltenham		
84	The department already exists together with the oncology unit at Cheltenham General.		
85	If its excellent, who cares where it is?		
86	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.		
87	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.		
88	Gloucester is MUCH easier to travel to		
89	Proposals for either option appear to be well thought through.		
90	On your facebook live session the consultant said that 12 out of 15 consultants supported this model, shouldn't you be listening to what the experts think as they provide the service and should know how it works.		
91	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?		
92	I don't support it		
93	As above		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery should be developed?		Response Percent	Response Total
94	It would be sensible to co-locate with other pelvic area specialists.		
95	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.		
96	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?		
97	I like the link with the gynae cancer treatment at Chetenham to form Pelvic Resection centre of excellence		
98	To align with the upper colorectal service at CGH		
99	All major General surgery located with acute services makes common sense.		
100	Happy with move towards CGH as an elective site predominantly and more emergency focus at GRH, as oncology centre at CGH indicates more elective treatment. But not to strip all emergency services away		
101	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!		
102	It would make the centre of excellence and help maintain Chelts specialism to attract staff.		
103	This is my biased opinion, as Cheltenham is so much more convenient to reach from the Fairford area.		
104	As above, allows for best patient flow and maintenance of elective work with the backup of a fully functioning intensive care unit.		
105	Ask why 12 of 15 consultants support this model. The consultants work in the system and know the details. This is the only option that will deliver sub specialist care seven days a week for emergency patients, complex UGI patients and complex colorectal patients. Why would you want to treat one of these groups differently and provide care that does not match up to other aspects of our service? The consultants know that the linkages to oncology, gastroenterology, urology and gynae are tenuous. A greater linkage is between upper GI and colorectal: the same junior staff, development of the service eg robotic surgery, same theatre staff, shared patient groups eg hernias.. This option is also the only one that allows us to develop the whole of our service. The model is actually about more than just colorectal and by moving complex colorectal to GRH it will create the theatre capacity to allow us to develop short stay surgery (not just day case) at CGH for both upper GI and colorectal. Why as an organisation have we not described the model that the majority of GI consultants have put forward?		
106	Fits in with above.		
107	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		
108	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.		
109	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.		
110	See above.		
111	Seems like a lot of specialist services are at GRH so good to have this one at CGH		
112	See above		
113	access to GRH is almost impossible for day patients and for visitors to in-patients if they reside in the north cotswolds		
114	So that centre of excellence status is not all centred at GRH		
115	Appears that more facilities are already there		

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

			Response Percent	Response Total
1	Strongly support		40.18%	90
2	Support		35.71%	80
3	Oppose		4.91%	11
4	Strongly oppose		2.23%	5
5	No opinion		16.96%	38
			answered	224
			skipped	16

Please tell us why you think this, e.g. the information you would like us to consider (89)

1	Ring fenced facilities at CGH make sense to minimise disruption.
2	See previous answer
3	Presuming it will be here as the service and supporting team are already in situ at CGH?
4	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
5	If the 24hr A&E is at GRH then to have this option at CGH would be good.
6	Why go to Gloucester when you can go to Oxford?
7	Cheltenham and Gloucester should have their own elected and day surgery cases.
8	The co-location of daycases with emergencies makes more sense as day cases are much less likely to be impacted by the demands of peaks in emergency patients.
9	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.
10	There aren't enough staff to go around, so we need to make best use of those we have.
11	new day surgery unit planned for CGH that will be able to facilitate day case surgery and provide a centre of excellence
12	Once again, I believe that there would be less breaches in waiting times for elective surgery if they were on one site and therefore protected from issues such as lack of staffing the rotas and access to resources
13	would be better to have day cases on your site where A&E is, which would allow your theatres to be used, and put your inpatients at CGH
14	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.
15	Day case can be done anywhere
16	as previous
17	Separates short stay surgery from complex elective surgery and emergency surgery. Best use of beds, minimal cancellations.
18	I have already said that in my previous answers. Try to concentrate in one place all cases related to GI interventions. It is better for the workforce too.
19	I don't support having only one centre for anything, given the size and demographic of Glos.
20	as previous question located in the best site alongside the supporting departments such as Oncology. the imaging services also need to be there too

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
21	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		
22	Why spend more money when there are already perfectly adequate hospitals		
23	Don't like the single site option, would like both hospitals to offer as many treatments as possible		
24	Would these beds be ringfenced for day surgery and not have patients put in them overnight? as is the usual case.		
25	Cheltenham is the obvious choice for the planned care centre		
26	Really can't imagine what day case GI surgery would entail .		
27	See first comment re planned surgery being able to go ahead without theatres being needed for emergencies.		
28	Both Cheltenham and Gloucestershire need this		
29	Don't care as long as 24/7 type-1 consultant-led A&E services are restored to CGH.		
30	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?		
31	Easy access and close to carers who need to visit me and don't drive		
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	As above		
35	As before		
36	have experienced it and was impressed		
37	as before		
38	Biased. Nearer me!		
39	see earlier comments		

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
40	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
41	Have just received attention at Cheltenham and Gloucester.		
42	For planned day surgery it makes no difference to where I travel to within an hour. Parking seems much better at Gloucester.		
43	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.		
44	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.		
45	day case can be done either site		
46	As before		
47	This type of surgery is at most risk of cancellation when emergency pressures are high. We should have access to protected facilities so these operations are not cancelled. This will be good for CGH as more planned surgery will be performed there than in GRH		
48	I like the emphasis of removing emergency from CGH so that all the planned can proceed without interruption by the obviously unpredicability of emergencies.		
49	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.		
50	But for day cases, there should be one at GRH as well.		
51	is there sufficient IT resource so paper records can be consigned to history and all relevant clinical information is available on both sites		
52	Personally this suits me but appreciate that Glocs residents may not want to come all way over to Cheltenham		
53	Separate emergency services from elective services completely - planned at Cheltenham		
54	Facilitate throughput of these cases - ideally including a short stay model with low acuity 1-2 night stays.		
55	This is valuable facility essential for the area		
56	Agree with any proposal to avoid unnecessary duplication		
57	See previous.		
58	The journey to Cheltenham from Winchcombe is far better than Gloucester Royal when you are unwell		
59	As before - economies of scale vasically		

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
60	More convenient from a personal point of view		
61	Single centre of excellence preferred as above providing transfers are swift and well planned.		
62	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...		
63	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		
64	I think further investment in CGH is very desirable		
65	N/A		
66	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
67	One of your consultants proposed a model for low risk patients which included patients staying in hospital for one or two nights having their operation in Cheltenham to reduce the risk of cancellation. This sound like a good idea as long as there is capacity.		
68	If I need my gallbladder removed with an overnight stay would I be able to have this done in CGH?		
69	Why not at both, this involves improving Cheltenham at the expense of Gloucester		
70	Not essential on single site		
71	Reduces the potential for cancellations due to emergency surgery		
72	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.		
73	If you have the best and most experienced medical staff at one hospital site, it follows they can provide the best medical outcome.		
74	I cannot understand why all this has to be divided up, it is quite complicated.		
75	Alll skills and staff for GI health issues in one location. Single point of contact in Trust for GI		
76	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.		
77	Links with earlier point		
78	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!		
79	Help develop skills of junior surgeons and provide good support for them.		
80	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.		
81	I would support routine day case surgery being done on the CGH site but this needs to be in a dedicated unit separate from the main building which cannot then be used to treat in-patients. This would also allow main theatres to be used for major elective surgery.		
82	This is intimately linked to the other changes that are being proposed. Movement of complex colorectal out of CGH will help create the theatre capacity required to allow us to deliver this in the short term before other theatres are built. The model supported by the majority of surgeons proposes to expand this to short stay cases in both upper and lower GI surgery.. This needs to be taken in to consideration.		

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
83	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.		
84	if there does need to be service better where county housing plan will put most new housing/greater need.		
85	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.		
86	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'.		
87	Cheltenham already has this function so it would be sensible to maintain this service.		
88	CGH is convenient GRH is useless for day patients		
89	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	28.26%	65
2	Support	33.48%	77
3	Oppose	12.61%	29
4	Strongly oppose	7.83%	18
5	No opinion	17.83%	41
		answered	230
		skipped	10

Please tell us why you think this, e.g. the information you would like us to consider (92)

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	Image guidance needs to have services in both locations
3	both hospitals should have it
4	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
5	Provided there is emergency cardiac interventional capacity at CGH also. It would not matter if this was at CGH considering the trust's stated aim of reopening ED at CGH post pandemic and it already exists there.
6	If this means that this service is available 24/7 at GRH then I would support this, especially if this stopped delays.
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!

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.		Response Percent	Response Total
9	if this is the same type of procedure then use just one site (either) to reduce costs/communication		
10	It is not clear what this actually means.		
11	Cheltenham with a functioning a and e needs 24/7 imaging		
12	I feel like this could fit the idea of GRH being for emergency care and CGH for elective care. I understand that there are already vascath labs at both sites so one could assume we already have the staff / resources to cover both sites if necessary.		
13	Imaging is essential to remain in CGH, Unsure as to why their is a need to transfer everything to GRH when there is a perfectly good working hospital with skilled staff members at CGH.		
14	. Even if only elective at CGH, there can still be emergency interventions needed. Moving them across site whilst unstable is dangerous.		
15	Assuming this fits with the 'Gloucestershire emergency / Cheltenham planned' route, this makes sense, if this IGIS work is used a lot in emergency situations.		
16	Requirement exists at both sites. Urology is a high user and based in CGH. Vascular (elective) ought to be in CGH.		
17	Needs to be located with acute services.		
18	State of the art equipment in GRH		
19	It should be on one place. But I have not estimated the premises that we have available at CGH even if we have to build up a new building it is going to be far more better for the service than the service to be scattered.		
20	Grudging support since something will be offered at both sites		
21	making sure that the supporting staff are enough to provide this		
22	This is a very important part of present and future health care and will greatly increase in the coming years		
23	A spoke will still split the vital staffing groups but in reverse.		
24	Reluctantly support, again would like both hospitals to offer as many treatments as possible		
25	Heart attack patients need treatment at closest hospital this would be better than using Bristol but should be available on both sites		
26	what ever GRH can do Why cant CGH do the same		
27	As vascular and cardiology are at CGH then this service needs to be based on this site.		
28	Image Guided intervention main hub should be alongside ED		
29	Both hospitals need this		
30	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH.		
31	Best located with the main emergency work		
32	This will reduce the need for patients travelling out of count out of hours and increase the ability to recruit high quality staff		
33	Such specialised intervention should be centralised		
34	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.		

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.		Response Percent	Response Total
35	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		
36	Need more info on this reason, ie is it staff, facilities or something else?		
37	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.		
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 equiment and locating in one site is more cost effective		
42	see earlier comments		
43	Imaging is already at Cheltenham, why move		
44	I do not understand why, following the presumed logic elsewhere in this consultation why the IGIS seervice needs a 'hub and spoke model'. There is no convincing argument made for this on any rationalisation, financial, staffing or any other basis. Just create a centre of excellence badsed on sensible criteria and get on with it		
45	This makes sense. I assume the Spoke would deal with geographically favoured patients who are nion 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	it would be good if people could go to the nearer one if possible		
48	with major pelvic surgery we need interventional surgery which will also tie in with oncology		
49	More central for the county		
50	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.		
51	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?		
52	more details are required to ensure both are adequately resourced (people and equipment) and overnight care available on site if needed; a waste of resource if personnel spend time travelling between centres		
53	This would support the acute medicine and emergency general surgery services best		
54	I prefer it to be offred at both		
55	Needs to be linked to Emergency Gen Surgery		
56	IGIS & vascular should be on same site		
57	essential facility important for the community		
58	Probably necessary due to availability of technology and equipment.		
59	Agree with any proposal to avoid unnecessary duplication		
60	See previous		
61	We have the excellent cobalt centre in Cheltenham		
62	This could have been a centre for excellence in cgh ?		

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

		Response Percent	Response Total
63	We've invested in Cheltenham already, make Cheltenham the Hub.		
64	Seems to make sense		
65	This is a very specialised service and heavy on equipment costs so centralisation makes sense.		
66	It is more effective to provide a hub at GRI but a spoke allows more freedom for management		
67	Less likelihood of being transferred to other hospital sites. Retention of staff is pararmount		
68	The staff who maintain the LINACS (at CGH) would be best to carry out emergency repairs and maintenance, surely?		
69	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		
70	N/A		
71	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
72	Concentrating the service presumably mean better access to specialists in the field		
73	It looks as though this makes it more likely that i would be able to have my treatment in Gloucestershire		
74	see previous answers		
75	Meets most eventualities		
76	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.		
77	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.		
78	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.		
79	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.		
80	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		
81	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.		
82	This makes sense with use of 'on call' specialists. CGH 'cold' centre for elective procedures.		
83	Sounds sensible. Emergency cases coming into either unit may need IGIS - so good back up for A&E.		
84	Having read the information in this booklet I think it would be better to have 1 place for IGIS at GRH.		
85	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.		
86	Emergency interventional radiology should be on the acute site, supporting emergency vascular surgery in particular. The 'spoke' could then be used to support daytime work at CGH and this will make optimal use of the existing hybrid theatre.		
87	This will provide a better service for general surgery patients. A significant number of elective patients undergo interventional radiological procedures which is another reason for locating complex upper and lower GI patients on the GRH site.		

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

		Response Percent	Response Total
88	I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH		
89	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.		
90	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.		
91	patients can be taken to/from GRH by ambulance, access problems are therefore left crucial.		
92	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	25.44%	58
2	Support	27.19%	62
3	Oppose	9.21%	21
4	Strongly oppose	15.35%	35
5	No opinion	22.81%	52
		answered	228
		skipped	12

Please tell us why you think this, e.g. the information you would like us to consider (84)

1	both hospitals should have it
2	Theatres less suitable compared to IR theatre at CGH. Major urology surgery has needed a vascular surgeon immediately at CGH in the past 10 days.
3	I would like Glos population served as a consquence of this. Currently patients from outside the county have skewed access to aligned services as a consequence - mainly radiology.
4	Renal services are at GRH. This would support renal service well.
5	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
6	Vascular surgery should stay in Gloucester, however there is increasing amount of t&o outliers.
7	Cardiology and vascular services should be on the same site to service emergencies.
8	I would support this if GRH were able to provide vascular surgery with a ward that was fit for purpose! Vascular patients are currently on a ward that does not have the space or capacity for the patients. Wheelchair patients have 1 accessible toilet and shower for 21 patients. This in not good for rehabilitation of patients post amputation and impossible for all patients to access shower facilities. This is adversely affecting patient care. Lack of space around beds make life hazardous for staff and patients as we are often transferring patients from bed to wheelchair with hoist and moving furniture around to make this possible.
9	Centralising of this service, improved staff availability, expertise and ensuring this prevents delays and wait time.

A ‘centre of excellence’ for Vascular Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
10	Again, why not just go to Oxford if you live east of Cheltenham?		
11	This seems like an enormous waste of previous investment in facilities such as the hybrid theatre.		
12	Centres of excellence are required at both hospitals- the region and population support it - you are reducing Cheltenham hospital to a first aid centre by stealth. Offering centres of excellence is merely a ploy to reduc3 services in Cheltenham which remain badly needed!		
13	This service was previously being managed well at CGH but if it not possible to split elective e.g. IGIS and emergency vascular surgery then I believe it would be preferable to keep it on the GRH emergency site and then consider the ""spoke"" option at CGH for the elective surgery. Splitting this service will have an impact on the intensity / quality of Therapy those patients will receive unless additional funding is provided to support splitting this service across sites.		
14	Emergency vascular should be in GRH, elective should be in CGH - bespoke IR theatre already exists there and same arguments for bed base, HDU / ITU etc as for elective colorectal apply		
15	Vascular surgery can be a stand alone speciality		
16	Other services such as renal medicine, diabetes which have a strong link to vascular surgery are largely based in GRH		
17	Because is not GI surgery. Every surgery not related to GI can go in GRH.		
18	Far too far away from Fairford to be a good option for patients from that town/area		
19	its already there		
20	Speciality doesn't really have elective admissions. They have urgent emergency type patients		
21	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		
22	See my previous answers, Great getting too busy with parking and accessibility problems		
23	Heart attack patients need treatment at closest hospital this would be better than using Bristol but should be available on both sites		
24	What ever GRH can do , CGH should do the same		
25	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.		
26	As above,		
27	Both hospitals should do this		
28	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		
29	Supporting evidence required		
30	Ideally it would be located with the IGIS hub. Needs adequate provision of beds and and appropriate theatre.		
31	Access to skilled medical staff in the right location		

A ‘centre of excellence’ for Vascular Surgery at Gloucestershire Royal Hospital.		
	Response Percent	**Response Total**

32	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
33	Whilst I support this, I believe there needs to be a vascular consultant available to cover CGH at all times due to the major surgery that CGH provides. In an emergency situation in theatre a vascular surgeon could be needed very quickly!
34	Would seem to complement IGIS
35	As before - transport is a serious worry for us
36	see earlier comments
37	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.
38	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.
39	Again reducing Cheltenham
40	Again more central for the county and transport links
41	As per previous observations
42	This should be true of CGH too
43	as with GI surgery
44	Should include mechanical thrombectomy for LAO strokes
45	I think it should be offered at both sites
46	Planned care should be at Cheltenham General - that's the Centres of Excellence model
47	Needs to be linked to IR
48	IGIS & vascular should be on same site
49	Essential facility important for the community
50	Agree with any proposal to avoid unnecessary duplication
51	See previous
52	As above

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.		Response Percent	Response Total
53	Needs to be at both hospitals		
54	As above		
55	One excellent speciality		
56	Planned care at Cheltenham		
57	Better facilities and car-parking at GRH		
58	As I said before, as long as it is excellent, who cares where it is?		
59	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.		
60	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		
61	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.		
62	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
63	They seem ton work closely with the radiologists so doesn't it make sense for them to be on the same site?		
64	It seems that this is closely linked to the IGIS hub		
65	see previous answers		
66	Having Vascular surgery at GRH will mean that vascular surgery will be able to support the emergency services better.		
67	If the investment in IGIS is at GRH, it follows that "A Centre of Excellence for Vascular Surgery, should be at GRH.		
68	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.		
69	In line with decision to locate the IGIS primarily at GRH		
70	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		
71	As long as there is critical care support e.g. for aortic aneurysms		
72	Why not? The importance is that the unit exists and is available 24/7 as and when.		
73	Single specialist centre would enable better and timely patient care.		
74	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).		

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

	Response Percent	Response Total
75	I feel emergency and elective vascular surgery should be split so that emergency work is aligned with the surgical take whilst elective work continues at CGH. This will ensure there is critical care capacity available to support the elective work otherwise there is likely to be an ever increasing pressure on ICU beds at GRH.	
76	Concentrating resources provides better care	
77	Is there not a new vascular theatre in Cheltenham?	
78	Hasn't millions of pounds recently been spent on a vascular theatre in Cheltenham!!	
79	as noted earlier CofE reduces resourcing supporting A&E from other hospitals	
80	I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH.	
81	There is an excellent, nearly new Cardiovascular Unit at Cheltenham General Hospital, which the Hospital Trust spent £2.3m or more on. This is one of the best facilities of its kind in the South West, if not the whole country. It makes no sense to relocate this to the Gloucestershire Royal, especially since, according to six our of seven of the Consultants involved, the facilities there are not nearly as good.	
82	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.	
83	CGH already does it	
84	The need to create the centre of excellence for specific specialisation over the 2 hospitals	

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

		Response Percent	Response Total
1	Strongly support	44.00%	99
2	Support	31.11%	70
3	Oppose	3.56%	8
4	Strongly oppose	1.78%	4
5	No opinion	19.56%	44
		answered	225
		skipped	15

Please tell us why you think this, e.g. the information you would like us to consider (77)

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	Despite gastro inpts being at CGH currently, gastro inpts are still seen on GRH wards and do not get the care they need from the gastro team. Patients either need to be moved promptly so the care of the patient is not impacted, or have a service at both sites.
3	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
4	Provided there is some gastroenterolgy presence at GRH also.
5	Everyone will know where it is and again centralising services and insuring expertise, experience and staffing is available.

A permanent ‘centre of excellence’ for Gastroenterology inpatient services at Cheltenham General Hospital.		Response Percent	Response Total
6	Gastroenterology at cheltenham is the best. Keep it in cheltenham.		
7	Both hospitals need a centre of excellence due to the size of the population and the location of the services .		
8	This fits with separating surgical and medical divisions across each site.		
9	as long as colorectal surgery is also located there - without this it will leave gastro very exposed		
10	It is closer to Endoscopy Unit. Patients can be easily transferred to it.		
11	I would also like to see continuing support for Gastroenterology services at Cirencester hospital. I have had excellent treatment there.		
12	Better for patients from Fairford, but not good for patients living at the west edges of Glos.		
13	If GI suregery is at CGh this needs to be too		
14	Some services will need to be continued at Cheltenham as Gloucestershire Royal will not be able to accommodate them all		
15	Should be in Gloucester with the rest of medicine		
16	See all my previous answers		
17	Save me travelling to Gloucester and pay expensive park fees for long visits and bus fares		
18	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.		
19	This goes along with the idea of a centre of excellence in planned care		
20	I have concerns that the underlying message of specialisation does not take into account issues of resilience, access, critical mass or community. The approach being taken is "standard" nhs review practice to downgrade one site to the benefit of another. In effect closure by instalments: Why does the Senior Health Management in Gloucestershire look at closing both hospitals and locating a new one just off J11 or 11a of the M5?		
21	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.		
22	Both hospitals need this		
23	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		
24	Describe centre of excellence as this term is being overused in the survey		
25	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		
26	Easily accessable		
27	The data presented strongly supports not reverting back to the old model		
28	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		
29	Would compliment other specialisms		
30	As above		
31	simply accept the judgement of the people making the recommendation		

A permanent ‘centre of excellence’ for Gastroenterology inpatient services at Cheltenham General Hospital.		Response Percent	Response Total
32	co-locating with planned day cases with specialist staff and contact points for inpatient and long-term ongoing care		
33	Yes both hospitals should be capable of offering all services		
34	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		
35	Bias on my part. No real rationale to be honest		
36	Again, makes no difference to me as a patient where this is based		
37	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.		
38	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.		
39	will tie in with colorectal making patient experience & expertise seamless		
40	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.		
41	But not only at CGH.		
42	Gastroenterology services should (at least in my view) be in close proximity to GI surgery. Optimal care of such patients often involves close collaboration between the two arms		
43	This will only work if medical beds are managed by the specialty teams, when pressure increases in GRH this is always lost.		
44	Whichever the clinicians think is best		
45	Essential facility important for the community		
46	Agree with any proposal to avoid unnecessary duplication		
47	See previous		
48	I have received excellent care at Cheltenham		
49	Support concept		
50	Ideal location from a personal point of view		
51	As above		
52	Treated more quickly by a specialist		

A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.		Response Percent	Response Total
53	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.		
54	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
55	Combining the service presumably means that there will be better access to specialist inpatient care. They need to make sure that they provide a service to Gloucester Hospital.		
56	Your pilot appears to have worked well		
57	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		
58	I support this if linked with colorectal surgery at Cheltenham		
59	Makes sense with plan to have centre of excellence at CGH for Colorectal surgery.		
60	It appears that the pilot works.		
61	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.		
62	CGH has an enviable reputation in this field and with more investment can become the "Centre of Excellence".		
63	As this appears to be working well from the pilot then it seems sensible to keep the service as it is now.		
64	This is in line with the decision to locate the GI services at CGH but to be effective and efficiet 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.		
65	Cheltenham General Hospital concentrating ofn elective support in the area is sensible.		
66	We think all procedures should be available at all hospitals, but Cheltenham is preferable to us over Gloucester as it is marginally closer.		
67	Will need surgical support		
68	This probably follows on from the other gut services, so yes.		
69	A centre of excellence would benefit both staff, services delivered and patient care.		
70	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.		
71	The current setup seems to work well. All acute admission would still need to be via GRH but once stable transferring patients across to CGH optimises flow and also helps reduce pressure on GRH DCC for patients who then deteriorate on the ward and require intensive care.		
72	Interaction with gastroenterology on a day to day basis for general surgery is either on an outpatient basis or as an emergency. The current system of having a gastroenterologist on site in GRH works well. Outpatients continues to work as before. Overall the changes do not affect the general surgery service.		
73	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		
74	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.		

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

		Response Percent	Response Total
75	this is a service which should, as far as possible, be located as close to the existing Cancer Centre in Cheltenham General Hospital.		
76	This could work well alongside the Cancer Centre.		
77	CGH is best located for the whole of the county		

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

		Response Percent	Response Total
1	Strongly support	44.74%	102
2	Support	30.26%	69
3	Oppose	7.89%	18
4	Strongly oppose	3.07%	7
5	No opinion	14.04%	32
		answered	228
		skipped	12

Please tell us why you think this, e.g. the information you would like us to consider (89)

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	both should have trauma and ortho
3	If it is a trauma case, it is quite possibly an ambulance admission and GRH cannot cope now. All ambulances go to GRH and then orthopaedics would have to be transferred to CGH, increased cost, risk, time and staff
4	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
5	There are a high number of T&O patients so both sites is good
6	This has to be fit for purpose and capacity needs to be concidered
7	If the 24hr A&E is at GRH I it makes sense for trauma to be centralised there. Orthopaedics at CGH again if this ensures this service is protected and trauma emergencies doesn't interfere with this.
8	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!
9	if these are similar and use the same resources then use one site (either) to reduce costs/communication
10	Why are these separated at two sites? Are they not related, so should be together on one site?
11	This is something that I believe is already pretty much established with GRH being the trauma site and CGH being the elective site
12	trauma where A&E is, elective orthopaedics at cold site with no bed pressures
13	if this is tenable on two sites, why not? if resources do not allow this then one site will be better than none and centralises specialist care
14	Again acute trauma is better placed in GRH because of the 24/7 access to consultant led A&E

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.		Response Percent	Response Total
15	It should be everything in GRH. This is my refrain. It is logical and simple. The simpler is the better is. Perfection is in simplicity.		
16	its needed across both sites. trying to travel from e.g moreton in marsh on crutches or with arthritis to GRH isn't acceptable. there is no realistic hospital transport for these folk		
17	Just what I would like, both hospitals offering service		
18	Each sit should cover both services due to the size of the county.		
19	because this would be an excellent idea		
20	For similar reasons as already explained, orthopaedics more likely to be planned.		
21	Glad both are being considered		
22	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		
23	Not sure aboutb separate centres for orthpaedics.		
24	Only makes sense if full A&E restored at Cheltenham		
25	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.		
26	Separating out trauma surgery increasing the likelihood of planned activities going ahead		
27	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.		
28	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		
29	If this is practicable and possible.		
30	Excellent for response times and flexibility to cope with peaks in demand, disasters and infections.		
31	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.		
32	keep specialisms together for better access and equipment		
33	Yes both hospitals should be capable of offering all services		
34	I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No refernce to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and foillow up, health education in primary care, transfer of services into coimmunity settings, converstions to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.		

Two permanent ‘centres of excellence’ for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.		Response Percent	Response Total
35	Can't answer. You're once again going down the route of 'Cheltenham or Gloucester '.		
36	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.		
37	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.		
38	cant decide as pilot study not complete & compared nationally		
39	To shore the load between hospitals		
40	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?		
41	This is neede in both locations		
42	orthopaedics and trauma should be in close proximity so personnel can collaborate and reduce need to duplicate equipment		
43	This is another example of why planned - elective things should be at Cheltenham General and Emergencies at Gloucester Royal		
44	As long as orthopaedics can provide adequate cover to the inpatient wards in CGH. The cover is very poor currently. If you fracture as an inpatient in CGH you are worse off then if you fracture in the community.		
45	Again splitting elective and trauma sensible if demand / need exists.		
46	This an essential facility important for the community for accidents		
47	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		
48	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		
49	See previous		
50	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		
51	As above		
52	makes effective use of resources		
53	An excellent idea.		
54	Common injuries from all over the County will benefit from 2 sites.		
55	The divide between the two disciplines is required given the extra resources for orthopaedics		
56	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		
57	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.		
58	These are widely required services and so it makes sense to share them between the two hospitals		
59	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.		

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.		Response Percent	Response Total
60	The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and childrens' services at GRH, are working really well for patients.		
61	This seems to be working in the temporary changes that you have made. If it is better than it was, why change it back?		
62	Your pilot wsems to have worked well		
63	Seems to be the first area that recognises the need for quality services at both sites		
64	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.		
65	Not seen enough evidence as pilot		
66	Seems very complicate. What happens to a trauma case requiring orthopaedic in patient treatment?		
67	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.		
68	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.		
69	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?		
70	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.		
71	All major Trauma at a single location makes sense. Most orthopaedics are less urgent and straight forward or even elective so Cheltenham General is the logical choice co-located with the arthoplasty.		
72	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.		
73	I think insufficient capacity on the site		
74	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.		
75	Trauma is a very immediate service and i helpful for patients.		
76	Seems sensible to have two options.		
77	This scenario has been in place for some time and seems to work well. Keeping elective patients away from acute admissions is vital to minimise the risk of prosthetic joint infections.		
78	Elective orthopaedic patients are at low risk of major complications post operatively and offering them surgery in an environment with a reduced risk of cancellation makes sense.		
79	What happened to the pilot of trauma surgery in Gloucester?		
80	This is an ambiguously phrased question. I thought the move of trauma to GRH a few years ago was a pilot and we have never seen the results of that pilot.		
81	Trauma will in many cases also require Orthopaedics support so it seems best to have both specialist available in both hospitals		
82	I am concerned that having these two sited at different hospitals will result n increased patient transfers due to the overlap of specialities.		

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

	Response Percent	Response Total
83 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.		
84 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.		
85 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)		
86 Convenient for residents of both areas		
87 The 2 centres provide good coverage but CGH has to provide the facilities for trauma patients.		
88 These will not be planned procedures - some instances and being able to receive treatment at the nearest hospital therefore an advantage		
89 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%	152
	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 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.		
	3 Both hospitals should have centres of excellence and provide all facilities - the catchment area for Cheltenham is very large and such services should not be transferred to Gloucester Royal		
	4 If the only option for a certain appointment or procedure was in GH, I would not attend and know from discussions that my family would not either. We have had relatives in GRH and the experience has been unsatisfactory both fr them and for us whereas CGH experiences were much better.		
	5 I am concerned that any developments are a short term solution which does not address the fundamental issue of either site having a sufficient bed base to run an acute take for medicine and surgery (plus O&T, Gynae etc). We need a new hospital based an a different site to achieve. The suggestions are well intentioned but ultimately a wast of tax payer money.		
	6 I live in Cheltenham. If acute medical and emergency surgical care moves to GRH, I am concerned myself or my family will have to travel further for emergency care when they are very unwell. I believe the public strongly hold this view also		
	7 The proposals I think will mean better care overall for me and my family		

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
8	It will be safer for us to have everything in one place.		
9	AMU needs to be spread across both sites. Head and Neck ward with Gynaecology doesn't make sense		
10	Failure to deliver emergency care in Cheltenham has already negatively impacted my family and our view of the trust's performance.		
11	The Trust's decision to move services post Covid peak had a negative impact on staff morale and mental health. Working through the difficult time of March and April was stressful for all and whilst all were happy to go where needed we were working in new teams in new ways with little support in this emergency situation. Moving back to our own wards and teams meant that we were starting to share the difficulties of the previous weeks and just as we were supporting each other we were told we were to move sites, splitting the ward staff and putting all through more stress and uncertainly. I do not think management realize how traumatic this was for those involved. The priority for staff is to provide good holistic nursing care for patients and support our colleagues. I feel that we have not been able to do that for a long time.		
12	I feel the benefits of services being in one place where the expertise, experience and correct staffing levels are available are huge. If these changes ensures this happens and the reduction in procedures, surgeries and appointments being cancelled is the result I would feel this is hugely beneficial.		
13	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.		
14	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.		
15	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.		
16	The travel between sites may become a problem for us.		
17	Further travel to obtain emergency services and for visitors if admitted		
18	Cheltenham needs a amu and functioning a and e, plans to ship patients across country are absurd and detrimental to patient safety		
19	the removal of a and e puts everyone in the county at risk. putting people in ambulances between sites is already damaging. stop letting this continue		
20	cannot have one medical take, it cant cope already		
21	If this is established successfully I think it will have a positive impact on establishing better pathways with our primary services and accessing community follow up etc.. and hopefully work reciprocally with helping admission prevention / flow in the acute setting.		
22	I want myself and my family to have the best access to cancer care should we ever need it. I believe splitting the elective and emergency services allows both to be delivered in the safest possible way		
23	long waiting times and hugely packed waiting areas are not ideal when you are poorly		
24	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.		

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
25	COTE. Acute take at GRH appears to have increased the number of ward moves and the number of pts MSFD being transferred to CGH awaiting discharge or for ongoing discharge planning. Both elderly in-laws recently subjected to this. A poor experience for both of them. This is not the level of service we aspire to yet sadly no longer uncommon for this demographic.		
26	both hospitals pretty much equidistant for us and are over thirty mins away, so no change for us		
27	Vital to co-locateelective major GI surgery and emergency surgery on one site. Necessary for optimum care of patients.		
28	none		
29	It is only positive		
30	One major impact on having services at both Cheltenham and Gloucester, How do elderly patients get to these hospitals. Public transport is not good and Taxies are very expensive. We need more localised services!		
31	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.		
32	trying to access some services at CGH and some at GRH via public transport if you are unwell or infirm is frankly awful. .		
33	Please keep acute services at cgh		
34	I live in Cheltenham and fortunately at the moment I am not receiving any services from either hospital . I I recognize that there are issues with Cheltenham General in view of the fact that parts of the building are 200 years old and not in current use because they are not fit for 21st century health care. I favour a new facility in Cheltenham being constructed on the edge of town so that the present buildings can be vacated and the land redeveloped. In the meantime I realise that the bulk of the services will need to be provided at Gloucester or even out of the county		
35	You are making a big mistake most people want local facilities and the Cost!!!		
36	Will be able to get looked after by specialist people wether in Glos or Cheltenham		
37	Only with delays getting to GRH if CGH is nearer to where it happens.		
38	IGIS information is actually not entirely accurate as from a non medical view and those lacking the insight into the interventional area its trying to broadly cohort based on superficial skills where they are entirely separate skill sets. The idea of grouping in a similar location is good but the idea that cross cover occurs easily between disciplines is completely inaccurate and actually won't create staffing efficiencies. It is in fact going to dilute a very specialised skill set within each of those specialities.		
39	Getting to GRH is very difficult for us so keeping both hospitals offering treatments best option		
40	No direct on my family currently.		
41	CGH has served Cheltenham for over a 100 years Why change it		
42	Travelling to GRH		
43	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.		
44	Nil		

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
45	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.		
46	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.		
47	Please reinstore the full blood service at Cirencester Hospital - it gives an immediate, quick service. GP service will cause long delays and worries to patients, inconvenience and cost to travel to Glos.		
48	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		
49	The proposals to reduce services at Cheltenham will cause massive inconvenience and huge concern. A&E services are the vital bedrock of any "proper" hospital. This set of measures will reduce access, potentially harming those seriously ill due to delays in receiving expert help. The car parking problem will add to stress of both patients and families and there is real concern that this is yet another in a long line of service reductions at Cheltenham. The clear agenda being to cut the site back so far that it is unviable.		
50	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		
51	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		
52	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.		
53	Travel and access to both sites for those with out cars or relatives locally		
54	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.		
55	Access to subspecialist care across the board		
56	Think these changes will be positive overall - they will provide clarity over what each hospital provides, reduce duplication and ensure that staffing rotas can be more robustly filled which means we will recieve a more timely and qualty experience		
57	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		
58	Removal of services from Cheltenham would make it very difficult for people of North Cotswolds who depend very strongly on Cheltenham.		
59	In 2019 I had a IGIS abroad, in my country of origin. I could have returned to the UK, but instead I stayed overtime in the country to have an emergency surgery for removal of my gallbladder after going through a routine appointment where I had no symptoms. My experience with the NHS is that there is not much investigation on preventative measures. I had had an ultrasound before, to follow up on my IUS, and there was no interest in verifying the state of my internal organs at that appointment. I hope that by investing in a more thorough facility, incidents can be avoided.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
60	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.		
61	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.		
62	We are equidistant from Cheltenham and Gloucester, so the planned changes will not have any real impact on us		
63	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.		
64	We are fortunate to have transport, so if we had to travel to Gloucester it would not be a big deal.		
65	A&E All of Cheltenham and North of Cheltenham would benefit from A&E as response times, time to treatment would be minimised.		
66	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.		
67	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		
68	Impact if all works well and delays in appointments are reduced will be of benefit to my family and myself.		
69	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.		
70	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		
71	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		
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	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		
74	Local and ease		
75	AS I and my family live closer to Cheltenham rather than Gloucester, everything that moves to Gloucester will have an impact on us. Relistically however the geography of acute secondary and tertiary services does not matter. I want an accessible service with low waiting lists, efficient administration, decent transport services into it/parking, fully taffed with competent doctors, nurses and support staff staff who are well looked after. I also only want to come to such a hospital when I need to and I would like to see the development of community based services (using the fine physical facility at Moreton in Marsh for example) and an integrated approach with primary care and Community services. I also want the NHS to start communicating with its customers on its strategy (not the politicxally motivated rubbish that is pumped out daily) get realistic about its major downfall of staff shortages(between c40 k and 84k shortfall of staff now and likely to get worse in the next 10 years with limited reality about training, limited prospoct of sensible overseas recruitment and a pretty awful reputation for looking after its staff) and preparing the population for the reality of what actually is affordable. Very happy to share my thoughts on this also somewhere else if you wish.		
76	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		

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
77	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.		
78	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.		
79	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.		
80	Gloucestershire is a longer journey for us		
81	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.		
82	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.		
83	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.		
84	None at the present time none at the present time q		
85	I want to have access to the best health services possible. These must be provided in the safest hospital possible - that means fully staffed and, with access to all facilities all the time. For more minor surgery, I would like to be treated in a dedicated unit away from the emergency hospital to reduce the worry of having my operation cancelled		
86	Looks fine. We live in Shurdington so GRH and CGH and both readily accessible		
87	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.		
88	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.		
89	Until and unless we have the need for any of these services, I find it difficult to comment.		
90	It would mean travelling longer distances but this is a price well worth paying for better outcomes		
91	As a resident of Cheltenham I am happy to travel if it means better care. I just want the right people in the right place to look after my family if they are unwell.		

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
92	I would like to suggest the establishment of a 24hour mechanical thrombectomy centre in Gloucestershire with the capability to deal with LAO strokes. There also needs to be a link with the ambulance service and emergency call handlers to ensure these strokes are quickly recognised so that patients are transported directly to the centre without delay. A related issue is the use of ongoing tests for every patient "MOT-style" to determine risk factors and identify problems early - this applies to other areas too, particularly cancer detection [apart from human suffering, this has the potential to save money by avoiding cases in the first place] A significant proportion of ischemic strokes are due to LAO's with their associated high morbidity and mortality. The effectiveness of recanalisation by mechanical thrombectomy (compared with alteplase which is largely ineffective due to the high clot burden) to deal with these devastating strokes has recently been established and has led to an Implementation Guide being produced for the UK: https://www.oxfordahsn.org/wp-content/uploads/2019/07/Mechanical-Thrombectomy-for-Ischaemic-Stroke-August-2019.pdf A potential further benefit, even for later presenters, is the avoidance of edema and need for craniectomy. Err on the side of going for it. Gloucestershire would fit well geographically with the current centres at Oxford and Bristol (not currently 24hrs). Bringing the UK up to european levels. Lack of treatment is an unnecessary cause of morbidity / mortality. Overall money saver, considering rehabilitation and ongoing care costs. I am personally living in total devastation following the death of my wife aged 63 in April 2019. She was taken to a local hospital where a severe stroke was quickly identified but unfortunately she deteriorated after a few days due to edema. She was just 3 years too old to be considered for decompressive hemicraniectomy. Her stroke came completely "out of the blue", she was always so fit and well with low risk factors. She was an extremely talented person and her untimely loss is so far reaching.		
93	Find travel to GRH difficult		
94	It's a long way from the edges of the county to these hospitals...		
95	I prefer it when Cheltenham residents can get access at CGH for all these things where possible. E.g. my phototherapy treatment used to be at CGH a ten mins walk for me now I have an hour round trip to GRH which is bad for the environment and a complete time waste.		
96	Only by separating emergency and planned care will the proposal really work		
97	No impact.		
98	Negative impact for me, if GI services moved from the Cheltenham site.		
99	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.		
100	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.		
101	I accept the principle tat it is impossible to finance all services at both hospitals. I was recently in GRH for ""draining"" excess water thus preventing heart failure and was treated very efficiently. However, it was disappointing five minutes in my journey to be passing CGH and making the significantly longer journey to Gloucester. Is this ""emergency"" treatment not available from Chelthenham General.		
102	I think it would adversly affect my work		
103	I am concerned that scarce resource (pathology, radiology, social work etc) is diverted to GRH leaving a second rate services that would not be able to safely support any centre of excellence (including oncology) based in CGH.		

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
104	Minimal impact currently - may involve slightly longer travel dependent on outcome. Applies to services that would move to GRH		
105	I don't see any adverse effects		
106	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.		
107	some services will be further away if located at GRH, but when traveling by car it doesn't make a great difference		
108	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.		
109	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.		
110	Very important that Accident and Emergency teams are operational at Both hospitals as speed is essential when time is of the essence.		
111	Some increased travel time for some services but a specialised centre of excellence should offset this.		
112	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.		
113	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		
114	Having a centre of excellence in planned care at Cheltenham will make it better for us to have treatment.		
115	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		
116	There needs tobe a fair balance of services available for people living in different areas of the Trust.		
117	None at present. Who knows the future?		
118	Additional impact would be increased travelling to GRH but this is outweighed by the benefits as described in your documentation.		
119	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.		
120	The temporary changes made to Emergency General Surgery at GRH have had a positive effect on patient care, patient experience and staff morale. Patients now see the correct speciality during admission within a timely manner.		
121	Emergency lower/upper GI surgery to stay at GRH.		
122	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		

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	The centralisation of general surgery at Gloucester Royal enables all patients, regardless of geographic location in the county, to receive the best possible outcomes as a result of the surgical team having both upper and lower GI specialists on call at the same site. The teams on the fifth floor are both well established and highly skilled to deal with both emergency and elective patients.		
124	Lack of choice		
125	We may need to travel slightly further but this is a small price to pay for an improved service. Quality over convenience please.		
126	As long as the clinic appointments are in the same place I think ti will have very little impact on my family		
127	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.		
128	Despite their proximity, travelling between Gloucester and Cheltenham is very difficult for many members of the loca population, and can lead to delays in treatment, great stress over travel arrangements, difficulty for family visitors, etc. I have personal experience of the problem in relatoion to removal of 24-hour A&E services from Cheltenham, which should be fully restored as soon as possible.		
129	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.		
130	Major elective general surgery - I am concerned if located in GRH - COVID cancellation of operations, poor quality care, chaos not good environment for recovery		
131	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.		
132	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.		
133	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.		
134	The formation of centres of excellence will provide clarity on where public can expect to be treated. CGH would require upgrading in some cases which may be disruptive. My family can access both CGH and GRH relatively easily		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?		Response Percent	Response Total
135	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.		
136	Closure of CGH A&E could lead to delays in emergency treatment to those south of the county, with potential for negative outcomes for time critical conditions.		
137	I have good mobility and transport but would affect other members of my family if they had to travel.		
138	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.		
139	Any movement away from Cheltenham would be more difficult for us to access. This applies to all disciplines.		
140	Creating a major elective hub at CGH is likely to be beneficial to my family. This would allow good access to intensive care if needed and reduce the risk of hospital acquired infection.		
141	We'd rather have to quality care and travel further than average care on our doorstep.		
142	Having to travel further for urgent trauma surgery from Cheltenham to Gloucester could affect anyone.		
143	Any member of my family could require urgent treatment at any time and having to go to Gloucester as opposed to Cheltenham could hardly be seen as an improvement and could be dangerous.		
144	Hope fully our only need will be A&E based and in this area I fear the proposals are negative		
145	I have no objection to the siting of specialist services on one hospital site. If this allows the particular hospital to improve its services in that field so much the better. I am, however, concerned that too much emphasis is being placed on GRH. This concerns me because I do not believe that GRH has the facilities or space to cope with extra work. I have personally seen, and experienced, people left waiting on trolleys or chairs in reception areas for very many hours at GRH. I would not support the concentration of services on one hospital site if that led to, for example, a reduction in consultants at CGH which would eventually put the A&E at that site in question.		
146	I strongly believe health care needs to be delivered as close to where people live and work as possible. This is supposed to be a primary policy of the NHS, yet it seems there is a trend towards ever more centralisation and a move to more and more remote services. While some services can no doubt benefit from greater centralisation, especially where investment in very expensive equipment is concerned, administrative and clinical convenience should not be elevated above ease of access to healthcare.		
147	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.		
148	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		
149	Gloucester GH is twice the distance than Cheltenham GH is and there is no patient transport to Gloucester		
150	Cardiac and renal. I am 84, have had 2 heart attacks and been cared for at both hospitals. I have chronic kidney disease		
151	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.		

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
	152	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.		
			answered	152
			skipped	88

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%	107
	1	On balance I don't think they would - on health outcomes I mean.		
	2	To protect Cheltenham A&E		
	3	Both hospitals should have centres of excellence and provide all facilities - the catchment area for Cheltenham is very large and such services should not be transferred to Gloucester Royal - travelling time and distance		
	4	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.		
	5	GRH will be full all if not most of the time. Rapid discharge (prematurely) will inevitably happen to create bed capacity.		
	6	As above		
	7	I would be worried if resources are spread thinly if there aren't centres of excellence.		
	8	NO		
	9	Interventional Cardiology. This should remain at CGH where it performs very well despite the trusts problems.		
	10	Managers need to ensure that there is the bed capacity to provide centres of excellence. Movement of patients between wards and sites is not conducive to good care. Staff need to be consulted and views listened to.		
	11	The centralising of services is important, but this also relies on the availability and access to the means to get people to hospital, in the sense of emergencies and the correct emergency services on hand when needed, whether this is an ambulance or paramedic car, with the correct expertise on site.		
	12	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.		
	13	Colorectal, general surgery and gastroenterology should stay in Cheltenham.		
	14	You should retain Cheltenham as a fully functioning hospital - no excuse for not offering excellence at both!		
	15	Can patients utilise a shuttle bus?		
	16	Free parking?		

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
17	make a fully functioning a and e in Cheltenham to protect their health.		
18	risks everyones lives. not having an acute service in Cheltenham is laughable.		
19	GRH cannot and does not cope. to say otherwise is incorrect. you only need to speak to staff and patients to see Cheltenham needs a medical take		
20	As long as there is data and outcome measures to reflect that this costly reconfiguration is truly having a positive impact on waiting times, avoiding cancelation of elective surgery etc.. then I cannot anticipate any negative issues.		
21	If elective colorectal went to GRH that would yet further increase the pressure on beds at GRH, meaning longer waits for patients in A&E		
22	Cheltenham needs a functioning ED with acute medical intake		
23	Better 'advertising' of which conditions and situations are for which hospital so we can make decisions without convoluted calls to 111.		
24	Get it Right First Time. Direct to FAS/ COTE bed. Another specialist COTE ward at CGH (although difficult to recruit to this area) Discussion with community partners: keep CH and Bed Based Rehab beds for pts needing these services to speed transfers out of acute hospital. Blocking beds in the community blocks up our ' back door' and our beds perpetuating the problem of flow.		
25	no		
26	I don`t see any negative effect. I live in Cheltenham and had to go to GRH as a patient. I just got on the bus and was there on time for my appointment. It was fine. In emergency I can get a taxi if an ambulance car is not available.		
27	Hospital transport is only for those very unwell, not for those who cant afford a taxi - we need to support all patients not just the wealthy		
28	Not being able to access surgery at the CGH site will impact all the other services being provided at GRH. The hospital cannot cope as it is with the move of the emergency department to GRH.		
29	Keep cgh an acute hospital		
30	The proposals will have no impact on me as I am not receiving any services at either hospital at present.		
31	As above		
32	As described above. We are meant to be aspiring to be the best in what we do and sharing staffing groups isn't the answer. Ensuring we recruit and retain is and taking pride in the quality of our work.		
33	Difficult for us to get to and park at GRH so would like CGH to keep full service		
34	I feel reading and answering your question - you want to close CGH and turn it into a cottage hospital		
35	Travelling to GRH		
36	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.		
37	N/A		
38	Retain full facilities at both sites.		
39	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.		

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

		Response Percent	Response Total
40	Downgrading Cirencester Hospital blood tersting service		
41	Accident and Emergency must stay open at Cheltenham even if emergency surgery and medicine is in Gloucester		
42	Do not alter or reduce A&E provisions at Cheltenham. Do not centralise general surgery at GRI		
43	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.		
44	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.		
45	Minor impact on travel but this is offset by the improvement in the quality of the service provided.		
46	Personally at present not, but who knows as we get older!		
47	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.		
48	See above.		
49	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		
50	No negative impact, however I think that there needs to be clear communication about which services are provided by which hospital		
51	As above		
52	See above		
53	Travelling by car more likely to be required to get to more distant Gloucester hospital so Additional parking provision would help.		
54	No		
55	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		
56	Further to travel to Gloucester Royal for emergeny/trauma but if the care is better tht should be mitigated. Cheltenham is still available but not consultant led overnight, which is a concern for trauma admissions		
57	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		
58	YES! All the proposals. you are trying to reduce the service offered.		
59	Biggest concern is travel for people like us with no car		
60	It is crucial that these proposals are considered in the context of affordability and proper edidemological prediction modelling (none of which is illustrated in the documents circulated to date. The biggest negative effect on me and mine is if these p[roposals are implemented properly and because the basic work has not been done or done poorly, in 5 years time we have to change everything again,		
61	Offer 2 centres of excellence for Acute Medicine		
62	A&E should have two sites not one		

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
63	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.		
64	No immediate impact but a potential long term negative impact.		
65	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		
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	Easier travel; more car parking spaces and lower charges for parking. Move to a paperless system so there is no need to transfer paper notes and images between sites - practical experience at both hospitals show lost notes are very common		
70	I want access to as many things to continue at CGH as possible. this consultation seeems to want to centralise as amny things to GRH as possible and I'm against that e.g. moving the A&E away from CGH has not gone down well with local residents and our MP		
71	Longer way to travel for emergency services - could be too long		
72	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.		
73	Open Cheltenham general with all services		
74	It would negatively impact on me and my family if elective work was not done in Cheltenham as they would be a lack of beds in GRH		
75	Closing Cheltenham's A&E is a terrible mistake. For patients in the Cotswolds, Tewkesbury and surrounding areas - the time wasted going to GRH could literally mean life and death. I also do not believe that Gloucestershire Royal can cope with the numbers they would need to deal with at present. One A&E for a whole county is madness and is so transparently being considered to save money rather than lives.		
76	2 hospitals with all the resource based in 1, and so any centre of excellence in CGH will not be able to thrive.		
77	Nil		
78	I don't see any negative effects		
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	None		
82	None I can foresee		

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
83	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.		
84	None		
85	In emergencies the ambulance service often takes people from out locality to Warwick Hospital as it is quicker to reach		
86	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.		
87	Acute medicine and A&E needs to be fully supported in both hospitals. I have already detailed why.		
88	Don't specialist in only one place without considering and doing everything you can to alleviate the transport difficulties of patients and their family.I		
89	As above		
90	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.		
91	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.		
92	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 Gloucestershsire is such a large growing county.		
93	No		
94	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.		
95	?24 transport links (99 bus useful but only mon-fri) between CGH and GRH. Cheaper parking if patient needs transfer from/to CGH/GRH.		
96	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.		
97	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.		
98	Keep the A&E dept running properly in Cheltenham General.		
99	You should restore a proper accident and emergency department at CGH and not keep fudging the issue.		

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

		Response Percent	Response Total
100	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)		
101	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.		
102	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.		
103	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		
104	Recruit more staff to enable you to operate both hospitals as has been the case for the past 30years.		
105	n/a		
106	all services other than super-specialist ones need to be mirrored at CGH		
107	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.		
		answered	107
		skipped	133

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%	56
1	yes centres of excellence in both hospitals		
2	split the clinics between both sites at different times or weeks but keep the specialities at both. Re-open A&E as a FULL setting and not as a nurse led one which will reduce the impact on GRH.		
3	No. Those providing them will know what alternative proposals are best.		
4	Gloucestershire would be better served by ambitious plans for a new hospital between Gloucester and Cheltenham along the M5 corridor. This would solve most of the trust's problems.		
5	The trust used to provide fantastic care that I have seen deteriorate over time with the changes and ""streamlining"" of services. Patients often need a combination of services to meet their needs and not having them on both sites impacts on our capacity to provide good holistic care.		
6	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.		

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
7	My suggestion is you continue to support BOTH hospitals and ensure excellence in both - the population is simply too great for either hospital to be the sole service provider.		
8	stop hiding behind lies and tell people the truth re closing a and in Cheltenham		
9	reinstate the services previously supplied by Cheltenham. local opinion is not being considered at all. Cheltenham needs an acute care ward and a and e		
10	Nil.		
11	I heard an interview with the president of the Royal college of surgeons this morning clearly explaining how he feels the NHS should be re-structured to have emergency hospitals, and elective hospitals - meaning fewer cancellations of elective cases, and best care for all. We have this opportunity to deliver this		
12	It has been found that management have not been honest with informing staff about changes		
13	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?		
14	no		
15	Nothing is mentioned about ERCP. This is part of GI service. It should be in CGH as a part of the entire circle. It is limited at the moment to two half days a week. It should be at least on a 5-day basis (every morning let`s say). There must be an ERCP centre. It could play a big role as a Centre of Excellence for training within the UK if the consultants think that they are able to develop it in this way. If not, then our patients will benefit at least from centre like this.		
16	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.		
17	A new build fit for purpose and fit for the 21st century with bus/road and rail links between the two major sites		
18	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		
19	Bring Cheltenhams A&E back		
20	The size and geographical location of Gloucestershire warrants two fully functioning hospitals.		
21	Build brand new hospital at J11 of M5 next to the Airport to serve the whole of Gloucestershire.		
22	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.		
23	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.		
24	Keep 24 hour consultant led A&E at CGH.		
25	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.		
26	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.		
27	whatever is decided should be very clearly communicated as it is rather confusing at the moment		
28	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		

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**
29	My general comments previously in this diocument all refer - I do not have alternative suggestions as I do not have the necessary information to propose anything sensible at this time. This consultation is most encouraging (and one of the better engagements I have seen) but is still very short on decent fact and analysis which presumably has been done somewhere.		
30	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.		
31	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		
32	no		
33	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.		
34	Try to make centres of excellence at both sites where possible		
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	.		
37	Both estates are too old and the sites are not of appropriate size to support an urgent and elective site - we should not be throwing more money away on them. A new combined hospital should have been built years ago. Neither is fit for purpose.		
38	I don't current suggestions		
39	Could make cgh the vascular centre.		
40	No suggestions - the proposals seem to make sense		
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	Specialties need to stay in the same hospital. Orthopaedic need to all be in one hospital. Vascular needs to all be in one hospital where they can get treatments etc		
45	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.		
46	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?		

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

#	Response
47	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.
48	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.
49	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.
50	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.
51	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).
52	This is an impossible question. No ordinary working person has the time to analyse endless pages and documents developed over several years.
53	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
54	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.
55	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.
56	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.

	answered	56
	skipped	184

Anything else you would like to say?			
		Response Percent	Response Total
1	Open-Ended Question	100.00%	92

#	Response
1	Good quality consultation materials and great glossary.

Anything else you would like to say?		Response Percent	Response Total
2	It makes sense to look at the service provision in this way.		
3	Invest in your nursing staff as you do with every other professional group. Pay them more and develop their skills. This is the only way you will be seriously considered as addressing the recruitment and retention crisis.		
4	My hope would be that by making these changes the local service will be made better and the cancelling of planned procedures is significantly reduced.		
5	-		
6	The major elective centre at CGH away from the pressures of the emergency takes seems like a no-brainer. I don't know why it is being approached so cautiously. Why not move major head and neck resections, upper GI resections etc. I think too much weight is put on the inertia of clinicians who do not want to change. The Trust needs to be stronger in terms of telling people where they will work in future. Short term unhappiness for long term gain.		
7	I am very disappointed that you are offering a false premise ie. do you want excellence if so this must be at one hospital. We have already suffered greatly by the reduced services in Cheltenham. My husbands appts have been haphazard since services for Linc have been moved to Glos. I have been in A & E in Glos with 2 relatives recently we waited extensively for assistance and the hospital was clearly overwhelmed by the demand.		
8	patient safety is being compromised daily already, let alone letting this carry on further. nursing morale is at rock bottom.		
9	stop trying to deceive everyone and be up front with the plans. this effects people livelihood and health. stop treating nurses as if we don't matter by moving us all pillar to post.		
10	Although it has been stated that staff have been consulted I wonder whether it has been at managerial level rather than at patient facing level? Often the feedback with consultation processes is staff feel like the right people have not been involved and therefore they have not truly had the opportunity to feedback their opinions on the process. Ultimately, the majority of staff working in the acute setting will always want to accept change if the end result is better patient care and staff experience.		
11	I believe that management have wanted to close Cheltenham ED for many years and have used Covid as an opportunity to do exactly that		
12	I live in Cheltenham and find it easier to travel to work to CGH but am not opposed to travelling to GRH but the 99 bus service could help if the times of the buses fit the shifts of staff.		
13	I hope that you are going to see the picture in different levels, i.e. locally, nationally and internationally.		
14	Get Cirencester and Tetbury hospitals better integrated into the services provided for patients		
15	don't put all of the eggs in one basket. PFI is very costly to taxpayers, but appreciate sometimes its the only way.		
16	CGH has theatres and surgical wards that aren’t being used for that purpose. GRH is struggling to keep up with the demand. Why not make use of CGH and bring some of the surgical demand over?		
17	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		
18	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.		
19	I think most people would like to point out that even though it states CGH will re-open - it is easy to see that GRH just cannot cope with the amount of people in Gloucestershire. I know ED is not on this questionnaire but it needs to be taken into consideration with regards to where everything is to be situated.		
20	Please consider the elderly and vulnerable who have to use public transport to make visits to a further hospital. Will public transport be improved? Will more hospital transport be accessible to those who need it?		

Anything else you would like to say?

		Response Percent	Response Total
21	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		
22	Cheltenham need a A&E		
23	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.		
24	Downgrading the blood testing service at Cirencester impacts heavily on local residents		
25	Centres of Excellence is really good but only if they are really separated - emergencies in Gloucester and all planned in Cheltenham		
26	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?		
27	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.		
28	Can a hospital have a true A and E without the back up of eg general surgery vascular surgery Acute medicine etc		
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 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.		
32	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.		
33	No		
34	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		

Anything else you would like to say?

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

Anything else you would like to say?		Response Percent	Response Total
42	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.		
43	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.		
44	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.		
45	why oh why do this survey during a pandemic and why hasn't elective & emergency surgery been separated as per recommendations ?		
46	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.		
47	no		
48	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.		
49	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.		
50	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.		
51	The priority is to optimise outcomes. IN my experience, working on two sites is ineffective and leads to worse outcomes for patients so there are two mediocre sites rather than one excellent one. The leadership needs to take the initiative to avoid local populations wanting to retain local services at the expense of quality - the NNHS has a poor record in this		
52	Parking at both centres is problematic and public transport during Covid19 advised against		
53	My experience of being treated at CGH has been very positive. I am very supportive of its ongoing centrality to future plans		

Anything else you would like to say?

		Response Percent	Response Total
54	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.		
55	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!		
56	I don't think 'Centres of Excellence' should be considered at present, and yet again my suspicion is that if it looks good from the outside - ie when the CCG walk round with the scent of paint in their nostrils - it doesn't matter that staff and patients are unhappy with the way things are.		
57	I have been watching this play out for years and too much time and negative energy has been spent which has hampered the development of all specialties in both hospitals. I am utterly fed up with it.		
58	Whatever decision is made, the correct and additional staff numbers must be allocated. You cannot simply move the patient workload (currently split over two sites with two teams) to one site with only that sites pre-existing team numbers. This will be a recipe for failure / disquiet. Working in a small speciality which centralised 10 or so years ago the benefits are huge for us		
59	I find taking part in the survey stimulating and support the developments		
60	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.		
61	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.		
62	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?		
63	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.		
64	Having experienced such changes in Cornwall staff were concerned in the smaller hospital about their education, training and personal development Staff who were near retirement were sometimes sidelined out of the acute setting, consequently did not feel valued Recruitment difficulties occured Elderly population struggled with the changes on all site. Major review of signage was required and more volunteers needed to guide patients around the sites. Strong communication strategy required I am unaware of your IT strategy but would hope all hospital sites have equal access to current IT and future developments. Good luck		
65	Centres of excellence works if it is a proper complete split		
66	Overall i agree with the proposals as specified in the consultation booklet 'Fit for the Future.'		
67	Emergency lower/upper GI surgery need more space.		

Anything else you would like to say?

		Response Percent	Response Total
68	I think you have spent too much on your glossy booklet - it could have been made simpler and cheaper - a poor use of resources		
69	The survey is difficult for non medics to comprehend. See points above.		
70	The shuttle bus between CGH and GRH is a great asset in relation to access to services. A commitment to its future would be good to hear. It would also be good to hear that discussions are being held to see whether the bus route could include a stop at Park and Ride at Cheltenham Racecourse. Decision makers should consider evaluation of services changes if implemented and the involvement of patients, carers and VCS in the evaluation.		
71	It seems that the biggest effect on deliverability will be your staffing levels. Concentrating services to one site or other seems to make sense as you will not be spreading your staff too thinly		
72	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.		
73	Bring back Cheltenahm A&E full-time and with full services as soon as Covid restrictions are lifted		
74	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.		
75	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.		
76	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.		
77	Thank you for providing the public the opportunity to have our say on this important issue		
78	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.		
79	This survey is part completed because we accidentally submitted the form when part way through the survey.		
80	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).		
81	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.		
82	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
83	It is, frankly, disgraceful that a consultation such as this one, which has had the resources of countless hours of input from selected sources within the organisations comprising 'One Gloucestershire' should be sent out for public 'consultation' in the middle of the greatest health crisis the country has seen for a century. The public have too much else on their minds at this time to be in a position to properly consider the issues that have been put before them. This is a massively cynical exercise designed to produce the answers that 'One Gloucestershire' have already decided on (ask any member of staff at Cheltenham General Hospital); sneaking the exercise in consultation at this time is almost certainly an abuse of process. And most egregious of all: the document purporting to be a 'plan' for the future of healthcare delivery in the county makes NO MENTION of pandemic planning. How can we be expected to take it seriously in the light of such a glaring omission?		
84	When making the final decision, ensure that you fully understand the models of care that have been proposed for general surgery because this consultation document does not accurately reflect what those working in the service have put forward. Trying to impose a service that 80% of the consultant body do not support will not augur well for its success.		
85	This feels like a token consultation. I do not know anyone outside of the medical sphere who has even heard of this.		
86	I don’t have any friends who have even heard of this exercise. Why hasn’t the questionnaire been sent to every household in the county?		
87	Covid-19 as shown us that resourcing can come back to bite us		
88	I am also concerned about the management of GRH. I do not question the skills, competence or dedication of the staff at GRH. However, again from experience, I do not believe that the management of the hospital is as good as it should be. I support GRH and CGH being in one trust, but I do wonder if a different management structure is needed within that trust so that greater emphasis is placed on delivering the services which patients are entitled to expect. I feel that as part of the management structure there should be someone in place who is responsible for ensuring that liaison with patients and their families is far better than it currently is. I think there is a case across Gloucestershire to be made for one trust to cover all health services – primary care, community hospitals, acute trusts, social and after care etc – and believe that this should be explored. I think this would have the potential to reduce costs and improve co-ordination of services. We have seen during the Covid crisis the inability of the acute hospitals to move sufficient numbers of patients out into care homes, community hospitals and into their own homes with support packages in place, and I think one management of all the services, with the appropriate structures within that trust, should be considered. I realise that the above would challenge the CCG arrangements, but again I feel that being part of one service might help coordination. For example, I believe that many more patients could be treated at primary care level than is currently the case, thus relieving the pressure on hospitals. Much greater use should be made of pharmacies.		
89	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.		

Anything else you would like to say?

		Response Percent	Response Total
90	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 lnger. 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.		
91	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?		
92	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.		
		answered	92
		skipped	148

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

		Response Percent	Response Total
1	Open-Ended Question	100.00%	240
1	GL54		
2	GL52		
3	gl53		
4	GL51		
5	GL52		
6	gL50		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
7	GL53		
8	GL50		
9	GL52		
10	WR14		
11	GL52		
12	Gl51		
13	GL50		
14	GL53		
15	GL52		
16	GL51		
17	GL52		
18	GL53		
19	Gl52		
20	Gl51		
21	GL53		
22	GL52		
23	GL52		
24	GL53		
25	gl52		
26	WR11		
27	gl51		
28	GL53		
29	GL52		
30	gl51		
31	gl51		
32	wr12		
33	gl53		
34	GL51		
35	gl20		
36	GL7		
37	wR11		
38	GL52		
39	Gl52		
40	GL52		
41	GL52		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
42	GL54		
43	GL20		
44	GL7		
45	Gl52		
46	GL53		
47	GL7		
48	gl51		
49	GL50		
50	GL7		
51	GL7		
52	gl51		
53	GL54		
54	GL54		
55	GL51		
56	Gl50		
57	Gl20		
58	Gl51		
59	GL50		
60	GL7		
61	Gl50		
62	Gl50		
63	GL53		
64	GL51		
65	SN2		
66	GL7		
67	GL53		
68	GL51		
69	GL53		
70	GL51		
71	GL52		
72	GL53		
73	GL52		
74	GL53		
75	gl52		
76	SN6		

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

		Response Percent	Response Total
77	GL19		
78	GL19		
79	GL19		
80	GL19		
81	GL51		
82	GL52		
83	GL53		
84	Gl51		
85	GL51		
86	GL50		
87	GL54		
88	GL53		
89	GL52		
90	GL7		
91	gl52		
92	GL54		
93	GL52		
94	GL53		
95	Gl53		
96	GL52		
97	GL52		
98	GL52		
99	GL20		
100	GL8		
101	GL52		
102	GL53		
103	GL52		
104	GL54		
105	GL54		
106	GL54		
107	GL51		
108	GL19		
109	Gl53		
110	GL52		
111	GL7		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
112	gl51		
113	GL52		
114	Gl51		
115	GL53		
116	GL56		
117	GL53		
118	GL20		
119	Gl52		
120	GL52		
121	GL7		
122	GL51		
123	GL7		
124	GL7		
125	GL8		
126	GL53		
127	GL54		
128	GL53		
129	GL7		
130	Gl7		
131	GL54		
132	GL19		
133	GL52		
134	GL51		
135	GL50		
136	GL52		
137	gl53		
138	GL7		
139	GL54		
140	GL53		
141	GL53		
142	GL7		
143	GL52		
144	GL56		
145	gl50		
146	GL50		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
147	GL19		
148	GL20		
149	GL19		
150	GL19		
151	GL19		
152	GL19		
153	gl51		
154	GL52		
155	GL52		
156	GL51		
157	Gl51		
158	GL53		
159	GL52		
160	GL52		
161	GL53		
162	GL53		
163	GL53		
164	GL53		
165	GL50		
166	GL7		
167	GL51		
168	GL52		
169	GL54		
170	GL52		
171	GL54		
172	Gl51		
173	GL53		
174	GL52		
175	GL54		
176	GL56		
177	GL56		
178	GL52		
179	gl50		
180	Gl53		
181	GL53		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
182	GL53		
183	GL52		
184	GL53		
185	GL53		
186	GL53		
187	GL52		
188	GL53		
189	GL20		
190	WR11		
191	GL51		
192	GL7		
193	GL55		
194	GL53		
195	GL8		
196	GL20		
197	GL20		
198	GL54		
199	GL53		
200	GL50		
201	Gl19		
202	GL50		
203	Gl51		
204	GL53		
205	gl51		
206	Gl20		
207	GL52		
208	GL51		
209	GL52		
210	GL53		
211	GL8		
212	GL20		
213	GL52		
214	GL51		
215	GL19		
216	GL52		

What is the first part of your postcode? eg. GL1, GL20		Response Percent	Response Total
217	GL7		
218	GL7		
219	GL53		
220	GL20		
221	GL53		
222	GL7		
223	GL54		
224	GL7		
225	Gl53		
226	GL53		
227	GL54		
228	gl50		
229	GL20		
230	GL50		
231	GL52		
232	GL50		
233	GL52		
234	GL54		
235	GL50		
236	GL51		
237	GL56		
238	GL50		
239	GL50		
240	GL7		
		answered	240
		skipped	0

Which age group are you:

		Response Percent	Response Total
1	Under 18	2.51%	6
2	18-25	1.26%	3
3	26-35	11.72%	28
4	36-45	10.88%	26
5	46-55	19.67%	47
6	56-65	21.76%	52
7	66-75	19.25%	46
8	Over 75	11.30%	27
9	Prefer not to say	1.67%	4
		answered	239
		skipped	1

Are you:

		Response Percent	Response Total
1	A health or social care professional	29.29%	70
2	A community partner	1.26%	3
3	A member of the public	65.27%	156
4	Prefer not to say	4.18%	10
		answered	239
		skipped	1

	Do you consider yourself to have a disability? (Tick all that apply)		Response Percent	Response Total
1	No		71.55%	171
2	Mental health problem		5.44%	13
3	Visual Impairment		3.35%	8
4	Learning difficulties		0.00%	0
5	Hearing impairment		5.86%	14
6	Long term condition		17.99%	43
7	Physical disability		4.60%	11
8	Prefer not to say		2.51%	6
			answered	239
			skipped	1

	Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment.		Response Percent	Response Total
1	Yes		25.54%	59
2	No		70.56%	163
3	Prefer not to say		3.90%	9
			answered	231
			skipped	9

Which best describes your ethnicity?

		Response Percent	Response Total
1	White British	86.50%	205
2	White Other	4.64%	11
3	Asian or Asian British	0.84%	2
4	Black or Black British	0.42%	1
5	Chinese	0.00%	0
6	Mixed	0.00%	0
7	Prefer not to say	7.17%	17
8	Other (please specify):	0.42%	1
		answered	237
		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	40.25%	95
2	Buddhist	0.00%	0
3	Christian (including Church of England, Catholic, Methodist and other denominations)	48.31%	114
4	Hindu	0.00%	0
5	Jewish	0.85%	2
6	Muslim	0.00%	0
7	Sikh	0.00%	0
8	Other	2.12%	5
9	Prefer not to say	8.47%	20
		answered	236
		skipped	4

Are you:

		Response Percent	Response Total
1	Male	42.62%	101
2	Female	52.32%	124
3	Transgender	0.00%	0
4	Prefer not to say	5.06%	12
		answered	237
		skipped	3

Do you identify with your gender as registered at birth?

		Response Percent	Response Total
1	Yes	95.34%	225
2	No	0.00%	0
3	Prefer not to say	4.66%	11
		answered	236
		skipped	4

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

		Response Percent	Response Total
1	Heterosexual or straight	85.23%	202
2	Gay or lesbian	2.11%	5
3	Bisexual	2.11%	5
4	Other	0.00%	0
5	Prefer not to say	10.55%	25
		answered	237
		skipped	3

Are you currently pregnant or have given birth in the last year?				
			Response Percent	**Response Total**
1	Yes		1.28%	3
2	No		69.36%	163
3	Not applicable		24.68%	58
4	Prefer not to say		4.68%	11
			answered	235
			skipped	5